

**COLORADO GENERAL ASSEMBLY
JOINT BUDGET COMMITTEE**



**SUPPLEMENTAL REQUESTS FOR FY 2010-11
AND FY 2009-10**

**DEPARTMENT OF
HEALTH CARE POLICY AND FINANCING**

**JBC Working Document - Subject to Change
Staff Recommendation Does Not Represent Committee Decision**

**Prepared By:
Melodie Beck, JBC Staff
and
Kevin Neimond, JBC Staff
January 19, 2011**

For Further Information Contact:

Joint Budget Committee Staff
200 E. 14th Avenue, 3rd Floor
Denver, Colorado 80203
Telephone: (303) 866-2061
TDD: (303) 866-3472

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Prioritized Supplementals

NOTE ON FORMAT: Several of the Department's requested and staff's recommended supplemental adjustments impact the Medical Services Premiums line item and the Mental Health Division line items. In order to provide a comprehensive discussion related to the Medicaid program's service line items, staff has prepared summary tables at the front of this supplemental packet (similar to figure setting tables) for these two divisions. However, after these summary tables are the narrative discussion for each supplemental request. The Medical Services Premiums line item and the Medicaid Mental Health Division line items will be discussed in several of the individual supplemental requests.

Summary Tables for Medical Services Premiums line item

TABLE 1: Supplemental Summary for Medical Services Premiums					
Incremental Budget Change Issue	Department Request		Staff Recommendation*		Staff-Dept
	GF	Total Funds	GF	Total Funds	General Fund Only
FY 2010-11 Original Appropriation	\$862,050,907	\$3,106,858,127	\$862,050,907	\$3,106,858,127	\$0
S-1: Medicaid Forecast	(16,769,211)	189,495,298	(16,165,584)	130,611,587	603,627
S-1: Impact of FY 2009-10 Expenditure Rollover	0	0	25,179,593	70,232,486	25,179,593
ES-1: Correct FMAP Percentage	53,195,115	0	53,119,493	0	(75,622)
FY 2010-11 Revised BASE	\$898,476,811	\$3,296,353,425	\$924,184,409	\$3,307,702,200	\$25,707,598
ES-2 & S-8: Fee-for-Service Delay	(23,372,805)	(50,067,754)	0	0	23,372,805
ES-3 & S-9: Managed Care Payment Delay	(4,644,050)	(12,013,244)	0	0	4,644,050
S-5: Fund Insolvencies	0	0	(13,671,043)	0	(13,671,043)
FY 2010-11 Request / Recommendation	\$870,459,956	\$3,234,272,427	\$910,513,366	\$3,307,702,200	\$40,053,410
Total Increase/(Decrease)	\$8,409,049	\$127,414,300	\$48,462,459	\$200,844,073	\$40,053,410
% Increase/(Decrease)	1.0%	4.1%	5.6%	6.5%	

*Staff's recommendation is pending -- information shown in this table provides a comparison between the Department's calculations and staff's initial calculations. Information may be updated in March 2011 Figure Setting presentation.

TABLE 1a: Fund Source Detail for Medical Services Premiums Line Item

Line Item Fund Split Detail By Fund Source	Current Appropriation	Department FY 2010-11 Request	Staff FY 2010-11 Rec.	Difference (Staff - Dept.)
GF - General Fund	\$700,606,421	\$709,015,471	\$749,068,881	40,053,410
GFE - General Fund Exempt	161,444,485	161,444,485	161,444,485	0
CF - Health Care Expansion Fund	67,960,161	75,458,021	65,535,736	(9,922,285)
CF - Hospital Provider Fee	186,222,771	276,294,787	255,259,116	(21,035,671)
CF - Nursing Provider Fee	29,818,357	29,831,793	29,831,793	0
CF - Certified Public Expenditures	13,348,299	11,963,425	11,963,425	0
CF - Breast and Cervical Cancer Treatment Fund	2,502,654	2,493,257	2,628,182	134,925
CF - Supplemental OAP Medical	4,850,000	4,850,000	4,850,000	0
CF - Autism Fund	645,147	688,647	719,148	30,501
CF - Primary Care Fund	12,800,000	12,800,000	12,800,000	0
CF - Disabilities Fund	237,500	111,684	200,335	88,651
CF - Home Health Telemedicine	47,348	49,665	49,665	0
CF - Tobacco Tax Cash Funds normally appropriated in DPHE	21,200,983	21,200,983	21,200,983	0
RF - Transfer from DPHE	7,595,243	7,770,813	7,414,087	(356,726)
FF - Federal Funds	<u>1,897,578,758</u>	<u>1,920,299,396</u>	<u>1,971,065,321</u>	<u>50,765,925</u>
TOTAL FUNDS	\$3,106,858,127	\$3,234,272,427	\$3,294,031,157	59,758,730

Discussion: As Table 1a shows, staff's Hospital Provider Fee and Health Care Expansion Fund appropriation is lower than the Department's. Right now staff has forecasted lower per capita costs for the aid categories funded from these funds and higher per capita costs for the aid categories that are primarily General Funded. Staff's model is based on current expenditures spread across populations based on prior history. With their February supplemental submission, the Department usually provides a schedule to staff shows how the actual expenditures for the first six months of the year have been expended by aid category. When staff receives this information, she will re-evaluate whether additional costs can be moved from the General Fund onto the cash funds. Punch line: In March, there is a possibility that staff will lower the General Fund recommendation and increase the appropriations recommended from the Health Care Expansion Fund and the Hospital Provider Fee Cash Funds.

Summary Tables for Medicaid Mental Health Division line items

TABLE 2: Supplemental Summary for Medicaid Mental Health Programs					
Incremental Budget Change Issue	Department Request*		Staff Recommendation		Staff-Dept
	GF	Total Funds	GF	Total Funds	General Fund Only
FY 2010-11 Original Appropriation	\$87,070,304	\$250,582,216	\$87,070,304	\$250,582,216	\$0
ES-1: Correct FMAP Percentage	4,266,730	0	4,261,706	0	(5,024)
S-2: Medicaid MH Forecast	(2,110,115)	(3,723,584)	(461,460)	2,527,834	1,648,655
FY 2010-11 Revised BASE	\$89,226,919	\$246,858,632	\$90,870,550	\$253,110,050	\$1,643,631
ES-2 & S-8: Fee-for-Service Delay	(42,784)	(92,878)	0	0	42,784
ES-3 & S-9: Managed Care Payment Delay	(7,888,881)	(20,596,152)	0	0	7,888,881
FY 2010-11 Request	\$81,295,254	\$226,169,602	\$90,870,550	\$253,110,050	\$9,575,296
\$ Change	(\$5,775,050)	(\$24,412,614)	\$3,800,246	\$2,527,834	\$9,575,296
% Change	(6.6)%	(9.7)%	4.4%	1.0%	

Table 2a: Fund Source Detail						
Line Item Fund Split Detail By Fund Source	Current App.	Department FY 2010-11 Request	Staff FY 2010-11 Rec.	Difference Staff-Cur. App	Difference Staff - Dept.	% Different (Staff - Dept.)
GF - General Fund	\$87,070,304	\$81,295,254	\$90,870,550	\$3,800,246	\$9,575,296	11.78%
CF - HCE Fund	7,823,864	6,206,510	8,064,581	240,717	1,858,071	29.94%
CF - Hospital Provider Fee	1,698,562	3,429,861	3,700,067	2,001,505	270,206	7.88%
CF - BCCT Fund	33,174	30,669	35,616	2,442	4,947	16.13%
RF - Transfer from DPHE for Breast & Cervical Cancer	12,046	13,024	13,019	973	(5)	(0.04)%
FF - Federal Funds	<u>153,944,266</u>	<u>135,194,284</u>	<u>150,426,218</u>	<u>(3,518,048)</u>	<u>15,231,934</u>	<u>11.27%</u>
TOTAL FUNDS	\$250,582,216	\$226,169,602	\$253,110,051	\$2,527,835	\$26,940,449	11.91%

Supplemental #1 -- Medical Services Premiums BASE CALCULATION

Caseload and Cost Projections	Request	Recommendation*	Difference
Total	\$189,495,298	\$200,844,073	\$11,348,775
General Fund	(16,769,210)	9,014,010	25,783,220
CF - Health Care Expansion Fund	6,092,384	(5,721,438)	(11,813,822)
CF - Hospital Provider Fee	92,740,514	71,391,112	(21,349,402)
CF - Nursing Facility	(1,163,231)	(1,161,846)	1,385
CF - Certified Public Expenditures	(1,384,874)	(1,384,874)	0
CF - Breast and Cervical Cancer Treatment Fund	51,796	125,528	73,732
CF - Autism Fund	31,235	42,424	11,189
CF - Disabilities Fund	(125,816)	(37,165)	88,651
CF - Home Health Telemedicine Fund	(4)	0	4
Reappropriated Funds	176,409	(181,156)	(357,565)
Federal Funds	109,846,095	128,757,478	18,911,383

*Staff's recommendation includes 54 weeks of payments in FY 2010-11. The Department's request includes 52 weeks of payments in FY 2010-11.

Department Request: The Department's request is based on information submitted to the Committee in November 2010. At that time, the Department forecasted a *preliminary* FY 2010-11 Medical Services Premiums (MSP) line item supplemental need of \$189.5 million total funds (a 6.0 percent increase over the current appropriation). However, based on the Department's calculations, the General Fund actually decreased by \$16.7 million (a 2.0 percent decrease). The General Fund decrease resulted mainly from adjusting the appropriation to reflect a slightly lower caseload estimate. The Department's November budget forecasted 551,570 clients -- a decrease of 1,837 (0.33%) from the current appropriation of 553,407 clients. In addition, the Department's November forecast updated cost estimates and updated assumptions on which funds were eligible to pay the costs of the forecasted clients. The total fund increase for the Department's request resulted mainly from the following two reasons: (1) a \$33.6 million total funds increase due to increased costs in the MSP program; and (2) a \$155.9 million total funds increase due to increases in supplemental payments or other financing options.

It is important to note the Department's Supplemental #1 request only reflects costs for FY 2010-11 -- this supplemental request did not include the two weeks of payments that were rolled over from FY 2009-10. In addition, this request does not include the ARRA adjustment to the original appropriation (see Early Supplemental #1 for that request).

Lastly, the Department will be submitting a revised supplemental request for the Medicaid forecast on or before February 15, 2011.

Staff's Recommendation: *Staff's recommendation is pending. Staff recommends making adjustments for the Medical Service Premiums line item in the Long Bill Supplemental Add-on (a section of the annual budget bill that amends the current year appropriation). However, staff has prepared a placeholder recommendation for the Committee's information. Please note that staff does not anticipate major changes to her placeholder recommendation in March. However, there may be some technical adjustments based on two more months of actual data and any adjustments staff recommends from the information submitted by the Department in February (including changes in fund splits mentioned earlier).*

Staff recommends a FY 2010-11 MSP line item **base** supplemental of \$200.8 million. Of this amount, \$9.0 million is from the General Fund (an increase of 1.0 percent). Staff's recommendation is based on caseload and expenditure data through December 2010. It is important to note, that staff's recommendation includes 54 weeks of payments. Even though the total fund amount recommended is fairly close to the Department's total request for supplemental #1, staff's recommendation is based on 54 weeks while the Department's request reflects only 52 weeks.

DISCUSSION

Medicaid Base Forecast

Caseload Assumptions: The current FY 2010-11 MSP appropriation assumed a Medicaid caseload of 553,407 average monthly clients. Based on caseload data through December 2010, staff forecasts that the average monthly Medicaid caseload for FY 2010-11 will be 556,630 clients (an increase of 3,223 or 0.58 percent from the *current* FY 2010-11 appropriation). Staff's recommendation is 5,060 clients **higher** than the Department's initial forecast submitted in November 2010.

Table 1 below reflects the caseloads estimate that staff used to establish her recommended supplemental amount. Additional caseload information and comparisons can be found in Appendix A of the packet.

Table 1: Staff's FY 2010-11 SUPPLEMENTAL Caseload Recommendation					
January 2011 Caseload Forecast (uses data through December 2010)	Department Forecast November 2010	Staff Forecast January 2011	Staff minus Department	Year to Date AVG. Through Dec 2010	Current App. Caseload for FY 10-11
Adults 65+	39,345	38,955	(390)	38,914	38,978
Disabled Adults 60-64	7,521	7,690	169	7,576	7,171

Table 1: Staff's FY 2010-11 SUPPLEMENTAL Caseload Recommendation

January 2011 Caseload Forecast (uses data through December 2010)	Department Forecast November 2010	Staff Forecast January 2011	Staff minus Department	Year to Date AVG. Through Dec 2010	Current App. Caseload for FY 10-11
Disabled Up to Age 59	55,416	55,880	464	55,374	54,103
Low-Income Adults	56,727	59,513	2,786	57,403	66,766
Expansion Adults	46,911	48,207	1,296	44,676	32,597
B&C Cancer Treatment Adults	511	523	12	502	473
Eligible Children	297,340	299,365	2,025	293,379	306,488
Foster Children	18,956	18,590	(366)	18,518	18,890
Baby Care Adults	8,196	7,848	(348)	7,922	7,256
Non-Citizens	3,470	3,026	(444)	3,209	3,415
Partial Dual Eligible	17,177	17,033	(144)	16,760	17,270
Total	551,570	556,630	5,060	544,233	553,407

Staff would note that the ending caseload in December 2010 was 556,120 clients. Staff's forecast assumes that the ending Medicaid caseload in June 2011 will be 579,510. Therefore, staff anticipates that caseload will continue to grow by approximately 3,700 clients each month for the remainder of the fiscal year (or about a 0.65 percent increase each month for a total increase of approximately 3.9 percent over the ending December 2010 caseload). Please note that staff's forecast reflects a slowing in growth. For example, during the first six months of FY 2010-11 the average monthly caseload growth was 4,983 clients.

Service Cost Forecasts

The caseload forecast is just half of the Medicaid picture. The other half of the Medicaid forecast is predicting the service costs based on the average cost- per-client estimate -- i.e., how many services are the clients using and what are the costs of those services? Table 2 below compares the current appropriation, the Department's November forecast and staff's current forecast for each service category. Additional calculation and comparison tables can be found in Appendix A of this packet.

Table 2: Comparison of Current FY 2010-11 Appropriation with Staff's January FY 2010-11 Forecast

	Current Appropriation Estimate	Department November 10 Forecast	Staff's January 11 Forecast*	Staff Minus Department	Staff Minus Current Appropriation
Medical Services	\$1,676,270,804	\$1,704,740,814	\$1,657,613,750	(\$47,127,064)	(\$18,657,054)

Table 2: Comparison of Current FY 2010-11 Appropriation with Staff's January FY 2010-11 Forecast

	Current Appropriation Estimate	Department November 10 Forecast	Staff's January 11 Forecast*	Staff Minus Department	Staff Minus Current Appropriation
Community Care Services	321,315,015	324,524,665	315,856,831	(8,667,834)	(5,458,184)
Long-Term Care Services	637,554,588	631,054,441	638,436,899	7,382,458	882,311
Insurance Premiums	114,705,505	120,865,705	121,665,456	799,751	6,959,951
Administrative Service	31,289,548	33,560,570	31,289,548	(2,271,022)	0
Supplemental Adjustments	\$325,722,667	\$481,607,230	\$472,607,230	(\$9,000,000)	\$146,884,563
Total	\$3,106,858,127	\$3,296,353,425	\$3,237,469,714	(\$58,883,711)	\$130,611,587
FY 2009-10 Claims Paid in FY 2010-11	0	0	70,232,486	70,232,486	70,232,486
TOTAL	\$3,106,858,127	\$3,296,353,425	\$3,307,702,200	\$11,348,775	\$200,844,073
Difference between Staff's recommendation and Department / Current Appropriation				0.34%	6.46%

*Excluding the impact of the two weeks from FY 2009-10 expenditures.

Medical Services (formerly called Acute Care Services): The Medical Services category includes inpatient hospital, outpatient hospital, physician visits, prescription drugs, lab and x-ray, durable medical equipment, transportation, and other services. Staff's forecast is based on the recent expenditure trends and shows that even with the higher than an anticipated caseload, costs could be approximately \$18.6 million (or 1.1%) lower than originally estimated in the current appropriation. The difference between the Department's forecast and staff's forecast is a difference in methodology and how much actual data has been incorporated. *A reduction to this service category is simply a new forecast. Reductions to rates or services are not being proposed.*

Community Care Services: The Community Care Services include community long-term care waiver services, hospice care, and private duty nursing services. Similar to the Medical Services category, staff's forecast is based on the recent expenditure trends and shows that costs could be approximately \$5.5 million (1.7 percent) lower than originally estimated. Again the difference between the Department's forecast and staff's forecast is a difference in methodology and how much actual data has been incorporated. *A reduction to this service category is simply a new forecast. Reductions to rates or services are not being proposed.*

Long-term Care Services: The long-term Care Services category includes nursing facility care and the Program for All-inclusive Care for the Elderly (PACE) program. Currently, staff has included the supplemental payments for nursing homes in this estimate (in the future, staff will move these payments down into the supplemental payment category). Based on current expenditure trends tracking very close to the original estimates, staff has not adjusted the Class I Nursing facility estimate from the original FY 2010-11 appropriation estimate of \$558.4 million (including the supplemental payments). Staff's estimate for Class II Nursing Facilities

increased to \$2,361,055 from \$2,293,429 -- an increase of \$67,626 or 2.9%. Staff's PACE estimate increased to \$77.6 million from \$76.8 million -- an increase of \$814,685 or 1.0 percent.

Insurance Premiums: The Insurance Premiums category includes Medicare premium payments that the State makes in behalf of clients who are dually eligible for both the Medicaid and Medicare program. Last year's appropriation estimate did not accurately reflect the increase in Medicare Part B payments. Therefore, staff has adjusted the estimate to reflect the following changes to the estimate: (1) an increase of 4.4 percent to Medicare Part B payments beginning January 2011; (2) an increase in the caseload projected; (3) and the actual costs for the first six months of the fiscal year. With these adjustments, the estimate for Medicare premiums increased from \$113.5 million to \$120.5 million -- an increase of \$7.0 million or 6.1 percent.

In addition, this category also includes the Medicaid Buy-In program. Because current expenditure patterns are tracking close to the original appropriation, staff has not changed the original estimate of \$1.2 million for this program.

Administrative Services: The Administrative Services category includes payments to the Single Entry Point Agencies and administrative payments to Prepaid Inpatient Hospital Plans. Currently, expenditures for both of these service categories are tracking close to the original estimate. Therefore, staff has not adjusted the original appropriation for this service category at this time.

Supplemental Adjustments: The Supplemental Adjustment category includes special payments to providers using Upper Payment Limit financing, Certified Public Expenditures, or Provider Fee (however, at this time staff has still included the Nursing Facility Supplemental Payments in the Nursing Facility estimated costs). The vast majority of the cost increase for this category is based on the Centers of Medicare and Medicaid Services (CMS) approving the Department's model adjustment for the Hospital Provider Fee. As explained during the briefing and hearing, the Department was able to adjust their original model estimate to provide greater supplemental payments to hospitals than originally estimated. The CMS approved these model adjustments in December. However, the adjustments were retroactive to October 1, 2010.

Staff recommends the Department's request for supplemental payment estimates. The difference between the staff recommendation and the Department's request is based on a \$9.0 million placeholder request from the Department for any contingent liabilities assessed against the Department. Occasionally, the Department has disallowance from CMS or settlements with providers based on passed year reconciliations. Rather than include this occurrence in the base request, the Department has included an estimate in the supplemental payment area. At this time staff does not recommend this request until additional information is provided by the Department.

FY 2009-10 Claims Paid in FY 2010-11: As the Committee is aware, in June 2010 the Executive Branch decided state revenues may not be sufficient to meet state obligations and authorized the Department to stop payments for the fee-for-service claims during the last two

weeks of the fiscal year. These claims were paid during the 1st payment cycle in July 2010. Unless there is a law change authorizing further payment disruptions, the Department under current law will be obligated to pay a total of 54 weeks of payments in FY 2010-11. Therefore, the Department's appropriation should be adjusted to reflect this obligation (over-expenditure authority should only be used for unknown forecasting error not planned expenditures). Thus, staff's recommendation includes an increase of \$70.2 million total funds for the FY 2009-10 claims that were paid in FY 2010-11.

Please note, the Department's request reflects this somewhat differently -- rather than showing the full savings of a 3 week fee-for-service delay in Early Supplemental #2 -- the Department request (as reflected in their budget schedules) reflects a one week delay. Staff's placeholder recommendation for a payment delay reflects 3 weeks (and other alternatives). Staff's recommendation is how bills and appropriation clauses would need to be drafted.

Simple Reasonableness Test for Staff's Recommendation

Table 3-- Reasonableness for staff's FY 2010-11 Supplemental Recommendation						
	YTD Expenditures Through December/1	Total Staff Recommended Appropriation/2	Remaining Expenditure Authority with Staff Rec.	Remaining Weekly Average Expenditures/3	YTD Actual Average Weekly Expenditures/4	% Growth on Average Weekly Cost
Medical Services	\$872,991,066	\$1,714,690,605	\$841,699,539	\$32,373,059	\$31,178,252	3.83%
Community Care Services	158,931,387	320,882,734	161,951,347	6,228,898	5,676,121	9.74%
Long-Term Care Services	339,017,181	646,478,274	307,461,093	11,825,427	12,107,756	(2.33)%
Insurance Premiums	57,949,160	121,753,808	63,804,648	2,454,025	2,069,613	18.57%
Administrative Services	15,101,122	31,289,548	\$16,188,426	622,632	539,326	15.45%
Supplemental Payments	<u>211,738,632</u>	<u>472,607,230</u>	<u>260,868,598</u>	<u>10,033,408</u>	<u>7,562,094</u>	<u>32.68%</u>
TOTAL	\$1,655,728,548	\$3,307,702,199	\$1,651,973,651	\$63,537,448	\$59,133,162	7.45%
Exclude Sup. Payments	\$1,443,989,916	\$2,835,094,969	\$1,391,105,053	\$53,504,041	\$51,571,068	3.75%

/1Includes all expenditures including change to Hospital Provider Fee Model and the FY 2009-10 claims.

/2Adjusted to reflect the impact of the FY 2009-10 claims in the service categories.

/3 Assumes 28 weeks of payments through December 2010.

/4 Assumes 26 weeks of payments left in FY 2010-11.

