Colorado Health Care Affordability Act: Outlook FY 2010-11 to FY 2015-16									
	FY 2010-11 Actuals	FY 2011-12 Actuals	FY 2012-13 Actuals	FY 2013-14 Estimate	FY 2014-15 Request ⁴	FY 2015-16 Estimate ⁴			
A. Hospital Provider Fee Cash Fund Revenue	<u> </u>				· · ·	ļ			
Actual/Projected Revenue	\$441,057,840	\$585,719,330	\$651,702,116	\$601,052,476	\$575,805,721	\$564,236,288			
Interest Earned	\$1,495,212	\$816,861	\$914,125	\$843,081	\$807,668	\$791,440			
Other Income	\$0	\$256	\$8,804	\$0	\$0	\$0			
Previous Year's Cash Fund Balance	\$5,714,436	\$22,198,436	\$24,545,430	\$36,381,634	\$5,000,000	\$5,000,000			
Hospital Provider Fee Cash Funds Available	\$448,267,488	\$608,734,883	\$677,170,476	\$638,277,190	\$581,613,389	\$570,027,728			
B. Hospital Provider Fee Cash Fund Expenditures									
(1) Executive Director's Office - Total Prior to Bottom-Line Adjustments	\$2,607,725	\$6,073,833	\$7,807,264	\$14,698,227	\$16,643,555	\$16,643,555			
(A) General Administration	\$1,444,283	\$1,935,420	\$2,249,080	\$3,475,273	\$3,467,929	\$3,467,929			
(C) Information Technology Contracts and Projects	\$227,415	\$2,349,409	\$3,326,261	\$5,137,091	\$5,364,349	\$5,364,349			
(D) Eligibility Determinations and Client Services	\$920,503	\$1,731,383	\$1,928,546	\$5,521,306	\$7,090,406	\$7,090,406			
(E) Utilization and Quality Review Contracts	\$15,524	\$57,620	\$303,378	\$467,094	\$622,339	\$622,339			
(H) Indirect Cost Recoveries	\$0	\$0	\$0	\$97,463	\$98,532	\$98,532			
Bottom-Line Adjustments	\$0	\$0	\$0	\$0	\$592,515	\$0			
(1) Executive Director's Office - Total After Bottom-Line Adjustments ¹	\$2,607,725	\$6,073,833	\$7,807,264	\$14,698,227	\$17,236,070	\$16,643,555			
(2) Medical Service Premiums - Total Prior to Bottom-Line Adjustments	\$222,581,532	\$352,555,138	\$416,248,879	\$414,994,286	\$360,036,713	\$363,638,049			
Expansion Populations	\$34,324,731	\$48,544,623	\$91,878,464	\$73,195,772	\$13,371,641	\$16,972,977			
Supplemental Payments to Hospitals	\$188,256,800	\$304,010,516	\$324,370,415	\$341,798,514	\$346,665,072	\$346,665,072			
Bottom-Line Adjustments	\$0	\$0	\$0	\$1,304,862	\$6,191,350	(\$215,219)			
(2) Medical Services Premiums Request- Total After Bottom-Line Adjustments ¹	\$222,581,532	\$352,555,138	\$416,248,879	\$416,299,148	\$366,228,063	\$363,422,830			
(3) Medicaid Mental Health Community Programs - Total Prior to Bottom-Line Adjustments	\$3,843,622	\$5,736,622	\$13,487,087	\$10,883,962	\$2,433,760	\$3,225,442			
Expansion Populations	\$3,843,622	\$5,736,622	\$13,487,087	\$10,883,962	\$2,433,760	\$3,225,442			
Bottom-Line Adjustments	\$0	\$0	\$0	\$271,500	\$1,173,085	\$131,290			
(3) Mental Health Request - Total After Bottom-Line Adjustments ¹	\$3,843,622	\$5,736,622	\$13,487,087	\$11,155,462	\$3,606,845	\$3,356,732			
	¢125 (02 190	\$153,292,367	\$162,545,550	\$173,756,151	\$172,489,847	\$164,497,724			
(4) Indigent Care Program - Total Prior to Bottom-Line Adjustments ²	\$135,692,180 \$6,974	\$153,292,367 \$7,690	\$102,545,550	\$173,750,151	\$172,489,847	\$104,497,724 \$9,361			
Children's Basic Health Plan Administration Expansion Populations	\$4,817,287	\$7,690 \$8,967,953	\$0,837	\$9,361 \$18,098,697	\$16,832,393	\$9,361			
Supplemental Payments to CICP Providers	\$130,867,920	\$144,316,724	\$12,951,002	\$155,648,093	\$155,648,093	\$155,648,093			
Bottom-Line Adjustments	\$130,807,920	\$144,510,724	\$149,587,712	\$983,572	\$1,046,714	\$1,101,037			
(4) Indigent Care Program- Total After Bottom-Line Adjustments ¹	\$135,692,180	\$153,292,367	\$162,545,550.36	\$174,739,723	\$173,536,561	\$165,598,761			
(4) Indigent Care Program- Total After Bottom-Line Aujustments	\$155,672,100	\$155,272,507	\$10 2 ,545,550.50	¢17 4 ,757,725	\$175,550,501	\$105,570,701			
(6) Department of Human Services Medicaid Funded Programs - Total Prior to Bottom-Line Adjustments	\$0	\$831,492	\$0	\$684,540	\$305,760	\$305,760			
DHS: Colorado Benefits Management System Projects HCPF Only	\$0	\$831,492	\$0	\$684,540	\$305,760	\$305,760			
Bottom-Line Adjustments	\$0	\$0	\$0	\$0	\$0	\$0			
(6) Department of Human Services Medicaid Funded Programs - Total After Bottom-Line Adjustments ¹	\$0	\$831,492	\$0	\$684,540	\$305,760	\$305,760			
C. Other Expenditures	\$61,343,993	\$65,700,000	\$40,700,061	\$15,700,090	\$15,700,090	\$15,700,090			
General Fund Relief	\$53,493,993	\$50,000,000	\$25,000,000	\$0	\$0	\$0			
CICP General Fund	\$7,850,000	\$15,700,000	\$15,700,000	\$15,700,000	\$15,700,000	\$15,700,000			
Other	\$0	\$0	\$61	\$90	\$90	\$90			
D. Provider Refunds	\$0	\$0	\$0	\$0	\$0	\$0			
			•			· · · ·			
E. Base Total Fund Hospital Provider Fee Expenditures - Total Prior to Bottom-Line Adjustments	\$902,424,375	\$1,112,518,195	\$1,253,407,828	\$1,731,325,457	\$2,377,360,518	\$2,579,477,940			
Total Bottom-Line Adjustments: Total Funds	\$0	\$0	\$0	\$4,702,184	\$23,724,148	\$9,110,955			
Final Total Fund Hospital Provider Fee Expenditures After Bottom-Line Adjustments	\$902,424,375	\$1,112,518,195	\$1,253,407,828	\$1,736,027,641	\$2,401,084,666	\$2,588,588,895			
F. Base Hospital Provider Fee Expenditures - Total Prior to Bottom-Line Adjustments	\$426,069,052	\$584,189,452	\$640,788,842	\$630,717,256	\$567,609,725	\$564,010,620			
Total Bottom-Line Adjustments: Hospital Provider Fee Cash Funds	\$0	\$0	\$0	\$2,559,934	\$9,003,664	\$1,017,108			
Final State Share After Bottom-Line Adjustments: Hospital Provider Fee Cash Funds	\$426,069,052	\$584,189,452	\$640,788,842	\$633,277,190	\$576,613,389	\$565,027,728			
C. Cash Fund Darama Dalance ³	\$22,198,436	\$24,545,430	\$36,381,634	\$5,000,000	\$5.000.000	\$5,000,000			
G. Cash Fund Reserve Balance ³	\$22,198,430	\$24,545,430	\$30,381,034	\$2,000,000	\$5,000,000	\$5,000,000			