As Table 4 above shows, without the supplemental payments (mainly the hospital provider fee model change), during the first 28 weeks of FY 2010-11 (including two weeks of FY 2009-10

claims), the average weekly expenditures for the Medical Services Premiums line item was \$51.6 million. Staff's placeholder supplemental recommendation assumes average weekly expenditures of \$53.5 million for the remaining 26 weeks. Therefore, the remaining 26 weeks can average 3.75% percent higher than the expenditures were during the first six months. Staff believes that this a reasonable forecast.

Supplemental #2: Medicaid Mental Health Caseload and Cost Forecast

Base Calculations to Medicaid Mental Health Community Programs Division	Request	Recommendation	Difference
<u>Total</u>	<u>(\$3,723,584)</u>	<u>\$2,527,835</u>	<u>\$6,251,419</u>
General Fund	(2,110,115)	(461,460)	1,648,655
CF - Health Care Expansion	(1,153,612)	(142,227)	1,011,385
CF - Hospital Provider Fee	1,872,581	2,001,505	128,924
CF - BCCTP Fund	254	2,442	2,188
Reappropriated Funds	1,980	973	(1,007)
Federal Funds	(2,334,672)	1,126,602	3,461,274

*Includes both the Medicaid Mental Health Capitation and Medicaid Mental Health Fee for Services Line Items. This is a placeholder only recommendation and is subject to change.

Department Request: The Department's request has the following components:

1. A decrease of \$3.7 million total funds (\$2.1 million General Fund) to decrease the Mental Health Capitation Payments line item based on new Medicaid caseload and cost estimates as of November 2010.
2. An increase of \$52,606 total funds (\$21,129 General Fund) based on current anticipated expenditures in the Medicaid Mental Health Fee for Service Payments line item.

The Department's request is based on the information that was submitted to the Committee in November 2010. The Department will updating this information in February 2011, when they submit their final Medicaid caseload and cost estimates to the Committee for FY 2010-11

Staff Recommendation: Staff's recommendation has the following components:

1. An increase of \$1.9 million total funds (decrease of \$0.7 million General Fund) to fund the increase to the Mental Health Capitation Payment line item based on staff's new Medicaid caseload forecast. Staff uses the Department's quarterly per-member-per-month rates for FY 2010-11 and staff's new Medicaid caseload forecast to calculate the recommendation for the Mental Health Capitation Payments line item. Staff may need to update this recommendation based on new information in February.

2. An increase of \$0.6 million total funds (\$0.3 General Fund) to fund the Mental Health fee-for-service line item. Actual expenditure data for the first six months of FY 2010-11 totaled \$1,872,448. Therefore, the remaining six months of the current appropriation has \$1,093,310 remaining. Staff estimates that expenditures in the last six months will be approximately \$1,738,702. Therefore, staff recommends a supplemental appropriation of \$645,392 total funds (\$260,028 General Fund).

Discussion

Table 1 outlines the recommended supplemental adjustments for the Medicaid Mental Health Community Programs Division.

Table 1: Mental Health Division FY 2010-11 Estimated Expenditures Detail					
Item	Total Funds	General Fund	Cash Fund	Reappropriated Funds	Federal Funds
Current FY 2010-11 Appropriation	\$250,582,216	\$87,070,304	\$9,555,600	\$12,046	\$153,944,266
<i>Staff's Recommended Supplemental (Based on January calculations)</i>					
Caseload updated estimates for the MH capitation program	1,882,444	(721,488)	1,861,720	973	741,239
Medicaid Mental Health Fee-for-Service Payments	<u>645,391</u>	<u>260,028</u>	<u>0</u>	<u>0</u>	<u>385,363</u>
Staff's New FY 2010-11 Estimate	\$253,110,051	\$86,608,844	\$11,417,320	\$13,019	\$155,070,868
(Decrease)/Increase from current FY 2010-11 appropriation	\$2,527,835	(\$461,460)	\$1,861,720	\$973	\$1,126,602

Caseload and per-capita cost updated estimates for the Medicaid Mental Health Capitation Payments line item program: Staff's recommendation indicates a total fund supplemental of \$1.9 million for the Medicaid Mental Health Capitation Payments line item. This estimate is based on staff's new Medicaid caseload projections, as shown in Table 2 below, and the Department's weighted capitation rates for FY 2010-11.

Table 2: FY 2010-11 Appropriation Compared to Staff's FY 2010-11 Expenditure Estimate For Capitation Payments							
Eligible MH Medicaid Caseload	Current Caseload Appropriation	Estimated Per Capita Rate	Cost Estimate	New Caseload Projection	Estimated Weighted Capitation Rate	New Cost Estimate	Cost Difference
Elderly	38,978	\$154.90	\$6,037,782	38,955	\$154.89	\$6,033,763	(\$4,019)
Disabled Individuals	61,274	\$1,753.04	\$107,415,521	63,570	\$1,766.25	\$112,280,419	\$4,864,898

**Table 2: FY 2010-11 Appropriation Compared to
Staff's FY 2010-11 Expenditure Estimate For Capitation Payments**

Eligible MH Medicaid Caseload	Current Caseload Appropriation	Estimated Per Capita Rate	Cost Estimate	New Caseload Projection	Estimated Weighted Capitation Rate	New Cost Estimate	Cost Difference
Non-Disabled Adults	106,619	\$272.28	\$29,030,711	115,567	\$266.07	\$30,749,444	\$1,718,733
(BCCPT)	473	\$271.25	\$128,302	523	\$265.69	\$138,957	\$10,655
Children	306,488	\$188.59	\$57,801,919	299,365	\$188.36	\$56,389,805	(\$1,412,114)
Foster Children	<u>18,890</u>	<u>\$2,498.79</u>	<u>\$47,202,223</u>	<u>18,590</u>	<u>\$2,361.84</u>	<u>\$43,906,513</u>	<u>(\$3,295,710)</u>
Total	532,722	n/a	\$247,616,459	536,570	n/a	\$249,498,901	\$1,882,442

As Table 3 shows, staff forecasts an increase of 3,848 (0.7 percent) in the overall Medicaid caseload eligible for mental health services (partial dual eligibles and non-citizens are ineligible for Medicaid mental health services).

Reasonable Test for Staff Recommendation

Expenditures for the Mental Health Capitation Program were \$121.8 million through the end of December 2010. Therefore, expenditures have averaged \$20.3 million per month. Currently, the appropriation has \$125.8 million remaining. The remaining six months of the fiscal year can average approximately \$21.0 million per month without staff's recommendation and \$21.3 million per month with staff's recommendation. This is a 4.9 percent increase for the average monthly payments for the remainder of the fiscal year (increase from average monthly expenditures for the first six months compared to staff's recommended appropriation). It is staff's opinion that the recommendation is sufficient to provide for the increase in forecasted caseload, particularly with increases projected to occur in the disabled individuals aid categories.

Lastly, the increase for the Mental Health Fee-for-Service payments are based on the actual expenditures through the end of December 2010, as described earlier. Staff determined the recommended appropriation need by calculating the average expenditures for the first six months (26 weeks plus 2 weeks for the previous year's fee-for-service payment delay) and multiplying that average monthly expenditures figure by 26 weeks, representing the final six months of the fiscal year.

Early Supplemental #1 -- Correct FMAP Percentage

Correct FMAP Percentage	Request	Recommendation	Difference
Total	\$687,219	\$617,120	(\$70,099)
General Fund	67,182,763	67,101,558	(81,205)
CF - Health Care Expansion Fund	3,702,023	3,698,169	(3,854)
CF - Hospital Provider Fee	0	0	0
CF - Nursing Facility	1,176,667	1,175,282	(1,385)
CF - Autism Fund	31,614	31,577	(37)
CF - Health Care Policy and Financing Cash Fund	2,321	2,317	(4)
Reappropriated Funds	55,816	56,588	772
Federal Funds	(71,463,985)	(71,448,371)	15,614

Department Request: The FY 2010-11 state budget passed with the assumption that Congress would extend the full Enhanced ARRA FMAP through June 30, 2011. Although Congress extended the ARRA Enhanced FMAP through June 30, 2011 in H.R. 1586, Congress did so at a lesser amount than originally assumed. The Department's request reflects their calculations using the correct FMAP.

Staff Recommendation: *Staff recommends that the Committee adjust the FMAP percentage to current law requirements.* However, staff's recommendation is a placeholder recommendation until final action is taken on Medicaid caseload and cost estimates in March. Therefore, this supplemental can be added to the March Long Bill HCPF Supplemental Add-On and does not need to be included in the supplemental bills to be introduced in January. Staff's calculations of the impact are similar to the Department's estimate as shown in the table above. Staff uses slightly different calculations related to cost of services included or not included in the Enhanced ARRA FMAP calculations. The table below shows the FMAP calculation used for FY 2010-11.

Item	FY 2010-11 Q 1 and Q2	FY 2010-11 Q 3	FY 2010-11 Q 4	FY 2010-11 Average FMAP
Base	50.00%	50.00%	50.00%	
Total Base FMAP Increase	6.20%	3.20%	1.20%	
Unemployment Increase to FMAP	<u>5.39%</u>	<u>5.57%</u>	<u>5.68%</u>	
New FMAP	61.59%	58.77%	56.88%	59.71%

Early Supplemental #2 as modified by Supplemental #8): Delay Fee-for-Service Payments

THIS SUPPLEMENTAL REQUIRES LEGISLATION

Delay Fee-for-Service Payments	Request	See Options Recommendation/2	Difference
<u>Total</u>	<u>(\$55,475,556)</u>	<u>\$0</u>	<u>\$55,475,556</u>
General Fund	(25,559,436)	pending	25,559,436
CF - Health Care Expansion Fund	(1,444,915)	pending	1,444,915
CF - Hospital Provider Fee	(224,920)	pending	224,920
CF - Breast and Cervical Cancer Treatment Fund	(61,193)	pending	61,193
CF - Autism Fund	(19,349)	pending	19,349
CF - OAP Supplemental Medical Fund	(483,596)	pending	483,596
CF - Certified Expenditures Public School Districts	(275,795)	pending	275,795
Reappropriated Funds	(74,709)	pending	
Federal Funds	(27,331,643)	pending	27,331,643

Department Request: The Department requests that a permanent 3 week delay be made each year for claims paid on a fee-for-service basis from the Medicaid Management Information System (MMIS). The table above reflects the impact for a 1 week delay. The other 2 weeks of delay are shown in the Department's base requests (supplemental #1 and #2) because those supplemental requests only fund 52 weeks of payments instead of 54 weeks of payments that would be required. As discussed earlier, a total of 54 weeks of payments are needed in FY 2010-11 before any law change to account for the two weeks of claims from FY 2009-10 that were rolled over into FY 2010-11.

Staff Recommendation: *Staff recommends no action on this issue at this time.* This supplemental requires legislation. The Committee can make the decision on whether this legislation is necessary during the March budget balancing actions for FY 2010-11 and FY 2011-12. At that time the Committee will have decided on final revenue numbers to use as well as other budget items.

However, in order to help the Committee understand the magnitude of this request and the potential fiscal note of any legislation introduced, staff has calculated a placeholder recommendation for the Committee to keep on the budget balancing option list. See the options below for these costs.

Discussion: It is important to remember that staff would recommend this option only as a last resort option for the following reasons:

1. The higher match rate provided under ARRA expires on June 30, 2011. Therefore, any FY 2010-11 claims that are paid in FY 2011-12 will be paid at a higher state cost. If the Committee accepts the Department request for a 3 week delay, then staff calculates the General Fund will expend approximately \$8.6 million for the FY 2010-11 claims that are paid in FY 2011-12.
2. The Executive request is for permanent payment delays. Because the situation in FY 2011-12 is also difficult, it likely that if FY 2010-11 claims are delayed that the Committee will also need to delay claims in FY 2011-12. This creates a structural budget problem. During the Department's budget hearing, the Department responded that they were only aware of two other states that have used payment delays to help balance the budget (as opposed to payments delays that resulted when a new claims system was implemented). Of these two states (VA and IL), Illinois has the second worst bond rating in the nation (California has the worst) -- due to the structural budget problems within the state. Payment delays can have long-term or unintended consequences that the state might not even be able to foresee at this time (i.e. in future recessions does the state do additional payment delays?).
3. Medicaid payment delays are inefficient. The General Fund only receives approximately one half of the benefit (for budget purposes) and the federal funds the other half. However, the providers have the float the full cash flow impact.

Staff has prepared the following options for the Committee's information. Based on the revenue forecast and other budget decisions that the Committee makes, following are three fee-for-service payment delay options.

Option 1: Table 1 shows the impact of a 3 week delay as requested by the Department

Table 3: 3 Week Fee-for-Service Payment Delay	GF	CF	RF	FF	TF
Medical Service Premiums	(\$51,826,514)	(\$5,021,320)	(\$48,516)	(\$75,150,033)	(\$132,046,383)
Medicaid Mental Health	(86,507)	0	0	(114,112)	(200,619)
Other Medical Services Programs	0	(683,959)	0	(279,761)	(963,720)
DHS Division Programs	<u>(1,766,740)</u>	<u>(60,657)</u>	<u>0</u>	<u>(2,410,536)</u>	<u>(4,237,933)</u>
Total	(\$53,679,761)	(\$5,765,936)	(\$48,516)	(\$77,954,442)	(\$137,448,655)

Option 2: Table 2 shows the impact of a 2 week delay.

Table 2: 2 Week Fee-for-Service Payment Delay	GF	CF	RF	FF	TF
Medical Service Premiums	(\$34,551,009)	(\$3,347,547)	(\$32,344)	(\$50,100,022)	(\$88,030,922)
Medicaid Mental Health	(57,671)	0	0	(76,075)	(133,746)
Other Medical Services Programs	0	(455,973)	0	(186,507)	(642,480)

Table 2: 2 Week Fee-for-Service Payment Delay	GF	CF	RF	FF	TF
DHS Division Programs	<u>(1,177,826)</u>	<u>(40,438)</u>	<u>0</u>	<u>(1,607,024)</u>	<u>(2,825,288)</u>
Total	(35,786,506)	(3,843,958)	(32,344)	(51,969,628)	(91,632,436)

Option 3: Table 3 shows the impact of a 1 week delay.

Table 3: 1 Week Fee-for-Service Payment Delay	GF	CF	RF	FF	TF
Medical Service Premiums	(\$17,275,505)	(\$1,673,773)	(\$16,172)	(\$25,050,011)	(\$44,015,461)
Medicaid Mental Health	(28,836)	0	0	(38,037)	(66,873)
Other Medical Services Programs	0	(227,986)	0	(93,254)	(321,240)
DHS Division Programs	<u>(588,913)</u>	<u>(20,219)</u>	<u>0</u>	<u>(803,512)</u>	<u>(1,412,644)</u>
Total	(\$17,893,254)	(\$1,921,978)	(\$16,172)	(\$25,984,814)	(\$45,816,218)

Please note that the estimates in the above tables are subject to change based on final forecast information presented in March.

Early Supplemental #3 as modified by Supplemental #9

THIS SUPPLEMENTAL REQUIRES LEGISLATION

Medicaid Managed Care Payment Delay	Request	Recommendation	Difference
<u>Total</u>	<u>(\$52,735,363)</u>	<u>\$0</u>	<u>\$52,735,363</u>
General Fund	(15,187,994)	pending	15,187,994
CF - Children's Basic Health Plan	(2,632,483)	pending	2,632,483
CF - Health Care Expansion Fund	(3,536,410)	pending	3,536,410
CF - Hospital Provider Fee	(1,503,476)	pending	1,503,476
CF - Breast and Cervical Cancer Treatment and Prevention Fund	(2,759)	pending	2,759
Reappropriated Funds	(1,002)	pending	1,002
Federal Funds	(29,871,239)	pending	29,871,239

Department Request: The Department requests a one month delay beginning at the end of FY 2010-11 for capitation payments (risk-based premiums paid to all Medicaid Managed Care Organization contracts). Beginning in June 2011, the Department will make managed care payments on a

retrospective basis following the month of enrollment. This provision will result in a *one-time* fiscal year "accounting savings" because the June 2011 capitation will be paid in July 2011 (i.e. in FY 2010-11 only 11 months of payments will be made -- however, in FY 2011-12 and each year thereafter, 12 months of payments will be made). This request requires legislation --the Department's request reinstates the policy from S.B. 09-265 which was later repealed in H.B. 10-1382. The impacted programs from this provision are managed care entities providing services for the Medicaid acute care, long-term care, and mental health programs. Managed care entities providing services for the Children's Basic Health Plan will also be impacted. However, the Department's request would temporarily exempt from the delay any new providers that fall into two provider classes: the Program for All-Inclusive Care for the Elderly and Regional Care Collaborative Organizations in the Accountable Care Collaborative.

Staff Recommendation: *Staff recommends no action on this issue at this time.* The Committee can make the decision on whether this legislation is necessary during the March budget balancing actions for FY 2010-11 and FY 2011-12. At that time, the Committee will have made a final decision regarding revenue forecasts and the final Medicaid caseload forecast.

However, in order to help the Committee understand the magnitude of this request and the potential fiscal note of any legislation introduced, staff has calculated a placeholder recommendation for the Committee to keep on the budget balancing option list. Please note, if legislation is introduced to do any type of Medicaid payment delay, all payment delays can be drafted in one bill.

Discussion: It is important to note, that staff would only recommend this option as a last resort option for the same reasons listed in Early Supplemental #3. Again, to reiterate a point, any FY 2010-11 capitation paid in FY 2011-12 will be paid at a higher state match rate because of the loss of the enhanced ARRA funding which is only available through June 30, 2011. Staff calculates that added expense of paying June 2011 capitation in July 2011 as \$2.2 million General Fund.

Nevertheless, there are some additional policy points to consider with this proposal.

1. A capitation payment will be made by the middle of May 2011 (for May enrollment) and not again until the first week of July 2011 (for June enrollment). Therefore, the revenue disruption is approximately 6 weeks (it is usually approximately 4 to 5 weeks). For some providers, this may present a cash flow challenge.
2. MCOs may respond to this proposal by delaying claim payments to their own provider network depending on the financial situation of each MCO impacted.
3. Because capitation is a contracted rate, forecasting the delay of MCO payments is more predictable than in the fee-for-service program.
4. Fewer providers are impacted (although the MCO may decide to delay payments to their own provider network if this proposal is implemented as noted in item 2 above).

5. If only one payment delay option is implemented, the Executive branch would prefer this payment delay over the fee-for-service delay mainly for reason 3 and 4 stated above.

Option 1: Table 1 shows the impact of a 3 week delay as requested by the Department

Managed Care Payment Delay	GF	CF	RF	FF	TF
Medical Service Premiums	(\$6,704,404)	(\$586,385)	(\$5,831)	(\$9,636,759)	(\$16,933,379)
Medicaid Mental Health	(7,975,129)	(1,030,601)	(1,085)	(11,784,761)	(20,791,576)
Indigent Care Program	<u>(2,741,836)</u>	<u>(5,194,290)</u>	<u>0</u>	<u>(9,646,539)</u>	<u>(17,582,665)</u>
Total	(\$17,421,369)	(\$6,811,276)	(\$6,916)	(\$31,068,059)	(\$55,307,620)

Supplemental #3 -- Children's Basic Health Plan Medical and Dental Benefit Costs

	Request	Recommendation	Difference
Total	<u>\$9,069,508</u>	<u>(\$27,136,827)</u>	<u>(\$36,206,335)</u>
Cash Funds	3,118,350	(9,824,724)	(12,943,074)
Federal Funds	5,951,158	(17,312,103)	(23,263,261)

Department Request: The Department requests an increase of \$9.1 million total funds based on their *preliminary* estimates for the Children's Basic Health Plan medical and dental forecast as submitted in their November 1, 2010 request.

Staff Recommendation: Based on caseload and expenditure date through December 2010, staff recommends a total fund decrease of \$27.1 million. *This recommendation is based on forecast only -- it does not include any policy changes to eligibility or rates than what is necessary to fund the current law requirements based on an actuarial sound program.* The table below compares the Department's request with the staff's recommendation.

	Current Appropriation	Department Request	Staff Recommendation	Difference Staff - Dept.
Children's Caseload	84,793	76,741	68,267	(8,474)
Children's Medical Cost Estimate	\$175,089,124	\$178,377,548	\$148,013,097	(\$30,364,451)
Children's Dental Cost Estimate	<u>\$13,878,070</u>	<u>\$11,689,189</u>	<u>\$11,173,260</u>	<u>(\$515,929)</u>

Table 1: Final Caseload and Cost Assumptions for Department and Staff FY 2009-10 Forecasts				
	Current Appropriation	Department Request	Staff Recommendation	Difference Staff - Dept.
Total Costs for Children	\$188,967,194	\$190,066,737	\$159,186,357	(\$30,880,380)
Adult Caseload	2,467	2,393	2,033	(360)
Total Costs for Adults	\$27,432,843	\$35,402,808	\$30,076,853	(\$5,325,955)
Total Medical and Dental Costs	\$216,400,037	\$225,469,545	\$189,263,210	(\$36,206,335)
CF - Children's Basic Health Plan Trust Fund	\$28,110,332	\$31,548,659	\$28,507,016	(\$3,041,643)
CF - Immunization Fund	\$461,700	\$559,603	\$559,603	\$0
CF - Health Care Expansion Fund	\$31,947,282	\$29,806,480	\$24,273,279	(\$5,533,201)
CF - Hospital Provider Fee	\$8,690,653	\$10,413,576	\$6,045,346	(\$4,368,230)
RF - CBHP Trust Fund General Fund Appropriation	\$6,856,880	\$6,856,880	\$6,856,880	\$0
Federal Funds	<u>\$140,333,190</u>	<u>\$146,284,347</u>	<u>\$123,021,086</u>	<u>(\$23,263,261)</u>
Total Funds	\$216,400,037	\$225,469,545	\$189,263,210	(\$36,206,335)

Appendix D provides more detail calculations for the program.

Observations Regarding Forecast

1. **Caseload Forecast:** Staff's children forecast is 16,526 clients (19.5 percent) lower than the original appropriation and 8,474 (12.4 percent) lower than the Department's November forecast. For adults, staff's forecast is 434 clients (17.6 percent) lower than the original appropriation and 360 clients (15.0) lower than the Department's November forecast. Some of the reasons for the lower than originally assumed caseload growth are as follows:
 - (a) Upon redetermination, children in the lower range of eligibility are either moving into the Medicaid program or are being found eligible in the higher eligibility groups.
 - (b) A lower than anticipated number of children and adults are applying in the newly expanded eligibility categories (those above 200% of the poverty level). Because data for these eligibility groups is fairly limited, the forecast has been based mainly on assumptions rather than actual data trends.

2. In order to match the forecast to recent expenditure trends for the program (mainly the most recent six months), staff assumed the following per capita:
- (a) A per capita of \$2,168.15 per child per month for the child medical program. This is an increase of \$103.25 (5.0 percent) over the original appropriation assumption of \$2,064.90 but is lower than the Department's November request by \$156.26 (7.2 percent). There are several assumptions that are included in estimating the per capita cost including the actuary's cost trend analysis, the assumption of the number of children in the HMO versus the self-funded network, and the case mix of children in the program. Staff has used a lower trend than the Department's based on actual expenditures so far in the year not supporting such a large increase over the originally projected per capita rates developed for FY 2010-11.
 - (b) Staff recommends the Departments November request for the per capita costs for the adult pregnant women. The Department's November request reflects the actuary developed rate trends.
 - (c) Based on the expenditures and caseload projections, staff did not change the rate for the dental program at this time from the amount assumed in the original appropriation. Staff bases this recommendation on the recent expenditure history that shows the current appropriation to be tracking fairly close to actual expenditures for the first six months of the year.

Children's Basic Health Plan Trust Fund Analysis

Table 2: Children's Basic Health Plan Trust Fund -- With Staff Recommendation			
	FY 2009-10	Department FY 2010-11	Staff FY 2010-11
Cash in Beginning Fund Balance	\$6,608,063	\$599,735	\$599,735
Revenues	29,432,155	37,601,662	37,554,539
Projected Expenditures with Staff Recommendation (includes all expenditures from the Trust Fund.	<u>(35,440,483)</u>	<u>(41,615,070)</u>	<u>(38,426,970)</u>
Ending Fund Balance	\$599,735	(\$3,413,673)	(\$272,696)

Please note that the Department solves the CBHP Trust Fund balance deficit in their original November request with savings to the CBHP program found in Early Supplemental Request #3 (i.e. the managed care payment delay request would reduce expenditures out of the CBHP Trust Fund by approximately \$3.4 million) and by requesting in Supplemental #5 a \$686,200 General Fund appropriation into the CBHP Trust Fund.

Staff's revised estimates for the CBHP Trust Fund shows that it would end the fiscal year with a \$272,700 deficit. Staff recommends that a \$1.5 million appropriation from the Health Care Expansion Fund be made into the CBHP Trust Fund in FY 2010-11. This will cover any deficit and will provide for a contingency in case of any later changes to the forecast for revenue and expenditures from the fund. Please see the discussion in Supplemental #5 for additional information.

Reasonable Test for Staff Recommendation

Table 3-- Reasonableness for staff's FY 2010-11 Supplemental Recommendation						
	YTD Expenditures Through December	Total Staff Recommended Appropriation	Remaining Expenditure Authority with Staff Rec.	Remaining Monthly Average Expenditures	YTD Actual Average Monthly Expenditures	% Growth on Average Weekly Cost
Medical Services	\$86,122,109	\$178,089,608	\$91,967,499	\$15,327,917	\$14,353,685	6.79%
Dental Services	<u>5,573,747</u>	<u>11,173,260</u>	<u>5,599,513</u>	<u>933,252</u>	<u>928,958</u>	<u>0.46%</u>
TOTAL	\$91,695,856	\$189,262,868	\$97,567,012	\$16,261,169	\$15,282,643	6.40%

As Table 4 above shows, the average monthly expenditures for the CBHP program line items was \$15.3 million during the first six months of the year. With staff's recommendation, the average monthly expenditures for the remaining six months of the year would increase to \$16.3 million (6.4 percent higher than the first six months). Staff believes that this is a reasonable forecast.

Last Note: Staff recommends that the CBHP program costs (excluding the line item for administration) be combined into one appropriation line item similar the Medical Service Premiums line item. This will provide the Department with greater flexibility in managing the appropriation and may reduce over-expenditures if one piece of the forecast is over-forecasted and another piece is under-forecasted.

Supplemental #4 Medicare Modernization Act State Contribution Payment Supplemental Adjustments

Total MMA Requests	Request	Recommendation	Difference
Total	<u>(\$501,254)</u>	<u>\$65,529</u>	<u>\$566,783</u>
General Fund	(501,254)	65,529	566,783

*This supplemental adjustment is a placeholder recommendation. This recommendation, including all of its components, may be updated after the Department submits their final base request on February 15th.

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; <u>data that was not available when the original appropriation was made</u> ; or an unforeseen contingency.]	YES
JBC staff and the Department agree that this request is the result of <i>data that was not available when the original appropriation was made</i> and that it reflects updated information based on the rates the Federal Government are charging and Medicaid caseload estimates.	

Department Request: The Department requests a negative supplemental of \$501,254 General Fund as a placeholder decrease to the MMA State Contribution Payment. The Department will submit new information based on updated Medicaid caseload forecasts in February.

Staff Recommendation: Based on the first six months of actual expenditure data and the information that the Department submitted in their November 2010 budget request, staff recommends an increase of \$65,529 General Fund. Staff does not anticipate major changes to her supplemental recommendation but will update the Committee in March if staff believes additional data indicates that this supplemental recommendation should be adjusted.

Discussion: Prior to the passage of the Medicare Part D benefit in the Medicare Modernization Act (MMA), the states paid the prescription drug costs for dual eligible clients (i.e. those clients eligible for both Medicare and Medicaid). With the passage of Medicare Part D, all Medicare clients had to receive their prescription drug benefits from the Medicare program (for drugs covered under Part D). However, the MMA required that states continue to contribute to the costs of this program in what is known as the MMA State Contribution Payment.

The current FY 2010-11 appropriation assumed an average dual eligible caseload of 56,908 clients at an average cost of approximately \$134.61 per month per client. Therefore, the total cost of the MMA State Contribution Payment was estimated at \$91.9 million. The ARRA benefit was originally estimated \$21.2 and thus, the Long Bill appropriated \$70.7 million. With the new ARRA estimate, the need for the program is \$72.8 million (see ES #1 recommendation) before any update to the caseload and cost assumptions.

Based on current expenditure and caseload data through December 2010, staff now forecasts that the average caseload will be approximately 58,420 clients for FY 2010-11 (or approximately 2.7% higher than originally forecasted). Additionally, staff forecasts that the average monthly expenditure for FY

2010-11 will be \$129.73 per client. Based on these assumptions, staff forecasts total expenditures of \$90.9 million. With the ARRA adjustment, this expenditure is reduced to \$72.8 million. This estimate minus the current appropriation of \$70.7 million and the recommendation from ES #1 of 2.1 million results in a positive supplemental recommendation of \$65,529.

Staff's recommendation uses the Department's estimated rates for the MMA payments as outlined in the November 2010 budget request. The main difference is related to staff's higher caseload estimate and a few technical adjustments related to the first six months of actual expenditures.

Table 1: Calculation Assumptions for MMA State Contribution Payment for FY 2010-11		
	Original Appropriation Estimate	Staff's New FY 2010-11 Estimate
May 2010 through December 2010 (Paid July through February)		
Weighted Monthly Per Capita Cost multiplied by the Phase down	\$132.73	\$130.94
Average Monthly Enrollment (1 st Eight Months of FY) for Dual Eligibles	56,679	57,849
Total payments for the first eight months of FY 2010-11	\$60,185,476	\$60,596,815
Adjustment for First Six Months of Actuals compared to forecast	<u>\$0</u>	<u>(\$450,491)</u>
Total payments for the first eight months of FY 2010-11 Estimated	\$60,185,476	\$60,146,324
January 2011 through April 2011 (Paid March through June)		
Weighted Monthly Per Capita Cost multiplied by the Phase down	\$138.32	\$127.38
Average Monthly Enrollment (Last Four Months of FY) for Dual Eligibles	57,367	59,561
Total payments for the last four months of FY 2010-11	\$31,740,426	\$30,348,474
TOTAL MMA State Contribution Payment Estimate for FY 2010-11	\$91,925,902	\$90,494,798
Impact of ARRA (Includes Correction in ES #1)	<u>(\$21,225,730)</u>	<u>(\$19,729,097)</u>
Original Estimate and Recommendation before ARRA Adjust from ES #1	\$70,700,172	\$70,765,701
ARRA Adjustment from ES #1	<u>\$2,067,630</u>	<u>\$2,067,630</u>
Total Adjusted Appropriation Compared to New Estimate	\$72,767,802	\$72,833,331
Supplemental Amount needed in Supplemental #4		\$65,529

Alternative Option to Staff Recommendation: As shown in the analysis above, staff believes that the current appropriation is tracking very close to the original forecast. Even the Department's request represents only a 0.7 percent change to the current appropriation (i.e. leaves very little room for forecast error). In FY 2009-10, this line item had an overexpenditure of \$100,922 or 0.1 percent from the final forecast.

By Conference Committee on the Long Bill, the Committee will know the final billing for the MMA payment. If at that time, the final billing shows that staff's recommendation results in too high of an appropriation, the Committee could lower the amount (this may help the Committee if there are other unanticipated changes during the conference committee process). Therefore, staff does not recommend just taking the Department request over the staff recommendation (staff suspects that the Department may revise their request upward in February anyway once they submit new caseload estimates).

However, staff believes that it would be in an acceptable forecast range for the Committee to simply not to adjust for either the Department request or the Staff recommendation at this time. If the Committee doesn't take the staff recommendation, it would save the General Fund \$65,529.

Supplemental #5 -- Cash Fund Insolvency Financing

	<u>Request</u>	<u>Recommendation</u>	<u>Difference</u>
Total	\$686,184	\$1,500,000	\$813,816
General Fund	686,184	(13,671,043)	(14,357,227)
Cash Funds	0	1,500,000	1,500,000
Federal Funds	0	13,671,043	13,671,043

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	YES
JBC staff and the Department agree that this request is related to data that was not available when the original appropriation was made.	

Department Request: The Department requests a total of \$686,184 General Fund in FY 2010-11 to address a potential deficit in the Children's Basic Health Plan (CBHP) Trust Fund in FY 2010-11.

Staff Recommendation: Staff's recommendation has two parts.

1. Staff does *not* recommend the Department's request for an increased General Fund appropriation into the CBHP Trust Fund. As explained in supplemental #3, based on current enrollment and expenditure trends, staff projects that the CBHP Trust Fund will have a deficit of \$272,696 in FY 2010-11. This is based on two major assumptions:
 - (a) The Committee does not enact a managed care payment delay. If the Committee decides to introduce a bill to do a MCO payment delay, then the CBHP Trust Fund would actually have a positive fund balance of approximately \$2.4 million at the end of FY 2010-11.

- (b) Tobacco Settlement revenues are as anticipated in the Department's November 1, 2010 request (which assumed the Legislative Council Staff Forecasts).

Rather than use the General Fund to fill staff's projected CBHP Trust Fund deficit, staff recommends that \$1.5 million from the Health Care Expansion Fund be transferred into the CBHP Trust Fund. The Health Care Expansion Fund has sufficient fund balance in FY 2010-11 for staff's recommendation and is allowed under the S.J.R. 10-010 (emergency resolution that allowed use of Tobacco Tax moneys for health-related purposes).

Staff's recommendation would fill the \$272,700 deficit that she is forecasting and would also allow for approximately a \$1.2 million contingency (in case there are any later supplemental adjustments or in case Tobacco Settlement moneys or interest earnings are lower, etc.). If the money is not used, it will just roll over into FY 2011-12 and will reduce the amount of the General Fund subsidy needed in FY 2011-12 for the CBHP program (please remember that the Department's original FY 2011-12 budget request indicates a \$13.8 million General Fund appropriation to keep the CBHP Trust Fund solvent in FY 2011-12). Please note that if this appropriation is *not* needed, it doesn't really impact FY 2011-12 one way or the other (i.e. the General Fund subsidy to the Health Care Expansion Fund would increase by \$1.2 million while the General Fund subsidy to the CBHP Trust Fund would decrease by \$1.2 million). If the funds are needed, the General Fund subsidy for Health Care Expansion Fund would have increased with an offset to the General Fund subsidy to the CBHP Trust Fund -- but the JBC has more time to react to FY 2011-12 problems than they do to FY 2010-11 problems.

2. Staff's recommends a \$13.6 million General Fund decrease and corresponding federal fund increase to the Medical Services Premiums line item based on the state receiving a "performance bonus" in FY 2010-11 from the Children's Health Insurance Program Reauthorization (CHIPRA) legislation. On December 27, 2010, the U.S. Department of Health and Human Services announced CHIPRA bonus awards for the current fiscal year of \$206 million to 15 states. Of this amount, Colorado was awarded \$13.7 million. Based on the timing of the award, the Department was not able to include this information in their supplemental requests. However, staff anticipates that this funding will be included in the Governor's budget balancing package submitted on or before February 15th. Staff recommends the Committee use this CHIPRA bonus payment to offset General Fund expenditures in the Medical Services Premiums line item. This will help the state to balance the current fiscal year and perhaps avoid payment some or all of the payment delays proposed.

Supplemental #6 -- Left Intentionally Blank

Supplemental Request #7 -- Implement National Correct Coding Initiative

	Request	Recommendation
Total	<u>(\$211,316)</u>	<u>(\$211,316)</u>
General Fund	(96,766)	(96,766)
Federal Funds	(114,550)	(114,550)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical correction in calculating the original appropriation; <u>data that was not available when the original appropriation was made</u> ; or an unforeseen contingency.]	YES
JBC staff and the Department agree that this request is the result of information that was not available when the original appropriation was made.	

Department Request: The Department requests a reduction of \$211,316 total funds (including \$96,766 General Fund) in FY 2010-11 related to implementation of the National Correct Coding Initiative (NCCI). The NCCI provides edits in the MMIS system that are intended to control improper coding that leads to inappropriate payment for fee-for-service claims. When the General Assembly passed S.B. 10-167 last session, the bill assumed that implementing the NCCI would receive a 75 percent federal match. Since S.B. 10-167 was enacted, Congress and the Centers for Medicare and Medicaid Services (CMS) have provided further guidance regarding the National Correct Coding Initiative: (1) CMS is granting a 90 federal match on the development costs for the NCCI; and (2) additional edits are being required. Based on this new information and a new time frame for completing the project, the Department's request reduces appropriations by \$211,316 in FY 2010-11 and increases the cost of the project by \$190,601 in FY 2011-12.

Staff Recommendation: Staff recommends the Department's request.

Staff Initiated Supplemental Recommendation

JBC Staff Supplemental #1 -- Adjust FY 2010-11 to include the FY 2009-10 Two Week Delay

	Request	Recommendation
Total	<u>\$0</u>	<u>\$9,254,571</u>
General Fund	0	2,913,357
Cash Funds	0	701,926
Reappropriated Funds	0	212,664
Federal Funds	0	5,426,624

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical correction in calculating the original appropriation; <u>data that was not available when the original appropriation was made</u> ; or an unforeseen contingency.]	YES
JBC staff recommends this supplemental in to get the total appropriations in the Long Bill to match up to the total expenditures anticipated. This is a placeholder recommendation.	

Department Request: The Department's request reflects this impact on the General Fund overview (i.e. the General Fund) but was not included in their base budget schedules.

Staff Recommendation: As discussed earlier, the Long Bill should reflect 54 weeks of payments. A total of 54 weeks were reflected in the calculations for supplemental #1 (Medical Service Premiums base calculations) and in supplemental #2 (Mental Health division base calculations). This recommendation reflects the impact for the rest of the Department. Because the Department did not request this adjustment in their budget schedules for the other impacted line items (the Executive request includes the impact only in the General Fund overview), this impact was not addressed in other supplemental presentations for the Other Medical Service division of the DHS-Medicaid Funded Program division. In order to make sure the Committee accounts for this impact, staff recommends that \$9.2 million total funds (\$2.9 million General Fund) be added the Committee's placeholder for the Medicaid program. In addition, staff recommends that this change be made in the Long Bill Supplemental add-on -- after all final base changes are calculated.

Table 1: FY 2009-10 Claims that will need to be paid in FY 2010-11	GF	CF	RF	FF	TF
Other Medical Services Programs	0	701,926	113,173	544,407	1,359,506
DHS Division Programs	<u>2,913,357</u>	<u>0</u>	<u>99,491</u>	<u>4,882,217</u>	<u>7,895,065</u>
Total	\$2,913,357	\$701,926	\$212,664	\$5,426,624	\$9,254,571

JBC Staff Supplemental #2 -- Roll Forward Authority for the MMIS Line

	Request	Recommendation
Total	<u>\$0</u>	<u>\$0</u>
General Fund	0	0
Federal Funds	0	0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical correction in calculating the original appropriation; <u>data that was not available when the original appropriation was made</u> ; or an unforeseen contingency.]	YES
JBC staff recommends this supplemental in order to ensure that the current appropriation can be used to complete MMIS changes that will result in future budget savings.	

Department Request: The Department does not have a request for this supplemental adjustment.

Staff Recommendation: At the Department's hearing, the Department testified that due to several large projects, some of the original MMIS changes needed to implement budget priorities have been delayed and may not be completed on schedule. Because of these delays, the Department may not expend all of the MMIS appropriation provided in F 2010-11 before the end of the fiscal year. Rather than letting this money revert and then needing to appropriated additional funds in FY 2011-12, staff recommends that roll forward authority be provided for the Information Technology contract line item (this is the line item that contains the MMIS funding) in FY 2010-11 so that these projects can be completed as soon as possible.

Non Prioritized Supplementals

Statewide One Percent Across the Board General Fund Personal Service Reduction

Request	
Total	(\$273,346)
General Fund	(151,226)
Reappropriated Funds	(4,276)
Federal Funds	(117,844)

Department Request: The Department requests a one percent reduction to the General Fund portion of its personal services appropriations for FY 2010-11. The following table details the request.

One Percent Across the Board General Fund Personal Services Reduction					
Division, Line Item	Total	General Fund	Reapprop. Funds	Federal Funds	FTE
(1) Executive Director's Office					
(A) General Administration, Personal Services	(80,422)	(76,146)	(4,276)	0	0.0
(B) Transfers to Other Departments, DPHE facility for Survey and Certification	(36,092)	(12,632)	0	(23,460)	0.0
(B) Transfers to Other Departments, DPHE Prenatal Care Training and Technical Assistance	(779)	(390)	0	(389)	0.0
(6) DHS - Medicaid Funded Programs					
(A) Executive Director's Office	(8,828)	(4,413)	0	(4,415)	0.0

One Percent Across the Board General Fund Personal Services Reduction					
Division, Line Item	Total	General Fund	Reapprop. Funds	Federal Funds	FTE
(B) Office of Information Technology Services - CBMS	(1,958)	(979)	0	(979)	0.0
(C) Office of Operations	(24,067)	(9,244)	0	(14,823)	0.0
(D) Division of Child Welfare - Administration	(1,279)	(639)	0	(640)	0.0
(E) Office of Self Sufficiency - SAVE	(326)	(163)	0	(163)	0.0
(F) Mental health and Alcohol and Drug Abuse - Mental Health Institutes	(4,329)	(1,663)	0	(2,666)	0.0
(F) Mental Health and Alcohol and Drug Abuse - Administration	(3,791)	(1,896)	0	(1,895)	0.0
(G) Services for People with Disabilities - Community Services for People with Developmental Disabilities - Administration	(26,359)	(13,180)	0	(13,179)	0.0
(G) Services for People with Disabilities - Regional Centers	(84,657)	(29,652)	0	(55,005)	
(I) Division of Youth Corrections	(459)	(229)	0	(230)	0.0
Total	(\$273,346)	(\$151,226)	(\$4,276)	(\$117,844)	0.0

Staff Recommendation: The staff recommendation for this request is pending Committee approval of common policy supplementals. Staff asks permission to include the corresponding appropriations in the Department's supplemental bill once the Committee has acted on common policy supplementals. If staff believes there is a reason to deviate from the common policy, staff will appear before the Committee later to present the relevant analysis.

Non-Prioritized Supplemental Issues

The Committee has already or will take action on the following supplementals when making decisions in other Departments that receive Medicaid funding. No further action is needed from the Committee. Staff presents these issues for informational purposes only. The table below shows the Department's request (not staff recommendation). Staff will update based on the Committee's action for these issues.

Non-Prioritized Supplemental Issues (includes all issues including the 1% PS discussed above)	General Fund	Total Fund
NP-ES 1: 1% Across the Board Personal Services Reduction	(\$77,125)	(\$82,380)
NP-ES 2: CDPHE - 1% Across the Board Personal Service Reduction	(13,022)	(36,871)
NP-ES 3: DHS - 1% Across the Board Personal Services Reduction	(61,079)	(154,095)

Non-Prioritized Supplemental Issues (includes all issues including the 1% PS discussed above)	General Fund	Total Fund
NP - S1: DHS - Reallocation of Resources and Funding Increase for Emergency Placement in Community Services for People with Developmental Disabilities Program Costs	4,898,250	12,703,408
NP - S2: Intentionally Left Blank	0	0
NP - S3: DHS - Mental Health Institutes Revenue Adjustment	651,111	1,302,222
NP - S4: Intentionally Left Blank	0	0
NP - S5: Intentionally Left Blank	0	0
NP - S6: DHS- Vehicle Lease Line Reconciliation	24,982	(2,686)
NP - S7: DHS - Printing of Statewide Warrants and Mainframe	146	293
NP - S8: Printing of Statewide Warrants and Mainframe	535	1,070
Total Non-Prioritized or Other Adjustment not explained elsewhere in this supplemental packet	\$5,423,798	\$13,730,961

FY 2009-10 Supplemental Issues

JBC Staff Issue

Release FY 2009-10 Overexpenditures

Department of Health Care Policy and Financing*		
Allowable Overexpenditure per CRS 24-75-109 (1) (a)		
FY 2009-10		
	Request	Recommendation
Total	<u>\$0</u>	<u>\$839,890</u>
General Fund	0	839,890

Department Request: The Department has not submitted any requests regarding over-expenditures from FY 2009-10.

Staff Recommendation: Staff recommends the release of FY 2010-11 General Fund restrictions based on General Fund over-expenditures from FY 2009-10 for the following items.

1. Medicaid over expenditures in the Medicaid Mental Health Capitation line item of \$586,305 General Fund. Releasing the over expenditure restriction will reduce the amount of funding needed for this program in FY 2010-11. This is an entitlement program.

2. Medicaid over expenditures in the Medicare Modernization Act State Contribution Payment of \$100,922 General Fund. Releasing the over expenditure restriction will reduce the amount of funding needed for this program in FY 2010-11. This is an entitlement program.

Staff does *not* recommend the release of the following over-expenditures (initially at briefing staff recommended that the over-expenditure restrictions be lifted but for these non-entitlement programs it is not absolutely necessary).

1. An over expenditure of \$1,410 General Fund in the CBMS SAS-70 Audit line that resulted due to a higher allocation of costs to the Medicaid program than originally estimated. This amount should be able to be absorbed within the current FY 2010-11 appropriation.
2. An over expenditure of \$66,122 General Fund that resulted because the appropriation did not properly reflect the cap on the Pediatric Specialty Hospital Cash Fund from S.B. 09-264.

DISCUSSION:

Because of the entitlement nature of the Medicaid program, the Medicaid line items are provided with *unlimited* over-expenditure authority as long as the over-expenditure are consistent with the statutory provisions of the Medicaid program (Section 24-75-109, C.R.S.). However, the State Controller's restricts the current fiscal year's appropriation until the General Assembly approves a supplemental for the prior year over expenditure. This restriction allows the JBC an opportunity to review the reasons for over expenditures and to decide if the over-expenditure could have been avoided with better management of the appropriation or if the over-expenditure occurred as a result of an unforeseen event or forecast error. The over-expenditures for the Medicaid Mental Health line items and the Medicare Modernization Act (MMA) State Contribution line item were due to forecast error and were within the acceptable range error.

Table 1 below shows the over-expenditures that staff recommends releasing.

Table 1: Department Over-Expenditures and Reversions -- General Fund Only		
Division	General Fund	Statutory Authority for Over-Expenditure
Mental Health Programs, Capitation	\$738,969	CRS 24-75-109 (1) (a)
Medicare Modernization Act State Contribution Payment	<u>\$100,921</u>	<u>CRS 24-75-109 (1) (a)</u>
Total HCPF	\$839,890	

Source: State Controller letter to Governor dated December 21, 2010.

Staff recommends that the Committee include the following appropriations in the Supplemental Bill.

SECTION X. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of any moneys in the general fund not otherwise appropriated, to the department of health care policy and financing, for the fiscal year beginning July 1, 2009, the sum of seven hundred thirty-eight thousand nine hundred sixty-nine dollars (\$738,969), or so much thereof as may be necessary for the payment of overexpenditures of line item appropriations contained in Part V (3) of section 10 of chapter 453, Session Laws of Colorado 2010. In accordance with section 24-75-109 (4) (a), Colorado Revised Statutes, all restrictions on funds for medicaid mental health community programs, department of health care policy and financing, for the 2009-10 fiscal year, shall be released.

SECTION X. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of any moneys in the general fund not otherwise appropriated, to the department of health care policy and financing, for the fiscal year beginning July 1, 2009, the sum of one hundred thousand nine hundred twenty-one dollars (\$100,921), or so much thereof as may be necessary for the payment of overexpenditures of line item appropriations contained in Part V (5) of section 10 of chapter 453, Session Laws of Colorado 2010. In accordance with section 24-75-109 (4) (2) Colorado Revised Statutes, all restrictions on funds for the Medicare modernization act of 2003 state contribution payment, department of health care policy and financing, for the 2009-10 fiscal year, shall be released.

Supplemental Request, Previously Approved 1331 Supplemental

FY 2009-10 Emergency Supplemental - Children Basic Health Plan
(Approved June 2010)

Department of Health Care Policy and Financing	
FY 2008-09	Recommendation
Total	<u>\$14,576,426</u>
CF - Health Care Expansion Fund	5,451,399
CF - Hospital Provider Fee Cash Fund	(381,802)
Federal Funds	9,506,829

Description of Supplemental: In June 2010, the Joint Budget Committee approved an interim supplemental request submitted by the Department of Health Care Policy and Financing under the provisions of H.B. 98-1331 (i.e. an emergency supplemental). With it's approval, the state controller was authorized to allow the following over-expenditures with an understanding that the Committee would sponsor a supplemental bill during the 2011 that authorized these expenditures.

Department of Health Care Policy and Financing JBC Approved Adjustments to FY 2009-10 Appropriations			
	Total	CF	FF
Indigent Care Program, Children's Basic Health Plan Premium Costs	\$14,576,426	\$5,069,597	\$9,506,829
Total	\$14,576,426	\$5,069,597	\$9,506,829

The additional cash funds reflected the following changes to the current cash fund appropriations for the Children's Basic Health Plan Premium line item:

Health Care Expansion Fund (Section 24-22-117 (2) (a) (I), C.R.S.)	\$5,451,399
Offset by a reduction to the Hospital Provider Fee Cash Fund (Section 25.5-4-402.3)	<u>(381,802)</u>
	<u>\$5,069,597</u>

Staff Recommendation: Staff recommends that this emergency supplemental as originally approved in June 2010.

However, staff recommends that this adjustment be included the Long Bill Supplemental Add-On Section instead of the supplemental bill that the Committee will introduce in January. The reason that staff recommends that the Committee delay introducing this supplemental until the Long Bill introduction is because the General Fund Exempt appropriation in the Medical Services Premiums line item for FY 2009-10 will also need to be adjusted. Rather than introducing 2 rounds of bills that amend FY 2009-10 (a fiscal year that has been audited and is closed), staff recommends doing these two adjustments at the same time in order to cut down in the number of administrative hours needed for drafting and proofing in this office.

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
Executive Director - Sue Birch

Supplemental #1 -- Request for Medical Services Premiums

				<i>Placeholder Rec.</i>	
<i>Medical Services Premiums</i>					
<i>Medical Services Premiums</i>	<u>2,877,822,564</u>	<u>3,106,858,127</u>	<u>189,495,298</u>	<u>200,844,073</u>	<u>3,146,257,715</u>
General Fund	762,936,068	700,606,422	(16,769,210)	9,014,010	709,620,432
General Fund Exempt	0	161,444,485	0	0	0
Cash Funds	343,695,933	339,633,220	96,242,004	63,253,741	402,886,961
Reappropriated Funds	3,917,255	7,595,243	178,087	(181,156)	7,414,087
Federal Funds	1,767,273,308	1,897,578,757	109,844,417	128,757,478	2,026,336,235

Supplemental #2 -- Medicaid Mental Health Community Programs

				<i>Placeholder Rec.</i>	
<i>Medicaid Mental Health Community Programs</i>					
<i>(A) Mental Health Capitation Payments</i>	<u>223,368,053</u>	<u>247,616,458</u>	<u>(3,776,190)</u>	<u>1,882,443</u>	<u>249,498,901</u>
General Fund	79,359,784	85,931,156	(2,131,244)	(721,488)	85,209,668
Cash Funds	6,393,602	9,555,600	719,223	1,861,719	11,417,319
Reappropriated Funds	10,833	12,046	1,980	973	13,019
Federal Funds	137,603,834	152,117,656	(2,366,149)	741,239	152,858,895
<i>(B) Medicaid Mental Health Fee for Services</i>					
<i>Payments</i>	<u>2,587,662</u>	<u>2,965,758</u>	<u>52,606</u>	<u>645,391</u>	<u>3,611,149</u>
General Fund	993,452	1,139,148	21,129	260,028	1,399,176
Federal Funds	1,594,210	1,826,610	31,477	385,363	2,211,973

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Total Supplemental #2	<u>225,955,715</u>	<u>250,582,216</u>	<u>(3,723,584)</u>	<u>2,527,834</u>	<u>253,110,050</u>
General Fund	80,353,236	87,070,304	(2,110,115)	(461,460)	86,608,844
Cash Funds	6,393,602	9,555,600	719,223	1,861,719	11,417,319
Reappropriated Funds	10,833	12,046	1,980	973	13,019
Federal Funds	139,198,044	153,944,266	(2,334,672)	1,126,602	155,070,868

The Remaining Supplementals Appear In Order As Received

Early Supplemental # 1 - Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage

Executive Director's Office, Transfers to Other Departments

Placeholder Rec.

Nurse Home Visitor Program	426,956	<u>3,010,000</u>	<u>0</u>	<u>0</u>	<u>3,010,000</u>
General Fund	(84,231)	0	0	0	0
Reappropriated Funds	383,128	1,156,141	56,655	56,588	1,212,729
Federal Funds	128,059	1,853,859	(56,655)	(56,588)	1,797,271
<i>Medical Service Premiums</i>	<u>2,877,822,564</u>	<u>3,106,858,127</u>	<u>0</u>	<u>0</u>	<u>3,106,858,127</u>
General Fund	762,936,068	700,606,422	53,195,115	53,119,493	753,725,915
General Fund Exempt	0	161,444,485	0	0	161,444,485
Cash Funds	343,695,933	339,633,220	2,153,476	2,151,422	341,784,642
Reappropriated Funds	3,917,255	7,595,243	(839)	0	7,595,243
Federal Funds	1,767,273,308	1,897,578,757	(55,347,752)	(55,270,915)	1,842,307,842

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>Medicaid Mental Health Community Programs</i>				<i>Placeholder Rec.</i>	
(A) <i>Mental Health Capitation Payments</i>	<u>223,368,053</u>	<u>247,616,458</u>	<u>0</u>	<u>0</u>	<u>247,616,458</u>
General Fund	79,359,784	85,931,156	4,210,908	4,205,950	90,137,106
Cash Funds	6,393,602	9,555,600	383,395	382,944	9,938,544
Reappropriated Funds	10,833	12,046	0	0	12,046
Federal Funds	137,603,834	152,117,656	(4,594,303)	(4,588,894)	147,528,762
 (B) <i>Medicaid Mental Health Fee for Services</i>					
<i>Payments</i>	<u>2,587,662</u>	<u>2,965,758</u>	<u>0</u>	<u>0</u>	<u>2,965,758</u>
General Fund	993,452	1,139,148	55,822	55,756	1,194,904
Federal Funds	1,594,210	1,826,610	(55,822)	(55,756)	1,770,854
 <i>Indigent Care Program</i>					
Safety Net Provider Payments	<u>271,210,519</u>	<u>277,769,968</u>	<u>0</u>	<u>0</u>	<u>277,769,968</u>
General Fund	(707,378)	0	0	0	0
Cash Funds	124,368,097	124,368,097	2,357,542	2,354,767	126,722,864
Federal Funds	147,549,800	153,401,871	(2,357,542)	(2,354,767)	151,047,104
 <i>Indigent Care Program</i>					
Children's Hospital, Clinic Based Indigent Care	<u>27,759,956</u>	<u>6,119,760</u>	<u>0</u>	<u>0</u>	<u>6,119,760</u>
General Fund	2,350,600	2,350,600	115,187	115,051	2,465,651
Reappropriated Funds	8,312,000	0	0	0	0
Federal Funds	17,097,356	3,769,160	(115,187)	(115,051)	3,654,109

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>Indigent Care Program</i>				<i>Placeholder Rec.</i>	
Health Care Services Fund	<u>5,410,049</u>	<u>31,085,655</u>	<u>(1,380,411)</u>	<u>(1,450,510)</u>	<u>29,635,145</u>
Cash Funds	0	11,940,000	0	0	11,940,000
Reappropriated Funds	2,078,000	0	0	0	0
Federal Funds	3,332,049	19,145,655	(1,380,411)	(1,450,510)	17,695,145
<i>Indigent Care Program</i>					
Pediatric Specialty Hospital Program	<u>14,909,166</u>	<u>14,821,994</u>	<u>0</u>	<u>0</u>	<u>14,821,994</u>
General Fund	4,994,587	4,939,128	278,982	278,653	5,217,781
General Fund Exempt	104,310	0	0	0	0
Cash Funds	283,000	307,000	0	0	307,000
Reappropriated Funds	345,690	447,000	0	0	447,000
Federal Funds	9,181,579	9,128,866	(278,982)	(278,653)	8,850,213
<i>Other Medical Services</i>					
Commission on Family Medicine Residency					
Training Programs	<u>1,738,844</u>	<u>1,738,846</u>	<u>0</u>	<u>0</u>	<u>1,738,846</u>
General Fund	667,890	667,891	32,729	32,690	700,581
Federal Funds	1,070,954	1,070,955	(32,729)	(32,690)	1,038,265
<i>Other Medical Services</i>					
State Teaching Hospitals - Denver Health	<u>1,831,714</u>	<u>1,831,714</u>	<u>0</u>	<u>0</u>	<u>1,831,714</u>
General Fund	703,561	703,561	34,477	34,437	737,998
Federal Funds	1,128,153	1,128,153	(34,477)	(34,437)	1,093,716

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>Other Medical Services</i>				<i>Placeholder Rec.</i>	
State Teaching Hospitals - University Hospital	<u>676,782</u>	<u>676,785</u>	<u>0</u>	<u>0</u>	<u>676,785</u>
General Fund	259,952	259,953	12,739	12,724	272,677
Federal Funds	416,830	416,832	(12,739)	(12,724)	404,108
<i>Other Medical Services</i>					
Medicare Modernization Act State					
Contribution Payment	<u>57,624,126</u>	<u>70,700,172</u>	<u>2,067,630</u>	<u>2,067,630</u>	<u>72,767,802</u>
General Fund	57,624,126	70,700,172	2,067,630	2,067,630	72,767,802
<i>Department of Human Services-Medicaid Division</i>					
All Line Items	<u>415,140,344</u>	<u>392,625,115</u>	<u>0</u>	<u>0</u>	<u>392,625,115</u>
General Fund	158,585,174	149,682,806	7,179,174	7,179,174	156,861,980
Cash Funds	592,619	427,007	18,212	18,212	445,219
Reappropriated Funds	2,065,986	1,868,043	0	0	1,868,043
Federal Funds	253,896,565	240,647,259	(7,197,386)	(7,197,386)	233,449,873
Total for Early Supplemental #1					
<i>All Line Items</i>	<u>3,900,506,735</u>	<u>4,157,820,352</u>	<u>687,219</u>	<u>617,120</u>	<u>4,158,437,472</u>
General Fund	1,067,683,585	1,016,980,837	67,182,763	67,101,558	1,084,082,395
General Fund Exempt	104,310	161,444,485	0	0	161,444,485
Cash Funds	475,333,251	486,230,924	4,912,625	4,907,345	491,138,269
Reappropriated Funds	17,112,892	11,078,473	55,816	56,588	11,135,061
Federal Funds	2,340,272,697	2,482,085,633	(71,463,985)	(71,448,371)	2,410,637,262

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation

Early Supplemental #2 as Modified by Supplemental #8 -- Fee-for-Service Delay in FY 2010-11

<i>Executive Director's Office, Transfers to Other Departments</i>				<i>See Options</i>	
DPHE Nurse Home Visitor Program	<u>426,956</u>	<u>3,010,000</u>	<u>(46,456)</u>	<u>0</u>	<u>3,010,000</u>
General Fund	(84,231)	0	0	0	0
Reappropriated Funds	383,128	1,156,141	(21,710)	0	1,156,141
Federal Funds	128,059	1,853,859	(24,746)	0	1,853,859
<i>Medical Service Premiums</i>					
Medical Services Premiums					
<i>Medical Services Premiums</i>	<u>2,877,822,564</u>	<u>3,106,858,127</u>	<u>(50,067,754)</u>	<u>0</u>	<u>3,106,858,127</u>
General Fund	762,936,068	700,606,422	(23,372,805)	0	700,606,422
General Fund Exempt	0	161,444,485	0	0	161,444,485
Cash Funds	343,695,933	339,633,220	(1,750,377)	0	339,633,220
Reappropriated Funds	3,917,255	7,595,243	0	0	7,595,243
Federal Funds	1,767,273,308	1,897,578,757	(24,944,572)	0	1,897,578,757
<i>Medicaid Mental Health Community Programs</i>					
(A) <i>Mental Health Capitation Payments</i>	<u>223,368,053</u>	<u>247,616,458</u>	<u>125</u>	<u>0</u>	<u>247,616,458</u>
General Fund	79,359,784	85,931,156	49	0	85,931,156
Cash Funds	6,393,602	9,555,600	0	0	9,555,600
Reappropriated Funds	10,833	12,046	0	0	12,046
Federal Funds	137,603,834	152,117,656	76	0	152,117,656
(B) <i>Medicaid Mental Health Fee for Services</i>					
<i>Payments</i>	<u>2,587,662</u>	<u>2,965,758</u>	<u>(93,003)</u>	<u>0</u>	<u>2,965,758</u>
General Fund	993,452	1,139,148	(42,833)	0	1,139,148
Federal Funds	1,594,210	1,826,610	(50,170)	0	1,826,610

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>See Options</i>					
<i>Other Medical Services</i>					
OAP State Medical Program Clients	<u>12,896,295</u>	<u>24,494,965</u>	<u>(483,596)</u>	<u>0</u>	<u>24,494,965</u>
General Fund	2,710,779	9,411,482	0	0	9,411,482
Cash Funds	10,185,516	12,848,483	(483,596)	0	12,848,483
Reappropriated Funds	0	2,235,000	0	0	2,235,000
<i>Other Medical Services</i>					
Public School Health Services	<u>25,597,360</u>	<u>29,537,394</u>	<u>(546,939)</u>	<u>0</u>	<u>29,537,394</u>
Cash Funds	11,443,512	15,391,007	(275,795)	0	15,391,007
Federal Funds	14,153,848	14,146,387	(271,144)	0	14,146,387
<i>DHS-Funded Programs, Division of Child Welfare</i>					
Child Welfare Services	<u>13,070,654</u>	<u>14,293,272</u>	<u>(106,584)</u>	<u>0</u>	<u>14,293,272</u>
General Fund	5,028,740	5,490,045	(56,600)	0	5,490,045
Federal Funds	8,041,914	8,803,227	(49,984)	0	8,803,227
<i>DHS-Funded Programs, Division of Mental Health</i>					
Mental Health Institutes	<u>3,942,309</u>	<u>2,916,208</u>	<u>(181,568)</u>	<u>0</u>	<u>2,916,208</u>
General Fund	1,514,241	1,120,115	(94,695)	0	1,120,115
Federal Funds	2,428,068	1,796,093	(86,873)	0	1,796,093
<i>DHS -Funded Programs, Services for People with Disabilities</i>					
Services for People with Disabilities, Program					
Costs	<u>317,386,097</u>	<u>305,993,911</u>	<u>(2,591,966)</u>	<u>0</u>	<u>305,993,911</u>
General Fund	121,716,080	117,481,180	(1,340,006)	0	117,481,180
Cash Funds	541,738	427,007	0	0	427,007
Federal Funds	195,128,279	188,085,724	(1,251,960)	0	188,085,724

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
					<i>See Options</i>
<i>DHS -Funded Programs, Services for People with Disabilities</i>					
Services for People with Disabilities, Regional Centers					
	<u>51,540,015</u>	<u>46,888,625</u>	<u>(1,357,815)</u>	<u>0</u>	<u>46,888,625</u>
General Fund	17,597,284	16,142,266	(652,546)	0	16,142,266
Reappropriated Funds	2,033,135	1,867,655	(52,999)	0	1,867,655
Federal Funds	31,909,596	28,878,704	(652,270)	0	28,878,704
Total for Early Supplemental #2					
<i>All Line Items</i>	<u>3,305,269,912</u>	<u>3,536,958,260</u>	<u>(55,475,556)</u>	<u>0</u>	<u>3,536,958,260</u>
General Fund	912,412,413	851,390,658	(25,559,436)	0	851,390,658
Cash Funds	365,866,699	368,299,717	(2,509,768)	0	368,299,717
Reappropriated Funds	6,333,518	12,854,039	(74,709)	0	12,854,039
Federal Funds	2,020,657,282	2,142,969,361	(27,331,643)	0	2,142,969,361

Early Supplemental #3 as Modified by Supplemental #9 -- Managed Care Payment Delay for FY 2010-11

<i>Executive Director's Office, Information Technology</i>					<i>See Options</i>
Information Technology Contracts	<u>22,767,387</u>	<u>34,553,769</u>	<u>126,000</u>	<u>0</u>	<u>34,553,769</u>
General Fund	5,348,546	6,134,303	31,500	0	6,134,303
Cash Funds	642,364	2,433,429	0	0	2,433,429
Reappropriated Funds	100,328	100,328	0	0	100,328
Federal Funds	16,676,149	25,885,709	94,500	0	25,885,709

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Medical Services Premiums					<i>Placeholder Rec.</i>
<i>Medical Services Premiums</i>	<u>2,877,822,564</u>	<u>3,106,858,127</u>	<u>(12,013,244)</u>	<u>0</u>	<u>3,106,858,127</u>
General Fund	762,936,068	700,606,422	(4,644,050)	0	700,606,422
General Fund Exempt	0	161,444,485	0	0	161,444,485
Cash Funds	343,695,933	339,633,220	(536,061)	0	339,633,220
Reappropriated Funds	3,917,255	7,595,243	0	0	7,595,243
Federal Funds	1,767,273,308	1,897,578,757	(6,833,133)	0	1,897,578,757
 <i>Medicaid Mental Health Community Programs</i>					<i>Placeholder Rec.</i>
<i>(A) Mental Health Capitation Payments</i>	<u>223,368,053</u>	<u>247,616,458</u>	<u>(20,596,152)</u>	<u>0</u>	<u>247,616,458</u>
General Fund	79,359,784	85,931,156	(7,888,881)	0	85,931,156
Cash Funds	6,393,602	9,555,600	(991,178)	0	9,555,600
Reappropriated Funds	10,833	12,046	(1,002)	0	12,046
Federal Funds	137,603,834	152,117,656	(11,715,091)	0	152,117,656
 <i>Indigent Care Program</i>					
Children's Basic Health Plan Trust	<u>3,296,467</u>	<u>9,411,482</u>	<u>(2,686,563)</u>	<u>0</u>	<u>9,411,482</u>
General Fund	2,710,779	9,411,482	(2,686,563)	0	9,411,482
Cash Funds	585,688	0	0	0	0
 <i>Indigent Care Program</i>					
Children's Basic Health Plan Premium Costs	<u>167,729,257</u>	<u>202,521,966</u>	<u>(16,352,362)</u>	<u>0</u>	<u>202,521,966</u>
Cash Funds	58,910,116	64,352,642	(5,723,325)	0	64,352,642
Reappropriated Funds	0	6,856,880	0	0	6,856,880
Federal Funds	108,819,141	131,312,444	(10,629,037)	0	131,312,444

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>Indigent Care Program</i>				<i>See Options</i>	
Children's Basic Health Plan Dental Costs	<u>10,765,764</u>	<u>13,878,070</u>	<u>(1,213,042)</u>	<u>0</u>	<u>13,878,070</u>
Cash Funds	3,765,543	4,857,325	(424,564)	0	4,857,325
Federal Funds	7,000,221	9,020,745	(788,478)	0	9,020,745
Total for Early Supplemental #3					
<i>All Line Items</i>	<u>204,558,875</u>	<u>260,365,287</u>	<u>(52,735,363)</u>	<u>0</u>	<u>260,365,287</u>
General Fund	8,059,325	15,545,785	(15,187,994)	0	15,545,785
Cash Funds	63,903,711	71,643,396	(7,675,128)	0	71,643,396
Reappropriated Funds	100,328	6,957,208	(1,002)	0	6,957,208
Federal Funds	132,495,511	166,218,898	(29,871,239)	0	166,218,898

Supplemental #3 -- Children's Basic Health Plan Medical Premium and Dental Benefit Costs

Indigent Care Program					
<i>Children's Basic Health Plan Premium Costs</i>	<u>161,729,257</u>	<u>202,521,966</u>	<u>11,258,390</u>	<u>(24,432,016)</u>	<u>178,089,950</u>
Cash Funds	52,910,116	64,352,642	3,884,459	(8,878,039)	55,474,603
Reappropriated Funds	0	6,856,880	0	0	6,856,880
Federal Funds	108,819,141	131,312,444	7,373,931	(15,553,977)	115,758,467
Indigent Care Programs					
<i>Children's Basic Health Plan Dental Costs</i>	<u>10,765,764</u>	<u>13,878,070</u>	<u>(2,188,882)</u>	<u>(2,704,810)</u>	<u>11,173,260</u>
Cash Funds	3,765,543	4,857,325	(766,109)	(946,683)	3,910,642
Federal Funds	7,000,221	9,020,745	(1,422,773)	(1,758,127)	7,262,618

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Total for Supplemental #3	<u>172,495,021</u>	<u>216,400,036</u>	<u>9,069,508</u>	<u>(27,136,826)</u>	<u>189,263,210</u>
Cash Funds	56,675,659	69,209,967	3,118,350	(9,824,722)	59,385,245
Reappropriated Funds	0	6,856,880	0	0	6,856,880
Federal Funds	115,819,362	140,333,189	5,951,158	(17,312,104)	123,021,085

Supplemental #4 -- Medicare Modernization Act State Contribution Payment

Total for Supplemental #4					
Other Medical Services					
<i>MMA State Contribution Payment</i>	<u>57,624,126</u>	<u>70,700,172</u>	<u>(501,254)</u>	<u>65,529</u>	<u>70,765,701</u>
General Fund	57,624,126	70,700,172	(501,254)	65,529	70,765,701

Supplemental #5 -- Cash Fund Insolvency Financing

<i>Medical Services Premiums</i>				<i>Placeholder Rec.</i>	
<i>Medical Services Premiums</i>	<u>2,877,822,564</u>	<u>3,106,858,127</u>	<u>0</u>	<u>0</u>	<u>2,945,413,642</u>
General Fund	762,936,068	700,606,422	0	(13,671,043)	686,935,379
General Fund Exempt	0	161,444,485	0	0	0
Cash Funds	343,695,933	339,633,220	0	0	339,633,220
Reappropriated Funds	3,917,255	7,595,243	0	0	7,595,243
Federal Funds	1,767,273,308	1,897,578,757	0	13,671,043	1,911,249,800

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Indigent Care Program					
<i>Children's Basic Health Plan Trust</i>	<u>3,296,467</u>	<u>9,411,482</u>	<u>686,184</u>	<u>1,500,000</u>	<u>10,911,482</u>
General Fund	2,710,779	9,411,482	686,184	0	9,411,482
Cash Funds	585,688	0	0	1,500,000	1,500,000
Total for Supplemental #5	<u>2,881,119,031</u>	<u>3,116,269,609</u>	<u>686,184</u>	<u>1,500,000</u>	<u>3,117,769,609</u>
General Fund	765,646,847	710,017,904	686,184	(13,671,043)	696,346,861
General Fund Exempt	0	161,444,485	0	0	0
Cash Funds	344,281,621	339,633,220	0	1,500,000	341,133,220
Reappropriated Funds	3,917,255	7,595,243	0	0	7,595,243
Federal Funds	1,767,273,308	1,897,578,757	0	13,671,043	1,911,249,800

Supplemental #6 -- Left Intentionally Blank

Supplemental #7 -- Implement National Correct Coding Initiative

Total for Supplemental #7					
Executive Director's Office, Information Technology					
<i>Information Technology Contracts</i>	<u>22,767,387</u>	<u>34,553,769</u>	<u>(211,316)</u>	<u>(211,316)</u>	<u>34,342,453</u>
General Fund	5,348,546	6,134,303	(96,766)	(96,766)	6,037,537
Cash Funds	642,364	2,433,429	0	0	2,433,429
Reappropriated Funds	100,328	100,328	0	0	100,328
Federal Funds	16,676,149	25,885,709	(114,550)	(114,550)	25,771,159

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation

Supplemental #8 -- Combined into Early Supplemental #2

Supplemental #9 -- Combined into Early Supplemental #3

JBC Staff Recommendation #1					
Multiple Divisions and Line Items	<u>N/A</u>	<u>N/A</u>		8,765,309	8,765,309
General Fund			0	2,913,357	2,913,357
Cash Funds			0	212,664	212,664
Reappropriated Funds			0	212,664	212,664
Federal Funds			0	5,426,624	5,426,624

JBC Staff Recommendation #2					
<i>Executive Director's Office, Information Technology</i>					
Information Technology Contracts	<u>22,767,387</u>	<u>34,553,769</u>	<u>0</u>	<u>0</u>	<u>34,553,769</u>
General Fund	5,348,546	6,134,303	0	0	6,134,303
Cash Funds	642,364	2,433,429	0	0	2,433,429
Reappropriated Funds	100,328	100,328	0	0	100,328
Federal Funds	16,676,149	25,885,709	0	0	25,885,709

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
SUBTOTAL HCPF Prioritized Supplemental Requests FY 2010-11					
SUBTOTAL -- Department Prioritized Supplemental Request	<u>4,238,751,725</u>	<u>4,584,093,812</u>	<u>87,291,136</u>	<u>132,291,625</u>	<u>4,716,385,437</u>
FTE	276.5	287.8	0.0	0.0	287.8
General Fund	1,114,305,343	1,070,305,118	7,644,172	64,865,185	1,135,170,303
General Fund Exempt	450,000	161,891,485	0	0	161,891,485
Cash Funds	573,427,447	607,038,213	94,807,306	61,910,747	668,948,960
Reappropriated Funds	18,513,548	20,889,306	160,172	89,069	20,978,375
Federal Funds	2,532,055,387	2,723,969,690	(15,320,514)	5,426,624	2,729,396,314

SUBTOTAL HCPF Non-Prioritized and Common Policy Supplemental Requests FY 2010-11

SUBTOTAL -- Department Non-Prioritized and Common Policy Supplemental Request (See Narrative for More Detail)	<u>N/A</u>	<u>N/A</u>	<u>13,730,961</u>	<u>0</u>	<u>0</u>
General Fund			5,423,798	pending	n/a
General Fund Exempt			0	pending	n/a
Cash Funds			0	pending	n/a
Reappropriated Funds			(4,276)	pending	n/a
Federal Funds			8,311,439	pending	n/a

	FY 2009-10	FY 2010-11	Fiscal Year 2010-11 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation

TOTAL HCPF FY 2010-11 SUPPLEMENTAL REQUESTS

TOTAL SUPPLEMENTALS					
Department of Health Care Policy & Financing					
	<u>4,238,751,725</u>	<u>4,584,093,812</u>	<u>101,022,097</u>	<u>132,291,625</u>	<u>4,716,385,437</u>
FTE	276.5	287.8	0.0	0.0	287.8
General Fund	1,114,305,343	1,070,305,118	13,067,970	64,865,185	1,135,170,303
General Fund Exempt	450,000	161,891,485	0	0	161,891,485
Cash Funds	573,427,447	607,038,213	94,807,306	61,910,747	668,948,960
Reappropriated Funds	18,513,548	20,889,306	155,896	89,069	20,978,375
Federal Funds	2,532,055,387	2,723,969,690	(7,009,075)	5,426,624	2,729,396,314

Key:

"N.A." = Not Applicable

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING					
Executive Director - Sue Birch					
JBC Supplemental - Release FY 2009-10 Overexpenditure Restrictions					
<i>Medicaid Mental Health Community Programs</i>					
Mental Health Capitation Payments	<u>86,769,471</u>	<u>78,519,894</u>	<u>0</u>	<u>839,890</u>	<u>79,359,784</u>
General Fund	86,769,471	78,519,894	0	839,890	79,359,784
<i>Other Medical Services</i>					
MMA State Contribution Payment	<u>73,720,837</u>	<u>57,523,204</u>	<u>0</u>	<u>100,922</u>	<u>57,624,126</u>
General Fund	73,720,837	57,523,204		100,922	57,624,126
Total for Release of Over-expenditures	<u>160,490,308</u>	<u>136,043,098</u>	<u>0</u>	<u>940,812</u>	<u>136,983,910</u>
General Fund	160,490,308	136,043,098	0	940,812	136,983,910

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Previously Approved 1331 Supplemental for FY 2009-10					
1331 Supplemental -- June 20, 2010					
Emergency Supplemental # 1 - Children's Basic Health Plan Premiums Overexpenditure					
<i>Indigent Care Program</i>					
Children's Basic Health Plan Trust	<u>513,604</u>	<u>2,710,779</u>	<u>1,641,008</u>	<u>0</u>	<u>2,710,779</u>
General Fund	4,525,182	2,710,779	1,641,008	0	2,710,779
Cash Funds	(4,011,578)	0	0	0	0
<i>Indigent Care Program</i>					
Children's Basic Health Plan Premium					
Costs	<u>120,809,604</u>	<u>153,157,421</u>	<u>14,183,565</u>	<u>14,576,426</u>	<u>167,733,847</u>
General Fund	0	0	0	2,155,158	2,155,158
Cash Funds	42,659,047	51,351,535	3,318,072	2,914,439	54,265,974
Reappropriated Funds	0	2,500,000	1,641,008	0	2,500,000
Federal Funds	78,150,557	99,305,886	9,224,485	9,506,829	108,812,715
Total for 1331 Supplemental #1					
All Line Items	<u>121,323,208</u>	<u>155,868,200</u>	<u>15,824,573</u>	<u>14,576,426</u>	<u>170,444,626</u>
General Fund	4,525,182	2,710,779	1,641,008	2,155,158	4,865,937
Cash Funds	38,647,469	51,351,535	3,318,072	2,914,439	54,265,974
Reappropriated Funds	0	2,500,000	1,641,008	0	2,500,000
Federal Funds	78,150,557	99,305,886	9,224,485	9,506,829	108,812,715

**Joint Budget Committee - Staff Document
FY 2010-11 Supplemental -- Caseload Comparison Exhibit**

Item	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2009-10 Actuals	38,487	7,049	53,264	57,661	20,416	425	275,672	18,381	7,830	3,693	15,919	498,797
Percent Change	2.31%	9.34%	3.72%	17.32%	60.41%	34.07%	17.24%	1.93%	12.24%	-7.37%	5.60%	14.19%
FY 2010-11 Original Appropriation	38,978	7,171	54,103	66,766	32,597	473	306,488	18,890	7,256	3,415	17,270	553,407
Percent Change	1.28%	1.73%	1.58%	15.79%	59.66%	11.29%	11.18%	2.77%	-7.33%	-7.53%	8.49%	10.95%
FY 2010-11 Dept. Request	39,345	7,521	55,416	56,727	46,911	511	297,340	18,956	8,196	3,470	17,177	551,570
Percent Change (to FY 10-11 Actual)	2.23%	6.70%	4.04%	-1.62%	129.78%	20.24%	7.86%	3.13%	4.67%	-6.04%	7.90%	10.58%
FY 2010-11 Staff Revised Estimate	38,955	7,690	55,880	59,513	48,207	523	299,365	18,590	7,848	3,026	17,033	556,630
Percent Change (to FY 10-11 Actual)	1.22%	9.10%	4.91%	3.21%	136.12%	23.06%	8.59%	1.14%	0.23%	-18.06%	7.00%	11.59%
FY 2010-11 Staff-Dept	(390)	169	464	2,786	1,296	12	2,025	(366)	(348)	(444)	(144)	5,060
Percent Difference	-0.99%	2.25%	0.84%	4.91%	2.76%	2.35%	0.68%	-1.93%	-4.25%	-12.80%	-0.84%	0.92%

**Joint Budget Committee - Staff Document
FY 2010-11 Supplemental -- Caseload Comparison Exhibit**

Item	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2009-10 Actuals	38,487	7,049	53,264	57,661	20,416	425	275,672	18,381	7,830	3,693	15,919	498,797
Percent Change	2.31%	9.34%	3.72%	17.32%	60.41%	34.07%	17.24%	1.93%	12.24%	-7.37%	5.60%	14.19%
FY 2010-11 Original Appropriation	38,978	7,171	54,103	66,766	32,597	473	306,488	18,890	7,256	3,415	17,270	553,407
Percent Change	1.28%	1.73%	1.58%	15.79%	59.66%	11.29%	11.18%	2.77%	-7.33%	-7.53%	8.49%	10.95%
FY 2010-11 Dept. Request	39,345	7,521	55,416	56,727	46,911	511	297,340	18,956	8,196	3,470	17,177	551,570
Percent Change (to FY 10-11 Actual)	2.23%	6.70%	4.04%	-1.62%	129.78%	20.24%	7.86%	3.13%	4.67%	-6.04%	7.90%	10.58%
FY 2010-11 Staff Revised Estimate	38,955	7,690	55,880	59,513	48,207	523	299,365	18,590	7,848	3,026	17,033	556,630
Percent Change (to FY 10-11 Actual)	1.22%	9.10%	4.91%	3.21%	136.12%	23.06%	8.59%	1.14%	0.23%	-18.06%	7.00%	11.59%
FY 2010-11 Staff-Dept	(390)	169	464	2,786	1,296	12	2,025	(366)	(348)	(444)	(144)	5,060
Percent Difference	-0.99%	2.25%	0.84%	4.91%	2.76%	2.35%	0.68%	-1.93%	-4.25%	-12.80%	-0.84%	0.92%

Joint Budget Committee - Staff Document
Supplemental Presentation -- Original FY 2010-11 Appropriation By Service Area and Bill Source

FY 2010-11 Current Appropriation	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Appropriated Caseload	38,978	7,171	54,103	66,766	32,597	473	306,488	18,890	7,256	3,415	17,270	553,407
Acute Care												
Long Bill Estimate (base per capita)	\$2,527.75	\$7,870.77	\$9,437.14	\$3,714.42	\$2,488.18	\$20,768.02	\$1,655.80	\$3,382.93	\$8,756.43	\$16,578.84	\$224.56	\$3,071.68
H.B. 10-1376 (Long Bill Base Estimate)	98,526,812	56,441,275	510,577,662	247,996,648	81,107,305	9,823,274	507,481,999	63,903,528	63,536,682	56,616,744	3,878,132	1,699,890,061
H.B. 10-1376 (Long Bill DI Estimates)	8,349,758	958,290	5,066,366	990,056	256,052	45,878	2,194,020	460,494	2,278,276	405,048	18,155	21,022,392
S.B. 10-167	(138,559)	(79,374)	(718,030)	(348,760)	(114,062)	(13,815)	(713,676)	(89,868)	(89,352)	(79,621)	(5,454)	(2,390,570)
H.B. 10-1033	50,435	28,892	261,359	126,947	41,518	5,028	259,774	32,712	32,524	28,981	1,985	870,155
H.B. 10-1382	(2,499,337)	(1,431,750)	(12,951,861)	(6,290,949)	(2,057,455)	(249,188)	(12,873,333)	(1,621,045)	(1,611,740)	(1,436,201)	(98,377)	(43,121,235)
	104,289,109	55,917,333	502,235,496	242,473,942	79,233,358	9,611,178	496,348,785	62,685,820	64,146,390	55,534,952	3,794,441	1,676,270,803
Community Long Term Care												
Long Bill Estimate (base per capita)	\$3,835.46	\$3,323.97	\$2,585.85	\$1.22	\$0.80	\$0.00	\$1.61	\$368.71	\$0.00	\$0.00	\$22.59	\$580.39
H.B. 10-1376 (Long Bill Estimate)	149,498,739	23,836,192	139,902,102	81,438	25,942	0	492,370	6,964,839	0	0	390,124	321,191,745
H.B. 10-1005	57,376	9,148	53,693	31	10	0	189	2,673	0	0	150	123,270
	149,556,115	23,845,340	139,955,795	81,469	25,952	0	492,559	6,967,512	0	0	390,273	321,315,015
Class 1 Nursing Facilities												
Long Bill Estimate (base per capita)	\$11,420.65	\$4,550.49	\$1,485.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.27	\$1,009.10
H.B. 10-1376 (Long Bill Estimate)	450,124,111	32,995,908	81,289,079	0	0	0	0	0	0	0	266,725	564,675,823
H.B. 10-1379	(4,969,903)	(364,314)	(897,528)	0	0	0	0	0	0	0	(2,945)	(6,234,689)
	445,154,208	32,631,594	80,391,551	0	0	0	0	0	0	0	263,780	558,441,134
Class 2 Nursing Facilities												
Long Bill Estimate (base per capita)	\$0.00	\$52.40	\$35.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.14
H.B. 10-1376 (Long Bill Estimate)	0	375,733	1,917,696	0	0	0	0	0	0	0	0	2,293,429
PACE												
Long Bill Estimate (base per capita)	\$1,750.36	\$152.64	\$67.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,970.86
H.B. 10-1376 (Long Bill Estimate)	68,225,345	5,949,494	2,645,185	0	0	0	0	0	0	0	0	76,820,025
Medicare Premiums												
Long Bill Estimate (base per capita)	\$1,512.72	\$492.36	\$575.84	\$3.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,135.60	\$205.14
H.B. 10-1376 (Long Bill Estimate)	58,962,765	3,530,736	31,154,665	263,554	0	0	0	0	0	0	19,611,803	113,523,523
Health Care Buy In												
Long Bill Estimate (base per capita)	\$0.10	\$0.10	\$29.39	\$0.14	\$0.00	\$0.00	\$0.47	\$0.04	\$0.08	\$0.00	\$0.00	\$30.32
H.B. 10-1376 (Long Bill Estimate)	3,814	3,996	1,145,547	5,562	0	0	18,294	1,467	3,302	0	0	1,181,982
Single Entry Point												
Long Bill Estimate (base per capita)	\$310.11	\$299.84	\$197.46	\$0.05	\$0.00	\$0.00	\$0.01	\$0.41	\$0.00	\$18.06	\$0.43	\$45.18
H.B. 10-1376 (Long Bill Estimate)	12,087,654	2,150,138	10,683,057	3,500	0	0	1,636	7,688	0	61,659	7,352	25,002,683
H.B. 10-1146	(340,555)	(60,578)	(300,982)	(99)	0	0	(46)	(217)	0	(1,737)	(207)	(704,421)
	11,747,098	2,089,560	10,382,075	3,401	0	0	1,590	7,471	0	59,922	7,145	24,298,262
Disease Management												

Joint Budget Committee - Staff Document
Supplemental Presentation -- Original FY 2010-11 Appropriation By Service Area and Bill Source

FY 2010-11 Current Appropriation	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Long Bill Estimate (base per capita)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H.B. 10-1376 (Long Bill Estimate)	0	0	0	0	0	0	0	0	0	0	0	0
Prepaid Inpatient Hospitals												
Long Bill Estimate (base per capita)	\$15.59	\$17.41	\$17.24	\$12.59	\$11.59	\$0.00	\$11.96	\$16.57	\$17.98	\$0.00	\$0.00	\$12.63
H.B. 10-1376 (Long Bill Estimate)	607,518	124,877	932,835	840,433	377,664	0	3,664,384	313,095	130,480	0	0	6,991,286
Bottom Line Financing												
H.B. 10-1376 (UPL)	3,083,154	476,608	2,881,546	889,896	190,238	34,138	1,920,576	266,868	230,772	221,122	87,177	10,282,095
H.B. 10-1376 (Denver Outstationing)	891,180	137,763	832,906	257,223	54,988	9,868	555,139	77,138	66,704	63,915	25,198	2,972,022
H.B. 10-1376 (Hospital Payments)	18,443,557	10,565,428	95,576,708	46,423,307	9,443,293	1,838,851	94,997,221	11,962,311	11,893,640	10,598,274	725,960	312,468,550
	22,417,891	11,179,799	99,291,161	47,570,425	9,688,518	1,882,857	97,472,936	12,306,317	12,191,117	10,883,311	838,335	325,722,667
Total Medicaid Medical Services Premiums												
H.B. 10-1376 (Long Bill Estimate)	868,804,407	137,546,437	884,605,355	297,751,616	91,455,482	11,752,009	611,325,638	83,957,428	78,139,857	67,966,763	25,010,627	3,158,315,617
S.B. 10-167	(138,559)	(79,374)	(718,030)	(348,760)	(114,062)	(13,815)	(713,676)	(89,868)	(89,352)	(79,621)	(5,454)	(2,390,570)
S.B. 10-169 (Fund Split Issue Only)	0	0	0	0	0	0	0	0	0	0	0	0
H.B. 10-1005	57,376	9,148	53,693	31	10	0	189	2,673	0	0	150	123,270
H.B. 10-1033	50,435	28,892	261,359	126,947	41,518	5,028	259,774	32,712	32,524	28,981	1,985	870,155
H.B. 10-1146	(340,555)	(60,578)	(300,982)	(99)	0	0	(46)	(217)	0	(1,737)	(207)	(704,421)
H.B. 10-1378 (Fund Split Issue Only)	0	0	0	0	0	0	0	0	0	0	0	0
H.B. 10-1379	(4,969,903)	(364,314)	(897,528)	0	0	0	0	0	0	0	(2,945)	(6,234,689)
H.B. 10-1380 (Fund Split Issue Only)	0	0	0	0	0	0	0	0	0	0	0	0
H.B. 10-1381 (Fund Split Issue Only)	0	0	0	0	0	0	0	0	0	0	0	0
H.B. 10-1382	<u>(2,499,337)</u>	<u>(1,431,750)</u>	<u>(12,951,861)</u>	<u>(6,290,949)</u>	<u>(2,057,455)</u>	<u>(249,188)</u>	<u>(12,873,333)</u>	<u>(1,621,045)</u>	<u>(1,611,740)</u>	<u>(1,436,201)</u>	<u>(98,377)</u>	<u>(43,121,235)</u>
TOTAL Medical Services Premiums	860,963,864	135,648,461	870,052,006	291,238,787	89,325,493	11,494,035	597,998,546	82,281,682	76,471,289	66,478,185	24,905,779	3,106,858,127
Current Appropriation Per Capitas (Without Bottom Line Payments)												
Acute Care	\$2,675.59	\$7,797.70	\$9,282.95	\$3,631.70	\$2,430.69	\$20,319.61	\$1,619.47	\$3,318.47	\$8,840.46	\$16,262.07	\$219.71	\$3,029.00
Community Long Term Care	\$3,836.94	\$3,325.25	\$2,586.84	\$1.22	\$0.80	\$0.00	\$1.61	\$368.85	\$0.00	\$0.00	\$22.60	\$580.61
Class 1 Nursing Facilities	\$11,420.65	\$4,550.49	\$1,485.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.27	\$1,009.10
Class 2 Nursing Facilities	\$0.00	\$52.40	\$35.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.14
PACE	\$1,750.36	\$829.66	\$48.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$138.81
Medicare Premiums	\$1,512.72	\$492.36	\$575.84	\$3.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,135.60	\$205.14
Health Care Buy In	\$0.10	\$0.56	\$21.17	\$0.08	\$0.00	\$0.00	\$0.06	\$0.08	\$0.46	\$0.00	\$0.00	\$2.14
Single Entry Point	\$301.38	\$291.39	\$191.89	\$0.05	\$0.00	\$0.00	\$0.01	\$0.40	\$0.00	\$17.55	\$0.41	\$43.91
Disease Management	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prepaid Inpatient Hospitals	\$15.59	\$17.41	\$17.24	\$12.59	\$11.59	\$0.00	\$11.96	\$16.57	\$17.98	\$0.00	\$0.00	\$12.63
Total Per Capitas -- Service Costs	\$21,513.31	\$17,357.23	\$14,246.18	\$3,649.59	\$2,443.08	\$20,319.61	\$1,633.10	\$3,704.36	\$8,858.90	\$16,279.61	\$1,393.60	\$5,025.48
Check	\$21,513.31	\$17,357.23	\$14,246.18	\$3,649.59	\$2,443.08	\$20,319.61	\$1,633.10	\$3,704.36	\$8,858.90	\$16,279.61	\$1,393.60	\$5,025.48
Bottom Line Finance Per Capita Adj.	\$575.14	\$1,559.03	\$1,835.22	\$712.49	\$297.22	\$3,980.67	\$318.03	\$651.47	\$1,680.14	\$3,186.91	\$48.54	\$588.58
Total Per Capitas -- Original Appropriation	\$22,088.46	\$18,916.25	\$16,081.40	\$4,362.08	\$2,740.30	\$24,300.28	\$1,951.13	\$4,355.83	\$10,539.04	\$19,466.53	\$1,442.14	\$5,614.06
Check	\$22,088.46	\$18,916.25	\$16,081.40	\$4,362.08	\$2,740.30	\$24,300.28	\$1,951.13	\$4,355.83	\$10,539.04	\$19,466.53	\$1,442.14	\$5,614.06

Joint Budget Committee - Staff Document
FY 2010-11 Department Supplemental Estimate By Service Area And Aid Category

FY 2010-11 Department Revised Request	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Appropriated Caseload	38,978	7,171	54,103	66,766	32,597	473	306,488	18,890	7,256	3,415	17,270	553,407
Department November Estimate	39,345	7,521	55,416	56,727	19,641	511	297,340	18,956	8,196	3,470	17,177	524,300
Department HB 09-1293 Estimate	0	0	0	0	27,270	0	0	0	0	0	0	27,270
Total FY 2010-11 Dept Estimate	39,345	7,521	55,416	56,727	46,911	511	297,340	18,956	8,196	3,470	17,177	551,570
Acute Care Appropriation (Estimate with all Bills)	104,289,109	55,917,333	502,235,496	242,473,942	79,233,358	9,611,178	496,348,785	62,685,820	64,146,390	55,534,952	3,794,441	1,676,270,803
Acute Care Department Nov Estimate	96,371,456	58,437,550	504,540,267	218,314,448	126,313,330	10,417,587	505,227,113	62,546,127	70,706,924	48,213,066	3,652,946	1,704,740,814
ACUTE CARE BASE SUPPLEMENTAL	(7,917,653)	2,520,217	2,304,771	(24,159,494)	47,079,972	806,409	8,878,328	(139,693)	6,560,534	(7,321,886)	(141,495)	28,470,011
Community Long Term Care Appropriation (Estimate with all Bills)	149,556,115	23,845,340	139,955,795	81,469	25,952	0	492,559	6,967,512	0	0	390,273	321,315,015
Community LTC Department Nov Estimate	149,241,338	23,048,204	143,280,069	190,426	75,843	0	995,103	7,483,004	(11)	1,184	209,505	324,524,665
Community LTC BASE SUPPLEMENTAL	(314,777)	(797,136)	3,324,274	108,957	49,891	0	502,544	515,492	(11)	1,184	(180,768)	3,209,650
Class I Nursing Facility Appropriation Est.	445,154,208	32,631,594	80,391,551	0	0	0	0	0	0	0	263,780	558,441,134
Class I NF Department Nov Estimate	447,310,935	29,405,313	74,992,901	5,367	0	0	0	0	0	0	63,657	551,778,173
Class I NF BASE SUPPLEMENTAL	2,156,727	(3,226,281)	(5,398,650)	5,367	0	0	0	0	0	0	(200,123)	(6,662,961)
Class II Nursing Facility Appropriation Est.	0	375,733	1,917,696	0	0	0	0	0	0	0	0	2,293,429
Class II NF Department Nov Estimate	84,866	381,391	1,758,480	0	0	0	0	0	0	0	0	2,224,737
Class II NF BASE SUPPLEMENTAL	84,866	5,658	(159,216)	0	0	0	0	0	0	0	0	(68,692)
PACE Appropriation Estimate	68,225,345	5,949,494	2,645,185	0	0	0	0	0	0	0	0	76,820,025
PACE Department Nov Estimate	69,108,282	5,417,335	2,525,914	0	0	0	0	0	0	0	0	77,051,531
PACE BASE SUPPLEMENTAL	882,937	(532,159)	(119,271)	0	0	0	0	0	0	0	0	231,506
Sup Medicaid Insurance Appropriation	58,962,765	3,530,736	31,154,665	263,554	0	0	0	0	0	0	19,611,803	113,523,523
SMI Department Nov Estimate	62,758,019	3,819,586	33,479,606	198,019	0	0	0	0	0	0	19,167,651	119,422,881
SMI BASE SUPPLEMENTAL	3,795,254	288,850	2,324,941	(65,535)	0	0	0	0	0	0	(444,152)	5,899,358
Health Insurance Buy-In Appropriation Est.	3,814	3,996	1,145,547	5,562	0	0	18,294	1,467	3,302	0	0	1,181,982
HIBI Department Nov Estimate	3,698	8,677	1,301,474	34,746	0	0	82,614	210	11,405	0	0	1,442,824
HIBI BASE SUPPLEMENTAL	(116)	4,681	155,927	29,184	0	0	64,320	(1,257)	8,103	0	0	260,842
Single Entry Point Appropriation Est. (Not necessarily contract amount)	11,747,098	2,089,560	10,382,075	3,401	0	0	1,590	7,471	0	59,922	7,145	24,298,262
SEP Department Nov Estimate	11,825,799	2,005,999	10,110,459	4,042	0	0	1,344	8,071	0	59,221	6,724	24,021,659
SEP BASE SUPPLEMENTAL	78,701	(83,561)	(271,616)	641	0	0	(246)	600	0	(701)	(421)	(276,603)
Disease Management Appropriation	0	0	0	0	0	0	0	0	0	0	0	0
DM Department Nov Estimate	0	0	0	0	0	0	0	0	0	0	0	0
DM BASE SUPPLEMENTAL	0	0	0	0	0	0	0	0	0	0	0	0

Joint Budget Committee - Staff Document
FY 2010-11 Department Supplemental Estimate By Service Area And Aid Category

FY 2010-11 Department Revised Request	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Prepaid Inpatient Health Plan App. Est.	607,518	124,877	932,835	840,433	377,664	0	3,664,384	313,095	130,480	0	0	6,991,286
PIHP Department Nov Estimate	470,154	289,179	2,430,190	1,375,606	229,057	3,185	4,160,103	411,764	169,673	0	0	9,538,911
PIHP BASE SUPPLEMENTAL	(137,364)	164,302	1,497,355	535,173	(148,607)	3,185	495,719	98,669	39,193	0	0	2,547,625
Upper Payment Limit Appropriation Est.	3,083,154	476,608	2,881,546	889,896	190,238	34,138	1,920,576	266,868	230,772	221,122	87,177	10,282,095
UPL Department Nov Estimate	2,502,518	386,851	2,338,878	722,306	154,411	27,709	1,558,882	216,610	187,312	179,479	70,759	8,345,715
UPL BASE SUPPLEMENTAL	(580,636)	(89,757)	(542,668)	(167,590)	(35,827)	(6,429)	(361,693)	(50,258)	(43,460)	(41,643)	(16,418)	(1,936,380)
Other Supplemental Payments	891,180	137,763	832,906	257,223	54,988	9,868	555,139	77,138	66,704	63,915	25,198	2,972,022
Department Nov Estimate	5,391,172	833,394	5,038,645	1,556,063	332,648	59,694	3,358,301	466,643	403,526	386,652	152,437	17,979,175
Other Supplemental Payments BASE SUPPLEMENTAL	4,499,992	695,631	4,205,739	1,298,841	277,660	49,827	2,803,161	389,505	336,822	322,737	127,238	15,007,153
Hospital Provider Fee Supplemental Payments	18,443,557	10,565,428	95,576,708	46,423,307	9,443,293	1,838,851	94,997,221	11,962,311	11,893,640	10,598,274	725,960	312,468,550
Department Nov Estimate	26,873,188	15,394,357	139,260,055	67,641,085	13,759,351	2,679,298	138,415,713	17,429,687	17,329,630	15,442,217	1,057,760	455,282,340
Hospital Provider Fee BASE SUPPLEMENTAL	8,429,630	4,828,930	43,683,347	21,217,778	4,316,058	840,447	43,418,492	5,467,376	5,435,990	4,843,943	331,800	142,813,790
Total FY 2010-11 Appropriation (SERVICE COSTS ONLY)	838,545,973	124,468,663	770,760,845	243,668,362	79,636,974	9,611,178	500,525,611	69,975,366	64,280,172	55,594,874	24,067,442	2,781,135,460
Total Department FY 2010-11 Revised Estimate SERVICE COSTS ONLY	837,174,547	122,813,234	774,419,360	220,122,654	126,618,230	10,420,772	510,466,277	70,449,176	70,887,991	48,273,471	23,100,483	2,814,746,195
BASE SUPPLEMENTAL	(1,371,426)	(1,655,429)	3,658,515	(23,545,708)	46,981,256	809,594	9,940,666	473,810	6,607,819	(7,321,403)	(966,959)	33,610,735
Total FY 2010-11 Appropriation (TOTAL MEDICAL SERVICE PREMIUMS)	860,963,864	135,648,461	870,052,006	291,238,787	89,325,493	11,494,035	597,998,546	82,281,682	76,471,289	66,478,185	24,905,778	3,106,858,126
Total Department FY 2010-11 Revised Estimate TOTAL MSP LINE ITEM	871,941,424	139,427,836	921,056,938	290,042,108	140,864,640	13,187,473	653,799,173	88,562,115	88,808,459	64,281,819	24,381,439	3,296,353,425
BASE SUPPLEMENTAL	10,977,560	3,779,375	51,004,932	(1,196,679)	51,539,147	1,693,439	55,800,626	6,280,433	12,337,170	(2,196,366)	(524,339)	189,495,299
Total Department FY 2010-11 Adjusted to Add In FY 2009-10 Payment Delay	890,519,109	142,398,502	940,681,084	296,221,778	143,865,918	13,468,447	667,729,093	90,449,030	90,700,622	65,651,415	24,900,913	3,366,585,911
REAL BASE SUPPLEMENTAL NEED INDICATED IN DEPARTMENT REQUEST	29,555,245	6,750,040	70,629,077	4,982,991	54,540,425	1,974,412	69,730,547	8,167,348	14,229,334	(826,770)	(4,865)	259,727,785

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STAFF Premiums Forecast for January Supplementals

	Categorically											Total
	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Eligible Low Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant Adults	Non-Citizens	Partial Dual Eligibles	
Medical Services Premiums Estimates												
FY 2010-11 Acute Care Costs	99,941,427	57,399,818	514,169,128	216,131,976	90,372,185	9,858,571	484,813,284	63,380,341	70,011,519	47,981,042	3,554,458	1,657,613,750
FY 2010-11 Community Long Term	151,068,330	22,463,661	133,827,882	209,092	34,802	0	894,481	7,143,036	0	1,264	214,283	315,856,831
FY 2010-11 Class 1 Nursing Facility	445,154,208	32,631,594	80,391,551	0	0	0	0	0	0	0	263,780	558,441,134
FY 2010-11 Class 2 Nursing Facility	0	434,718	1,926,337	0	0	0	0	0	0	0	0	2,361,055
FY 2010-11 PACE	69,416,271	5,589,358	2,629,081	0	0	0	0	0	0	0	0	77,634,710
FY 2010-11 Insurance Premiums	63,930,866	3,784,047	34,925,333	222,635	0	0	18,294	1,467	3,302	0	18,779,511	121,665,456
FY 2010-11 Administrative Costs	12,354,617	2,214,437	11,314,909	843,834	377,664	0	3,665,973	320,566	130,480	59,922	7,145	31,289,548
FY 2010-11 Bottom Line Financing	30,753,491	16,128,964	144,255,235	69,479,091	14,143,870	2,750,820	142,291,768	17,946,649	17,803,736	15,882,556	1,171,049	472,607,230
FY 2010-11 TOTAL PREMIUMS Estimate	872,619,209	140,646,598	923,439,457	286,886,629	104,928,521	12,609,392	631,683,801	88,792,059	87,949,037	63,924,784	23,990,226	3,237,469,714
FY 2010-11 Roll Forward from 09-10	18,930,283	3,051,136	20,032,758	6,223,614	2,276,281	273,544	13,703,518	1,926,223	1,907,934	1,386,761	520,435	70,232,486
FY 2010-11 TOTAL Est. Premiums	891,549,491	143,697,734	943,472,215	293,110,243	107,204,802	12,882,935	645,387,319	90,718,282	89,856,972	65,311,545	24,510,661	3,307,702,200

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STAFF Premiums Forecast for January Forecast -- FUND SPLIT CALCULATIONS -- SERVICES ONLY (Does not include Roll Forward or Supplemental Payments)

	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant Adults	Non-Citizens	Partial Dual Eligibles	Total
Medical Services Premiums Estimates												
FY 2010-11 Caseload Estimate (Used for funding allocation)												
Traditional Medicaid	38,390	7,594	54,332	50,863	0	383	267,678	17,182	7,848	3,026	16,695	463,991
Legal Immigrants	565	96	771	1,090	0	0	2,854	193	0	0	338	5,908
Amendment 35 Expansion	0	0	777	7,559	20,405	140	28,833	1,215	0	0	0	58,929
HB 1293 Expansion	0	0	0	0	<u>27,802</u>	0	0	0	0	0	0	<u>27,802</u>
Total Caseload	38,955	7,690	55,880	59,513	48,207	523	299,365	18,590	7,848	3,026	17,033	556,630
FY 2010-11 Acute Care Costs (TOTAL Est)	99,941,427	57,399,818	514,169,128	216,131,976	90,372,185	9,858,571	484,813,284	63,380,341	70,011,519	47,981,042	3,554,458	1,657,613,750
-- Estimated Family Planning	0	0	0	(11,293,807)	0	0	0	0	(3,658,397)	0	0	(14,952,204)
-- Estimated BCCTP Program	0	0	0	0	0	(9,858,571)	0	0	0	0	0	(9,858,571)
-- Estimated Indian Health Services	<u>(116,584)</u>	<u>(60,894)</u>	<u>(545,466)</u>	<u>(229,288)</u>	<u>(95,873)</u>	0	<u>(514,323)</u>	<u>(67,238)</u>	<u>(74,273)</u>	<u>(50,902)</u>	<u>(3,771)</u>	<u>(1,758,610)</u>
BASE ACUTE COSTS	99,824,843	57,338,925	513,623,663	204,608,882	90,276,312	0	484,298,961	63,313,103	66,278,849	47,930,140	3,550,687	1,631,044,364
BASE PER Capita Costs	\$2,562.55	\$7,456.07	\$9,191.60	\$3,438.07	\$1,872.68	\$0.00	\$1,617.75	\$3,405.76	\$8,445.32	\$15,839.44	\$208.46	
Estimated Fund Splits Acute Care (with corrected ARRA)												
-- General Fund	39,635,741	22,812,758	201,207,379	71,584,801	0	0	174,470,683	23,576,818	27,069,588	19,311,054	1,402,184	581,071,005
-- CF Certified Funds	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Health Care Expansion Fund	583,689	289,095	5,731,595	11,981,498	15,395,634	0	20,653,369	1,932,031	0	0	28,388	56,595,298
-- CF Nursing Facility Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Disability Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Breast and Cervical Cancer Fund	0	0	0	0	0	2,526,848	0	0	0	0	0	2,526,848
-- CF Autism Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Hospital Provider Fee Cash Fund	0	0	0	0	20,976,692	0	0	0	0	0	0	20,976,692
-- CF Old Age Pension Sup Medical Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Amendment 35 Fund Offsets	0	0	0	0	0	0	0	0	0	0	0	0
-- RF Transfer from DPHE	0	0	0	0	0	923,652	0	0	0	0	0	923,652
-- Federal Funds	59,721,997	34,297,965	307,230,155	132,565,677	53,999,859	6,408,071	289,689,233	37,871,492	42,941,931	28,669,988	2,123,886	995,520,255
FY 2010-11 TOTAL ACUTE CARE	99,941,427	57,399,818	514,169,128	216,131,976	90,372,185	9,858,571	484,813,284	63,380,341	70,011,519	47,981,042	3,554,458	1,657,613,750
FY 2010-11 Community LTC Est.	151,068,330	22,463,661	133,827,882	209,092	34,802	0	894,481	7,143,036	0	1,264	214,283	315,856,831
-- Estimated Autism Waiver	0	0	<u>(1,757,250)</u>	0	0	0	0	0	0	0	0	<u>(1,757,250)</u>
Estimated Base Community LTC	151,068,330	22,463,661	132,070,632	209,092	34,802	0	894,481	7,143,036	0	1,264	214,283	314,099,581
BASE PER CAPITA COSTS	\$3,877.99	\$2,921.06	\$2,363.48	\$3.51	\$0.72	\$0.00	\$2.99	\$384.24	\$0.00	\$0.42	\$12.58	\$564.29
Estimated Fund Splits Community Care												
-- General Fund	59,982,114	8,937,350	51,487,464	71,999	0	0	322,240	2,659,956	0	509	84,621	123,546,255
-- CF Certified Funds	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Health Care Expansion Fund	883,316	113,259	1,473,794	12,244	5,935	0	38,146	217,973	0	0	1,713	2,746,380
-- CF Nursing Facility Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Disability Fund	0	0	250,000	0	0	0	0	0	0	0	0	250,000
-- CF Breast and Cervical Cancer Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Autism Fund	0	0	707,996	0	0	0	0	0	0	0	0	707,996
-- CF Hospital Provider Fee Cash Fund	0	0	0	0	8,087	0	0	0	0	0	0	8,087
-- CF Old Age Pension Sup Medical Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Amendment 35 Fund Offsets	0	0	0	0	0	0	0	0	0	0	0	0
-- RF Transfer from DPHE	0	0	0	0	0	0	0	0	0	0	0	0
-- Federal Funds	90,202,900	13,413,052	79,908,628	124,849	20,780	0	534,095	4,265,107	0	755	127,948	188,598,114
FY 2010-11 TOTAL Com LTC	151,068,330	22,463,661	133,827,882	209,092	34,802	0	894,481	7,143,036	0	1,264	214,283	315,856,831

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STAFF Premiums Forecast for January Forecast -- FUND SPLIT CALCULATIONS -- SERVICES ONLY (Does not include Roll Forward or Supplemental Payments)

	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant Adults	Non-Citizens	Partial Dual Eligibles	Total
FY 2010-11 Class 1 Nursing Facility	445,154,208	32,631,594	80,391,551	0	0	0	0	0	0	0	263,780	558,441,134
Estimated Nursing Facility Fee	(59,022,170)	(4,326,562)	(10,658,967)	0	0	0	0	0	0	0	(34,974)	(74,042,673)
Base Costs	386,132,039	28,305,032	69,732,585	0	0	0	0	0	0	0	228,806	484,398,461
BASE PER CAPITA COSTS	\$9,912.17	\$3,680.65	\$1,247.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.43	
-- General Fund	153,314,835	11,261,387	27,317,103	0	0	0	0	0	0	0	90,357	191,983,682
-- CF Certified Funds	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Health Care Expansion Fund	2,257,763	142,710	778,155	0	0	0	0	0	0	0	1,829	3,180,458
-- CF Nursing Facility Cash Fund	23,780,032	1,743,172	4,294,498	0	0	0	0	0	0	0	14,091	29,831,793
-- CF Disability Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Breast and Cervical Cancer Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Autism Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Hospital Provider Fee Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Old Age Pension Sup Medical Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Amendment 35 Fund Offsets	0	0	0	0	0	0	0	0	0	0	0	0
-- RF Transfer from DPHE	0	0	0	0	0	0	0	0	0	0	0	0
-- Federal Funds	265,801,578	19,484,325	48,001,795	0	0	0	0	0	0	0	157,503	333,445,201
FY 2010-11 TOTAL Class 1 Nursing	445,154,208	32,631,594	80,391,551	0	0	0	0	0	0	0	263,780	558,441,134
FY 2010-11 Class 2 Nursing Facility	0	434,718	1,926,337	0	0	0	0	0	0	0	0	2,361,055
-- General Fund	0	175,148	776,121	0	0	0	0	0	0	0	0	951,269
-- CF Certified Funds	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Health Care Expansion Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Nursing Facility Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Disability Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Breast and Cervical Cancer Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Autism Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Hospital Provider Fee Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Old Age Pension Sup Medical Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Amendment 35 Fund Offsets	0	0	0	0	0	0	0	0	0	0	0	0
-- RF Transfer from DPHE	0	0	0	0	0	0	0	0	0	0	0	0
-- Federal Funds	0	259,570	1,150,216	0	0	0	0	0	0	0	0	1,409,786
FY 2010-11 TOTAL Class 2 Nursing	0	434,718	1,926,337	0	0	0	0	0	0	0	0	2,361,055
FY 2010-11 PACE	69,416,271	5,589,358	2,629,081	0	0	0	0	0	0	0	0	77,634,710
Estimated Per Capita	\$1,781.94	\$726.81	\$47.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
-- General Fund	27,561,930	2,223,772	1,029,918	0	0	0	0	0	0	0	0	30,815,620
-- CF Certified Funds	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Health Care Expansion Fund	405,886	28,181	29,338	0	0	0	0	0	0	0	0	463,405
-- CF Nursing Facility Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Disability Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Breast and Cervical Cancer Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Autism Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Hospital Provider Fee Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Old Age Pension Sup Medical Fund	0	0	0	0	0	0	0	0	0	0	0	0

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STAFF Premiums Forecast for January Forecast -- FUND SPLIT CALCULATIONS -- SERVICES ONLY (Does not include Roll Forward or Supplemental Payments)

	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant Adults	Non-Citizens	Partial Dual Eligibles	Total
-- CF Amendment 35 Fund Offsets	0	0	0	0	0	0	0	0	0	0	0	0
-- RF Transfer from DPHE	0	0	0	0	0	0	0	0	0	0	0	0
-- Federal Funds	41,448,455	3,337,406	1,569,824	0	0	0	0	0	0	0	0	46,355,685
FY 2010-11 TOTAL PACE	69,416,271	5,589,358	2,629,081	0	0	0	0	0	0	0	0	77,634,710
FY 2010-11 Insurance Premiums	63,930,866	3,784,047	34,925,333	222,635	0	0	18,294	1,467	3,302	0	18,779,511	121,665,456
General Fund Only	(12,785,410)	(756,010)	(6,755,957)	(43,415)	0	0	0	0	0	0	(3,755,902)	(24,096,695)
Base Insurance Premiums	51,145,456	3,028,037	28,169,376	179,221	0	0	18,294	1,467	3,302	0	15,023,609	97,568,761
Base Per Capita	\$1,312.93	\$393.75	\$504.11	\$3.01	\$0.00	\$0.00	\$0.06	\$0.08	\$0.42	\$0.00	\$882.03	
-- General Fund	33,092,860	1,960,739	17,791,053	105,128	0	0	6,590	546	1,330	0	9,688,799	62,647,047
-- CF Certified Funds	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Health Care Expansion Fund	299,054	15,267	314,346	10,495	0	0	780	45	0	0	120,115	760,101
-- CF Nursing Facility Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Disability Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Breast and Cervical Cancer Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Autism Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Hospital Provider Fee Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Old Age Pension Sup Medical Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Amendment 35 Fund Offsets	0	0	0	0	0	0	0	0	0	0	0	0
-- RF Transfer from DPHE	0	0	0	0	0	0	0	0	0	0	0	0
-- Federal Funds	30,538,952	1,808,041	16,819,934	107,013	0	0	10,923	876	1,972	0	8,970,597	58,258,307
FY 2010-11 TOTAL Insurance Premiums	63,930,866	3,784,047	34,925,333	222,635	0	0	18,294	1,467	3,302	0	18,779,511	121,665,456
FY 2010-11 Administrative Costs	12,354,617	2,214,437	11,314,909	843,834	377,664	0	3,665,973	320,566	130,480	59,922	7,145	31,289,548
-- Disease Management DPHE	0	0	0	0	0	0	0	0	0	0	0	0
-- SEP Funding that is State Only	0	0	0	0	0	0	0	0	0	0	0	0
Base Administrative Funding	12,354,617	2,214,437	11,314,909	843,834	377,664	0	3,665,973	320,566	130,480	59,922	7,145	31,289,548
Base Per Capita Funding	\$317.15	\$287.95	\$202.49	\$14.18	\$7.83	\$0.00	\$12.25	\$17.24	\$16.63	\$19.80	\$0.42	
-- General Fund	4,905,436	881,032	4,432,512	290,568	0	0	1,320,682	119,374	52,571	24,143	2,822	12,029,138
-- CF Certified Funds	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Health Care Expansion Fund	72,239	11,165	126,265	49,413	64,406	0	156,339	9,782	0	0	57	489,666
-- CF Nursing Facility Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Disability Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Breast and Cervical Cancer Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Autism Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Hospital Provider Fee Cash Fund	0	0	0	0	87,754	0	0	0	0	0	0	87,754
-- CF Old Age Pension Sup Medical Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Amendment 35 Fund Offsets	0	0	0	0	0	0	0	0	0	0	0	0
-- RF Transfer from DPHE	0	0	0	0	0	0	0	0	0	0	0	0
-- Federal Funds	7,376,942	1,322,240	6,756,132	503,853	225,503	0	2,188,953	191,410	77,910	35,779	4,266	18,682,989
FY 2010-11 TOTAL Administrative	12,354,617	2,214,437	11,314,909	843,834	377,664	0	3,665,973	320,566	130,480	59,922	7,145	31,289,548
FY 2010-11 Bottom Line Financing												472,607,230
-- General Fund	0	0	0	0	0	0	0	0	0	0	0	(104,039,200)
-- CF Certified Funds	0	0	0	0	0	0	0	0	0	0	0	11,963,425
-- CF Health Care Expansion Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Nursing Facility Cash Fund	0	0	0	0	0	0	0	0	0	0	0	0

JBC STAFF

STAFF Premiums Forecast for January Forecast -- FUND SPLIT CALCULATIONS -- SERVICES ONLY (Does not include Roll Forward or Supplemental Payments)

	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant Adults	Non-Citizens	Partial Dual Eligibles	Total
-- CF Disability Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Breast and Cervical Cancer Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Autism Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Hospital Provider Fee Cash Fund	0	0	0	0	0	0	0	0	0	0	0	233,759,910
-- Old Age Pension Sup Medical Fund	0	0	0	0	0	0	0	0	0	0	0	4,850,000
-- Amendment 35 Fund Offsets /1	0	0	0	0	0	0	0	0	0	0	0	34,000,983
-- RF Transfer from DPHE	0	0	0	0	0	0	0	0	0	0	0	6,490,435
-- Federal Funds	0	0	0	0	0	0	0	0	0	0	0	285,581,677
FY 2010-11 TOTAL Bottom Line Fin.	0	0	0	0	0	0	0	0	0	0	0	472,607,230

FY 2010-11 TOTAL PREMIUMS Estimate	841,865,718	124,517,634	779,184,222	217,407,538	90,784,651	9,858,571	489,392,033	70,845,410	70,145,301	48,042,228	22,819,177	2,764,862,484
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-- General Fund	318,492,916	48,252,186	304,041,551	72,052,496	0	0	176,120,195	26,356,694	27,123,489	19,335,705	11,268,783	1,003,044,016
-- CF Certified Funds	0	0	0	0	0	0	0	0	0	0	0	0
-- CF Health Care Expansion Fund	4,501,947	599,676	8,453,492	12,053,650	15,465,975	0	20,848,634	2,159,832	0	0	152,103	64,235,308
-- CF Nursing Facility Cash Fund	23,780,032	1,743,172	4,294,498	0	0	0	0	0	0	0	14,091	29,831,793
-- CF Disability Fund/HH Fund	0	0	250,000	0	0	0	0	0	0	0	0	250,000
-- CF Breast and Cervical Cancer Fund	0	0	0	0	0	2,526,848	0	0	0	0	0	2,526,848
-- CF Autism Fund	0	0	707,996	0	0	0	0	0	0	0	0	707,996
-- CF Hospital Provider Fee Cash Fund	0	0	0	0	21,072,533	0	0	0	0	0	0	21,072,533
-- Old Age Pension Sup Medical Fund	0	0	0	0	0	0	0	0	0	0	0	0
-- Amendment 35 Fund Offsets /1	0	0	0	0	0	0	0	0	0	0	0	0
-- RF Transfer from DPHE	0	0	0	0	0	923,652	0	0	0	0	0	923,652
-- Federal Funds	495,090,823	73,922,600	461,436,685	133,301,392	54,246,142	6,408,071	292,423,204	42,328,885	43,021,812	28,706,523	11,384,201	1,642,270,338
FY 2010-11 TOTAL	841,865,718	124,517,634	779,184,222	217,407,538	90,784,651	9,858,571	489,392,033	70,845,410	70,145,301	48,042,228	22,819,177	2,764,862,484

	Supplemental Payments
-- General Fund	(104,039,200)
-- CF Certified Funds	11,963,425
-- CF Health Care Expansion Fund	0
-- CF Nursing Facility Cash Fund	0
-- CF Disability Fund/HH Fund	0
-- CF Breast and Cervical Cancer Fund	0
-- CF Autism Fund	0
-- CF Hospital Provider Fee Cash Fund	233,759,910
-- Old Age Pension Sup Medical Fund	4,850,000
-- Amendment 35 Fund Offsets /1	34,000,983
-- RF Transfer from DPHE	6,490,435
-- Federal Funds	285,581,677
FY 2010-11 TOTAL	472,607,230

	Total FY 2010-11 Claims
-- General Fund	899,004,816
-- CF Certified Funds	11,963,425
-- CF Health Care Expansion Fund	64,235,308
-- CF Nursing Facility Cash Fund	29,831,793
-- CF Disability Fund/HH Fund	250,000
-- CF Breast and Cervical Cancer Fund	2,526,848

JBC STAFF

STAFF Premiums Forecast for January Forecast -- FUND SPLIT CALCULATIONS -- SERVICES ONLY (Does not include Roll Forward or Supplemental Payments)

	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant Adults	Non-Citizens	Partial Dual Eligibles	Total
-- CF Autism Fund												707,996
-- CF Hospital Provider Fee Cash Fund												254,832,443
-- Old Age Pension Sup Medical Fund												4,850,000
-- Amendment 35 Fund Offsets /1												34,000,983
-- RF Transfer from DPHE												7,414,087
-- Federal Funds												<u>1,927,852,015</u>
FY 2010-11 TOTAL												3,237,469,714
												FY 2009-10 Roll Forward
-- General Fund												25,179,593
-- CF Certified Funds												0
-- CF Health Care Expansion Fund												1,300,428
-- CF Nursing Facility Cash Fund												0
-- CF Disability Fund/HH Fund												0
-- CF Breast and Cervical Cancer Fund												101,334
-- CF Autism Fund												11,152
-- CF Hospital Provider Fee Cash Fund												426,673
-- Old Age Pension Sup Medical Fund												0
-- Amendment 35 Fund Offsets /1												0
-- RF Transfer from DPHE												0
-- Federal Funds												<u>43,213,306</u>
FY 2010-11 TOTAL												70,232,486
												Total Recommended With ARRA Change
TOTAL RECOMMENDED												
-- General Fund												924,184,409
-- CF Certified Funds												11,963,425
-- CF Health Care Expansion Fund												65,535,736
-- CF Nursing Facility Cash Fund												29,831,793
-- CF Disability Fund/HH Fund												250,000
-- CF Breast and Cervical Cancer Fund												2,628,182
-- CF Autism Fund												719,148
-- CF Hospital Provider Fee Cash Fund												255,259,116
-- Old Age Pension Sup Medical Fund												4,850,000
-- Amendment 35 Fund Offsets /1												34,000,983
-- RF Transfer from DPHE												7,414,087
-- Federal Funds												<u>1,971,065,321</u>
FY 2010-11 TOTAL												3,307,702,200

JBC Staff FY 2010-11 Supplemental Document -- Mental Health Summary Calculations

Medicaid Mental Health Capitation Payments Line Item	Categorically										Total Medicaid
	Adults 65 and Older	Disabled Adults 60 - 64	Disabled Individuals to 59	Eligible Low-income Adults	Baby Care Adults	Breast and Cervical Cancer Program	Expansion Adults	Eligible Children	Foster Care		
FY 2010-11 Long Bill Appropriated Caseload											
Traditional Medicaid	38,422	7,076	52,569	58,404	7,256	347	0	274,801	17,482		456,357
Legal Immigrants	556	95	757	1,054	0	0	0	2,854	193		5,509
Amendment 35 Expansion	0	0	777	7,308	0	126	20,342	28,833	1,215		58,601
H.B. 09-1293 Expansion	0	0	0	0	0	0	12,255	0	0		12,255
	38,978	7,171	54,103	66,766	7,256	473	32,597	306,488	18,890		532,722
Estimated Per Capita	\$154.90	\$1,743.64	\$1,754.28	\$271.59	\$274.07	\$271.25	\$273.00	\$188.59	\$2,498.79		N/A
Cost for Traditional Medicaid	\$5,951,658	\$12,337,973	\$92,220,836	\$15,861,628	\$1,988,647	\$94,124	\$0	\$51,826,068	\$43,683,927		\$223,964,861
Cost for Legal Immigrants	86,124	165,646	1,327,990	286,256	0	0	0	538,236	482,266		2,886,518
Cost for Amendment 35 Expansion	0	0	1,363,076	1,984,780	0	34,178	5,559,863	5,437,615	3,036,030		17,415,542
Cost for H.B. 09-1293 Expansion	0	0	0	0	0	0	3,349,537	0	0		3,349,537
Total Cost	\$6,037,782	\$12,503,619	\$94,911,902	\$18,132,664	\$1,988,647	\$128,302	\$8,909,400	\$57,801,919	\$47,202,223		\$247,616,458
Base											
General Fund	3,021,989	6,267,667	46,560,710	8,058,871	1,010,079	0	0	26,321,484	22,188,342		\$113,429,142
Health Care Expansion Fund	43,730	84,148	1,358,674	1,153,830	0	0	2,803,169	3,035,101	1,787,049		10,265,701
Breast and Cervical Cancer Treatment Fund	0	0	0	0	0	33,476	0	0	0		33,476
Transfer from CDPHE for BCCT Program	0	0	0	0	0	12,156	0	0	0		12,156
Federal Funds	3,065,719	6,351,815	47,919,384	9,212,701	1,010,079	84,744	2,803,169	29,356,585	23,975,390		123,779,586
Total Base	\$6,131,438	\$12,703,630	\$95,838,768	\$18,425,402	\$2,020,158	\$130,376	\$5,606,338	\$58,713,170	\$47,950,781		\$247,520,061
Non-Policy Adjustments											
Hospital Provider Fee - Cash Funds	0	0	0	0	0	0	1,708,082	0	0		\$1,708,082
Hospital Provider Fee - Federal Funds	0	0	0	0	0	0	1,708,082	0	0		1,708,082
Fort Logan - General Fund	0	0	291,210	0	0	0	0	0	0		291,210
Fort Logan - Federal Funds	0	0	291,210	0	0	0	0	0	0		291,210
Recoupment - General Fund	(21,164)	(43,828)	(330,648)	(63,560)	(6,971)	(450)	(31,230)	(202,610)	(165,455)		(865,916)
Recoupment - Federal Funds	(21,164)	(43,828)	(330,648)	(63,560)	(6,971)	(450)	(31,230)	(202,610)	(165,455)		(865,916)
Total Non-Policy Adjustments	(\$42,328)	(\$87,656)	(\$78,876)	(\$127,120)	(\$13,942)	(\$900)	\$3,353,704	(\$405,220)	(\$330,910)		\$2,266,752
Rate Reduction Policy Adjustment											
General Fund	(25,298)	(55,433)	(411,974)	(72,438)	(8,783)	0	0	(226,857)	(193,259)		(\$994,042)
Health Care Expansion Fund	(366)	(744)	(12,022)	(10,371)	0	0	(15,802)	(26,159)	(15,565)		(81,029)
Hospital Provider Fee Fund	0	0	0	0	0	0	(9,520)	0	0		(9,520)
Breast and Cervical Cancer Treatment Fund	0	0	0	0	0	(302)	0	0	0		(302)
Transfer from CDPHE for BCCT Program	0	0	0	0	0	(109)	0	0	0		(109)
Federal Funds	(25,664)	(56,177)	(423,995)	(82,809)	(8,783)	(763)	(25,322)	(253,016)	(208,824)		(1,085,353)
Total Rate Reduction Policy Adjustment	(\$51,328)	(\$112,354)	(\$847,991)	(\$165,618)	(\$17,566)	(\$1,174)	(\$50,644)	(\$506,032)	(\$417,648)		(\$2,170,355)
Total Before ARRA Adjustment											
General Fund	\$2,975,527	\$6,168,406	\$46,109,298	\$7,922,873	\$994,325	(\$450)	(\$31,230)	\$25,892,017	\$21,829,628		\$111,860,394
Health Care Expansion Fund	43,364	83,404	1,346,652	1,143,459	0	0	2,787,367	3,008,942	1,771,484		10,184,672
Hospital Provider Fee Fund	0	0	0	0	0	0	1,698,562	0	0		1,698,562
Breast and Cervical Cancer Treatment Fund	0	0	0	0	0	33,174	0	0	0		33,174
Transfer from CDPHE for BCCT Program	0	0	0	0	0	12,047	0	0	0		12,047
Federal Funds	3,018,891	6,251,810	47,455,951	9,066,332	994,325	83,531	4,454,699	28,900,959	23,601,111		123,827,609
Total Before ARRA Adjustment	6,037,782	12,503,620	94,911,901	18,132,664	1,988,650	128,302	8,909,398	57,801,918	47,202,223		\$247,616,458

ARRA Adjustment	
General Fund	(\$25,929,240)
Health Care Expansion Fund	(2,360,807)
Hospital Provider Fee Fund	0
Breast and Cervical Cancer Treatment Fund	0
Transfer from CDPHE for BCCT Program	0
Federal Funds	28,290,047
Total ARRA Adjustment	\$0

FY 2010-11 Mental Health Capitation Payments Long Bill Appropriation	
General Fund	\$85,931,156
Health Care Expansion Fund	7,823,864
Hospital Provider Fee Fund	1,698,562
Breast and Cervical Cancer Treatment Fund	33,174
Transfer from CDPHE for BCCT Program	12,046
Federal Funds	152,117,656
Total Mental Health Capitation Payments Long Bill Appropriation	\$247,616,458

JBC Staff FY 2010-11 Supplemental Document -- Mental Health Summary Calculations

Medicaid Mental Health Capitation Payments Line Item	Adults 65 and Older	Disabled Adults 60 - 64	Disabled Individuals to 59	Categorically Eligible Low-income Adults	Expansion Low-Income Adults	Expansion 2 Adults	Baby Care Adults	Breast and Cervical Cancer Program	Eligible Children	Foster Care	Total Medicaid
Department Estimated PM/PM Rate - Q1/2	\$13.12	\$142.23	\$142.23	\$21.83	\$21.83	\$21.83	\$21.83	\$21.83	\$15.50	\$202.91	
Department Estimated PM/PM Rate - Q3/4	\$13.08	\$152.91	\$152.91	\$22.49	\$22.49	\$22.49	\$22.49	\$22.49	\$15.89	\$190.84	
First 6 Months of FY 2010-11											
Staff Forecasted Average Monthly Caseload	38,914	7,563	55,374	57,403	19,468	25,208	7,922	502	293,379	18,518	524,250
Total Need	\$3,063,297	\$6,453,971	\$47,255,064	\$7,518,689	\$2,549,940	\$3,301,700	\$1,037,667	\$65,686	\$27,284,232	\$22,544,316	\$121,074,562
Second 6 Months of FY 2010-11											
Staff Forecasted Average Monthly Caseload	38,997	7,818	56,385	61,623	21,343	30,396	7,774	545	305,351	18,663	548,892
Total Need	\$3,060,445	\$7,172,244	\$51,730,523	\$8,315,340	\$2,880,002	\$4,101,636	\$1,049,001	\$73,542	\$29,112,133	\$21,369,500	\$128,864,366
Staff Estimated Supplemental Need Before Bottom Line Adjustments	\$6,123,742	\$13,626,214	\$98,985,587	\$15,834,029	\$5,429,942	\$7,403,336	\$2,086,668	\$139,229	\$56,396,364	\$43,913,815	\$249,938,928

Medicaid Mental Health Capitation Payments Line Item	Adults 65 and Older	Disabled Adults 60 - 64	Disabled Individuals to 59	Categorically Eligible Low-income Adults	Baby Care Adults	Breast and Cervical Cancer Program	Expansion Adults	Eligible Children	Foster Care	Total Medicaid
Staff's January 2011 Forecast										
Traditional Medicaid	38,390	7,594	54,332	50,863	7,848	383	0	267,678	17,182	444,270
Legal Immigrants	565	96	771	1,090	0	0	0	2,854	193	5,569
Amendment 35 Expansion	0	0	777	7,559	0	140	20,405	28,833	1,215	58,929
H.B. 09-1293 Expansion	0	0	0	0	0	0	27,802	0	0	27,802
Total Estimated Caseload	38,955	7,690	55,880	59,512	7,848	523	48,207	299,365	18,590	536,570
Estimated Supplemental Need Before Bottom Line Adjustments	\$6,123,742	\$13,626,214	\$98,985,587	\$15,834,029	\$2,086,668	\$139,229	\$12,833,279	\$56,396,364	\$43,913,815	\$249,938,927
Bottom Line Adjustments	(89,979)	(40,098)	(291,284)	(2,333)	(307)	(272)	(1,892)	(6,559)	(7,302)	(440,026)
Supplemental Recommendation	\$6,033,763	\$13,586,116	\$98,694,303	\$15,831,696	\$2,086,361	\$138,957	\$12,831,387	\$56,389,805	\$43,906,513	\$249,498,901
Estimated Per Capita	\$154.89	\$1,766.73	\$1,766.18	\$266.03	\$265.85	\$265.69	\$266.17	\$188.36	\$2,361.84	\$464.99
Fund Splits										
General Fund	\$2,395,744	\$5,405,512	\$38,662,385	\$5,451,577	\$840,595	\$0	\$0	\$20,314,658	\$16,350,105	\$89,420,576
Health Care Expansion Fund	35,259	68,334	1,101,549	927,014	0	0	2,188,252	2,404,794	1,339,829	8,065,032
Hospital Provider Fee Fund	0	0	0	0	0	0	3,700,067	0	0	3,700,067
Breast and Cervical Cancer Treatment Fund	0	0	0	0	0	35,616	0	0	0	35,616
Transfer from CDPHE for BCCT Program	0	0	0	0	0	13,019	0	0	0	13,019
Federal Funds	3,602,760	8,112,270	58,930,368	9,453,106	1,245,766	90,322	6,943,068	33,670,353	26,216,579	148,264,592
Total	\$6,033,763	\$13,586,116	\$98,694,303	\$15,831,696	\$2,086,361	\$138,957	\$12,831,387	\$56,389,805	\$43,906,513	\$249,498,901

Medicaid Mental Health Capitation Payments Line Item	Forecasted Appropriation	ES #1 ARRA Adjustment	Forecasted Appropriation minus ES #1	Current Appropriation	Forecasted Appropriation minus ES #1	Staff Rec: Current Approp minus Forecasted Approp minus ES #1
Fund Splits						
General Fund	\$89,420,576	\$4,210,908	\$85,209,668	\$85,931,156	\$85,209,668	(\$721,488)
Health Care Expansion Fund	8,065,032	383,395	7,681,637	7,823,864	7,681,637	(142,227)
Hospital Provider Fee Fund	3,700,067	0	3,700,067	1,698,562	3,700,067	2,001,505
Breast and Cervical Cancer Treatment Fund	35,616	0	35,616	33,174	35,616	2,442
Transfer from CDPHE for BCCT Program	13,019	0	13,019	12,046	13,019	973
Federal Funds	148,264,592	(4,594,303)	152,858,895	152,117,656	152,858,895	741,239
Total	\$249,498,902	\$0	\$249,498,902	\$247,616,458	\$249,498,902	\$1,882,444

ARRA Adjustment	
General Fund	\$4,205,950
Health Care Expansion Fund	382,944
Hospital Provider Fee Fund	\$0
Breast and Cervical Cancer Treatment Fund	\$0
Transfer from CDPHE for BCCT Program	\$0
Federal Funds	(4,588,894)
Total ARRA Adjustment	\$0

FY 2010-11 Mental Health Capitation Payments Recommendation	
General Fund	\$89,415,618
Health Care Expansion Fund	8,064,581
Hospital Provider Fee Fund	3,700,067
Breast and Cervical Cancer Treatment Fund	35,616
Transfer from CDPHE for BCCT Program	13,019
Federal Funds	148,270,001
Total Mental Health Capitation Payments Recommendation	\$249,498,902

Joint Budget Committee - Staff Document
FY 2010-11 HCPF Supplemental Recommendation -- Staff Recommendation for the Children's Basic Health Plan

	FY 2010-11 Current Appropriation				FY 2010-11 Department November 2010 Request				FY 2010-11 Staff January Supplemental Rec.			
	CBHP Trust Caseload	HCE Fund Caseload	Hospital Fee Caseload	Total Caseload	CBHP Trust Caseload	HCE Fund Caseload	Hospital Fee Caseload	Total Caseload	CBHP Trust Caseload	HCE Fund Caseload	Hospital Fee Caseload	Total Caseload
Children's Medical Program -- Premiums												
Caseload Estimate	43,954	33,979	6,860	84,793	43,290	26,591	6,860	76,741	42,976	21,056	4,235	68,267
Up to 185% FPL	41,786	29,120	0	70,906	41,786	22,228	0	64,014	41,786	16,922	0	58,708
185% to 200% FPL	0	4,859	0	4,859	0	4,363	0	4,363	0	4,134	0	4,134
200% to 205% FPL	2,168	0	0	2,168	1,504	0	0	1,504	1,190	0	0	1,190
205% to 250% FPL	0	0	6,860	6,860	0	0	6,860	6,860	0	0	4,235	4,235
Estimated Per Capita	\$2,064.90	\$2,064.90	\$2,064.90	\$2,064.90	\$2,324.41	\$2,324.41	\$2,324.41	\$2,324.41	\$2,168.15	\$2,168.15	\$2,168.15	\$2,168.15
Annual Cost	\$90,760,615	\$70,163,237	\$14,165,271	\$175,089,123	\$100,623,709	\$61,808,386	\$15,945,453	\$178,377,548	\$93,178,414	\$45,652,566	\$9,182,115	\$148,013,096
Fund Splits												
Est. Enrollment Fee in CHBP Trust				\$502,822				\$416,704				\$370,690
CHBP Trust Enrollment Fees	\$502,822	\$0	\$0	\$502,822	\$416,704	\$0	\$0	\$416,704	\$370,690	\$0	\$0	\$370,690
CBHP Trust Fund	\$31,586,999	\$0	\$0	\$31,586,999	\$35,324,054	\$0	\$0	\$35,324,054	\$32,241,755	\$0	\$0	\$32,241,755
Health Care Expansion Fund	\$0	\$24,559,835	\$0	\$24,559,835	\$0	\$21,357,120	\$0	\$21,357,120	\$0	\$15,978,398	\$0	\$15,978,398
Hospital Provider Fee	\$0	\$0	\$4,958,370	\$4,958,370	\$0	\$0	\$5,605,121	\$5,605,121	\$0	\$0	\$3,213,740	\$3,213,740
Federal Funds	\$58,670,793	\$45,603,402	\$9,206,901	\$113,481,096	\$65,252,619	\$40,081,598	\$10,340,332	\$115,674,549	\$60,565,969	\$29,674,168	\$5,968,375	\$96,208,512
Total Funds	\$90,760,615	\$70,163,237	\$14,165,271	\$175,089,123	\$100,993,377	\$61,438,718	\$15,945,453	\$178,377,548	\$93,178,414	\$45,652,566	\$9,182,115	\$148,013,096
Adult Prenatal Program												
Caseload Estimate	211	1,398	858	2,467	177	1,358	858	2,393	164	1,369	500	2,033
Up to 185% FPL	101	1,206	0	1,307	101	1,161	0	1,262	101	1,184	0	1,285
185% to 200% FPL	0	192	0	192	0	197	0	197	0	185	0	185
200% to 205% FPL	110	0	0	110	76	0	0	76	63	0	0	63
205% to 250% FPL	0	0	858	858	0	0	858	858	0	0	500	500
Estimated Per Capita	\$11,119.92	\$11,119.92	\$11,119.92	\$11,119.92	\$14,794.32	\$14,794.32	\$14,794.32	\$14,794.32	\$14,794.32	\$14,794.32	\$14,794.32	\$14,794.32
Annual Cost	\$2,346,303	\$15,545,648	\$9,540,891	\$27,432,843	\$2,618,595	\$20,090,687	\$12,693,527	\$35,402,808	\$2,426,268	\$20,253,424	\$7,397,160	\$30,076,853
CBHP Trust Fund	\$821,206	\$0	\$0	\$821,206	\$916,508	\$0	\$0	\$916,508	\$849,194	\$0	\$0	\$849,194
Health Care Expansion Fund	\$0	\$5,440,977	\$0	\$5,440,977	\$0	\$7,031,740	\$0	\$7,031,740	\$0	\$7,088,698	\$0	\$7,088,698
Hospital Provider Fee	\$0	\$0	\$3,339,312	\$3,339,312	\$0	\$0	\$4,442,734	\$4,442,734	\$0	\$0	\$2,589,006	\$2,589,006
Federal Funds	\$1,525,097	\$10,104,671	\$6,201,579	\$17,831,348	\$1,702,087	\$13,058,946	\$8,250,792	\$23,011,825	\$1,577,075	\$13,164,726	\$4,808,154	\$19,549,954
Total Funds	\$2,346,303	\$15,545,648	\$9,540,891	\$27,432,843	\$2,618,595	\$20,090,687	\$12,693,527	\$35,402,808	\$2,426,268	\$20,253,424	\$7,397,160	\$30,076,853
Total CBHP Medical Premiums												
Fund Splits												
Est. Enrollment Fee in CBHP Trust	\$502,822	\$0	\$0	\$502,822	\$416,704	\$0	\$0	\$416,704	\$370,690	\$0	\$0	\$370,690
CBHP Trust Fund	\$31,946,507	\$0	\$0	\$31,946,507	\$35,680,959	\$0	\$0	\$35,680,959	\$32,531,347	\$0	\$0	\$32,531,347
Offset to CBHP Trust Fund - Immunization	\$461,700	\$0	\$0	\$461,700	\$559,603	\$0	\$0	\$559,603	\$559,603	\$0	\$0	\$559,603
Health Care Expansion Fund	\$0	\$30,000,812	\$0	\$30,000,812	\$0	\$28,388,860	\$0	\$28,388,860	\$0	\$23,067,097	\$0	\$23,067,097
Hospital Provider Fee	\$0	\$0	\$8,297,682	\$8,297,682	\$0	\$0	\$10,047,855	\$10,047,855	\$0	\$0	\$5,802,746	\$5,802,746
Federal Funds	\$60,195,890	\$55,708,073	\$15,408,481	\$131,312,444	\$66,954,706	\$53,140,544	\$18,591,124	\$138,686,374	\$62,143,044	\$42,838,894	\$10,776,529	\$115,758,467
Total Funds	\$93,106,919	\$85,708,885	\$23,706,162	\$202,521,966	\$103,611,972	\$81,529,405	\$28,638,979	\$213,780,355	\$95,604,684	\$65,905,990	\$16,579,275	\$178,089,950

Joint Budget Committee - Staff Document
FY 2010-11 HCPF Supplemental Recommendation -- Staff Recommendation for the Children's Basic Health Plan

Children's Dental Program														
Caseload Estimate	43,954	33,979	6,860	84,793	43,290	26,591	6,860	76,741	42,976	21,056	4,235	68,267		
Up to 185% FPL	41,786	29,120	0	70,906	41,786	22,228	0	64,014	41,786	16,922	0	58,708		
185% to 200% FPL	0	4,859	0	4,859	0	4,363	0	4,363	0	4,134	0	4,134		
200% to 205% FPL	2,168	0	0	2,168	1,504	0	0	1,504	1,190	0	0	1,190		
205% to 250% FPL	0	0	6,860	6,860	0	0	6,860	6,860	0	0	4,235	4,235		
Estimated Per Capita	\$163.67	\$163.67	\$163.67	\$163.67	\$152.32	\$152.32	\$152.32	\$152.32	\$163.67	\$163.67	\$163.67	\$163.67		
Annual Cost	\$7,193,951	\$5,561,343	\$1,122,776	\$13,878,070	\$6,593,933	\$4,050,341	\$1,044,915	\$11,689,189	\$7,033,882	\$3,446,236	\$693,142	\$11,173,260		
Fund Splits														
CBHP Trust Fund	\$2,517,883	\$0	\$0	\$2,517,883	\$2,307,876	\$0	\$0	\$2,307,876	\$2,461,859	\$0	\$0	\$2,461,859		
Health Care Expansion Fund	\$0	\$1,946,470	\$0	\$1,946,470	\$0	\$1,417,619	\$0	\$1,417,619	\$0	\$1,206,182	\$0	\$1,206,182		
Provider Fee	\$0	\$0	\$392,972	\$392,972	\$0	\$0	\$365,720	\$365,720	\$0	\$0	\$242,600	\$242,600		
Federal Funds	\$4,676,068	\$3,614,873	\$729,805	\$9,020,746	\$4,286,056	\$2,632,722	\$679,195	\$7,597,973	\$4,572,023	\$2,240,053	\$450,543	\$7,262,619		
Total Funds	\$7,193,951	\$5,561,343	\$1,122,776	\$13,878,070	\$6,593,933	\$4,050,341	\$1,044,915	\$11,689,189	\$7,033,882	\$3,446,236	\$693,142	\$11,173,260		
TOTAL PROGRAM COSTS														
Does Not Include Administration														
Est. Enrollment Fee in CBHP Trust	\$502,822	\$0	\$0	\$502,822	\$416,704	\$0	\$0	\$416,704	\$370,690	\$0	\$0	\$370,690		
CBHP Trust Fund	\$34,464,389	\$0	\$0	\$34,464,389	\$37,988,836	\$0	\$0	\$37,988,836	\$34,993,206	\$0	\$0	\$34,993,206		
Offset to CBHP Trust Fund - Immunization	\$461,700	\$0	\$0	\$461,700	\$559,603	\$0	\$0	\$559,603	\$559,603	\$0	\$0	\$559,603		
Health Care Expansion Fund	\$0	\$31,947,282	\$0	\$31,947,282	\$0	\$29,806,480	\$0	\$29,806,480	\$0	\$24,273,279	\$0	\$24,273,279		
Hospital Provider Fee	\$0	\$0	\$8,690,653	\$8,690,653	\$0	\$0	\$10,413,576	\$10,413,576	\$0	\$0	\$6,045,346	\$6,045,346		
Federal Funds	\$64,871,958	\$59,322,946	\$16,138,285	\$140,333,190	\$71,240,762	\$55,773,266	\$19,270,319	\$146,284,347	\$66,715,067	\$45,078,947	\$11,227,072	\$123,021,086		
Total Funds	\$100,300,870	\$91,270,228	\$24,828,939	\$216,400,037	\$110,205,904	\$85,579,746	\$29,683,894	\$225,469,544	\$102,638,566	\$69,352,226	\$17,272,418	\$189,263,210		

JBC Staff - January Supplemental Children's Basic Health Plan Trust Fund

PROGRAM REVENUES	FY 2010-11	FY 2010-11	FY 2010-11	Difference
	Current App.	Department November Estimate	Staff New Est.	Staff - Department
Beginning Balance	\$599,735	\$599,735	\$599,735	\$0
General Fund Appropriations/Request	\$9,411,482	\$9,411,482	\$9,411,482	\$0
Tobacco Master Settlement Funds to Trust	\$26,925,764	\$26,925,764	\$26,925,764	\$0
Annual Enrollment Fees	\$416,705	\$416,705	370,690	(\$46,015.19)
Interest Earnings	\$288,108	\$288,108	\$287,000	(\$1,108)
Colorado Immunization Fund	\$465,000	\$559,603	<u>\$559,603</u>	\$0
Total Revenues	\$38,201,397	\$38,201,397	\$38,154,274	(\$47,123)
PROGRAM EXPENDITURES				
Estimated Program Expenditures from Trust Fund *	\$35,432,211	\$39,111,599	35,923,499	(3,188,100)
Internal Admin- Trust Fund	\$563,709	\$563,709	\$563,709	\$0
External Admin- Trust Fund	\$1,939,762	\$1,939,762	\$1,939,762	\$0
Total Expenditures	\$37,935,682	\$41,615,070	\$38,426,970	(\$3,188,100)
Remaining Balance in Trust Fund	\$265,715	(\$3,413,673)	(\$272,696)	\$3,140,977
If General Fund Appropriated to back fill deficit -- additional interest earnings		\$30,495	0	
General Fund Backfill Request		(\$3,383,178)	0	
Impact to Trust if Capitation Payment is delayed		\$2,696,994	0	
Projected CBHP Fund Deficit (Supplemental #5)		(\$686,184)	\$0	

U.S. Department of Health & Human Services

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Monday, December 27, 2010

States get bonuses for boosting enrollment for uninsured children in Medicaid

States also cut red tape and simplified enrollment process

HHS Secretary Kathleen Sebelius today awarded \$206 million to 15 states for making significant progress in enrolling uninsured children in Medicaid. This year's bonuses are more than double the \$75 million awarded to ten states last year.

"Today's announcement highlights the ongoing and committed efforts by states to improve access to health coverage programs and take the aggressive steps necessary to enroll eligible children," said Secretary Sebelius. "Their actions reflect President Obama's serious commitment to assuring that our country's children get the health care they need. These performance bonuses demonstrate our support for the effective strategies these states have undertaken."

Funding for the "performance bonuses" was included in the Children's Health Insurance Program Reauthorization (CHIPRA) legislation signed into law by President Obama in February 2009. The CHIPRA established two sets of performance goals that states must meet to qualify for a bonus – taking specific steps to streamline their enrollment and renewal processes to make it easier for families with eligible children to gain coverage and documenting a significant increase in the number of children enrolled in Medicaid.

States receiving bonus awards today include: Alabama, Alaska, Colorado, Illinois, Iowa, Kansas, Louisiana, Maryland, Michigan, New Jersey, New Mexico, Ohio, Oregon, Washington state and Wisconsin. A complete list of state award amounts is included below. Awards vary by state according to a formula set out in CHIPRA but total more than \$200 million this fiscal year.

States that received performance bonuses last year were able to extend benefits to children who otherwise would have been without health coverage.

CHIPRA set two types of performance goals that states must meet to qualify for a bonus. States must have adopted at least five program features—like providing a guarantee of 12 months of continuous coverage, using a joint application for both Medicaid and CHIP and streamlining procedures for renewing a child's coverage—that are known to encourage enrollment and retention of eligible children. States must also be able to document significant increases in Medicaid enrollment among children during the year that are above and beyond what would have been expected, even with the economic recession. States with increases of more than 10 percent above this baseline qualify for a higher award amount.

CHIPRA included a series of provisions and additional funding to help states cover more children. A boost in Medicaid reimbursement rates authorized by the American Recovery and Reinvestment Act (ARRA) also provided relief to states with suffering economies, enabling them to extend care to eligible children. These increased Medicaid matching funds are available through June 30, 2011.

"We are pleased to be able to work in partnership with states as they continue to improve their Medicaid and CHIP programs and make them more accessible for families," said Cindy Mann, deputy administrator of the Centers for Medicare & Medicaid Services (CMS) and director of the Center for Medicaid, CHIP and Survey & Certification (CMCS). "The increase in both the number of states receiving awards and the amount distributed is particularly encouraging given the difficult economic times states are facing."

State award amounts today are (in millions):

Alabama	\$54,965,407
Alaska	\$4,408,789
Colorado	\$13,671,043
Illinois	\$14,962,171
Iowa	\$6,760,901
Kansas	\$2,578,099
Louisiana	\$3,555,853
Maryland	\$10,549,086
Michigan	\$9,268,552
New Jersey	\$8,788,959
New Mexico	\$8,533,431
Ohio	\$12,376,346
Oregon	\$15,055,255
Washington	\$17,607,725
Wisconsin	\$23,076,127
Total	\$206,157,744

For more information about connecting eligible children to health coverage, visit www.insurekidsnow.gov

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Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

JBC Staff Supplementals MMIS Rollforward Recommendation

Description	FY 2010-11 Appropriated Amounts					FY 2011-12 Roll Forward Amounts				
	TF	GF	CF	FF	FFP	Est Expended	TF	GF	CF	FF
BRI-2, Coordinated Payment & Payment Reform	\$ 45,864	\$ 11,466	\$ -	\$ 34,398	75%	\$ -	\$ 45,864	\$ 11,466	\$ -	\$ 34,398
BRI-3, Expand State MAC	\$ 96,768	\$ 24,192	\$ -	\$ 72,576	75%	\$ -	\$ 96,768	\$ 24,192	\$ -	\$ 72,576
BA-12, Evidence Guided Utilization Review	\$ 124,992	\$ 31,248	\$ -	\$ 93,744	75%	\$ -	\$ 124,992	\$ 31,248	\$ -	\$ 93,744
BA-12, Evidence Guided Utilization Review	\$ 189,000	\$ 47,250	\$ -	\$ 141,750	75%	\$ -	\$ 189,000	\$ 47,250	\$ -	\$ 141,750
BA-15, Portal Change Mgmt for Web Portal	\$ 47,820	\$ 4,782	\$ -	\$ 43,038	90%	\$ -	\$ 47,820	\$ 4,782	\$ -	\$ 43,038
BA-15, ICD-10, v5010 Development Work	\$ 1,454,067	\$ 145,407	\$ -	\$ 1,308,660	90%	\$ 383,994	\$ 1,070,073	\$ 107,007	\$ -	\$ 963,066
BA-15, ICD-10, v5010 Development Work	\$ 44,971	\$ 15,740	\$ -	\$ 29,231	65%		\$ 44,971	\$ 15,740	\$ -	\$ 29,231
BA-15, Project Mgmt and Consultation Services	\$ 200,000	\$ 20,000	\$ -	\$ 180,000	90%	\$ 93,299	\$ 106,701	\$ 10,670	\$ -	\$ 96,031
BA-15, MITA	\$ 900,000	\$ 90,000	\$ -	\$ 810,000	90%	\$ 100,000	\$ 800,000	\$ 80,000	\$ -	\$ 720,000
BA-15, MITA, Staff Augmentation	\$ 100,000	\$ 10,000	\$ -	\$ 90,000	90%	\$ -	\$ 100,000	\$ 10,000	\$ -	\$ 90,000
BA-15, MMIS and ICD-10	\$ 439,153	\$ 43,915	\$ -	\$ 395,238	90%	\$ -	\$ 439,153	\$ 43,915	\$ -	\$ 395,238
HB 09-1293, Disabled Buy-in	\$ 1,087,619	\$ -	\$ 271,905	\$ 815,714	75%	\$ -	\$ 1,087,619	\$ -	\$ 271,905	\$ 815,714
Web Portal hosting services	\$ 306,104	\$ 76,526	\$ -	\$ 229,578	75%	\$ 171,000	\$ 135,104	\$ 33,776	\$ -	\$ 101,328
Web Portal maintenance & Help Desk Support	\$ 280,810	\$ 70,203	\$ -	\$ 210,608	75%	\$ 160,000	\$ 120,810	\$ 30,203	\$ -	\$ 90,608
Web Portal change management activity	\$ 76,500	\$ 19,125	\$ -	\$ 57,375	75%	\$ 26,450	\$ 50,050	\$ 12,513	\$ -	\$ 37,538
SB 10-167, Medicaid Efficiencies Act	\$ 100,000	\$ 25,000	\$ -	\$ 75,000	75%		\$ 100,000	\$ 25,000	\$ -	\$ 75,000
Total	\$ 5,493,668	\$ 634,854	\$ 271,905	\$ 4,586,909		\$ 934,743	\$ 4,558,925	\$ 487,762	\$ 271,905	\$ 3,799,259