Notes for Hospital Provider Fee Cash Fund: Outlook FY 2009-10 to FY 2014-15

¹ Long Bill Group totals for projected Hospital Provider Fee Cash Fund expenditures incorporate Change Requests. For more detail on the specific requests affecting Hospital Provider Fee Cash Fund expenditures, please refer to the Schedule 9 submitted with the Department's November 1, 2013, FY 2014-15 Budget Request.

² The Total Prior to Bottom-Line Adjustments for the Indigent Care Program Long Bill Group will not match that shown in the Indigent Care Program Expansions table of this report, as this summary includes the Children's Basic Health Plan Administration costs while the Expansion Populations table does not.

³ The Department was granted authority by the Hospital Provider Fee Oversight and Advisory Board to create and maintain a reserve fund using unspent Hospital Provider Fee cash funds, although this policy is subject to annual reconsideration.

⁴ The sum of individual line items may not equal totals by Long Bill Group due to rounding.

Medical Services Premiums - Rate, Caseload, and Expenditure Forecast							
	FY 2010-11 Actuals	FY 2011-12 Actuals	FY 2012-13 Actuals	FY 2013-14 Estimate ³	FY 2014-15 Request ³	FY 2015-16 Estimate ³	
Medicaid Parents to 133% of the Federal Poverty Level ¹							
1 Per Capita Cost ¹	\$2,284.86	\$2,653.31	\$2,583.56	\$2,516.98	\$2,584.91	\$2,869.22	
2 % Change Over Prior Year	205.17%	16.13%	-2.63%	-2.58%	2.70%	11.00%	
3 Caseload ¹	27,166	35,461	41,545	52,498	65,420	69,266	
4 % Change Over Prior Year	738.97%	30.53%	17.16%	26.36%	24.61%	5.88%	
5 Total Fund Expenditures	\$68,649,463	\$94,088,919	\$107,334,174	\$132,136,215	\$169,104,674	\$198,739,320	
6 Cash Fund Expenditures	\$34,324,731	\$46,975,653	\$53,586,758	\$28,416,110	\$0	\$0	
Buy-In Program for Individuals with Disabilities							
7 Per Capita Cost ¹	\$0.00	\$8,330.90	\$14,211.95	\$10,907.26	\$10,982.51	\$11,031.95	
8 % Change Over Prior Year	N/A	N/A	70.59%	-23.25%	0.69%	0.45%	
9 Per Client Premiums Contribution: Disabled Buy-In Cash Fund	\$0.00	\$216.56	\$444.25	\$580.44	\$580.61	\$580.61	
10 Effective Per Capita Cost	\$0.00	\$8,114.34	\$13,767.70	\$10,326.82	\$10,401.90	\$10,451.34	
11 Caseload ¹	0	52	888	1,831	2,571	3,248	
12 % Change Over Prior Year	N/A	N/A	1607.69%	106.19%	40.42%	26.33%	
13 Total Fund Expenditures	\$0	\$433,207	\$12,620,209	\$19,971,196	\$28,236,025	\$35,831,770	
14 Cash Fund Expenditures - Hospital Provider Fee Cash Fund	\$0	\$211,064	\$6,110,676	\$9,454,202	\$13,371,641	\$16,972,977	
15 Cash Fund Expenditures - Medicaid Buy-In Cash Fund ²	\$0	\$11,261	\$394,496	\$1,062,792	\$1,492,745	\$1,885,818	
Adults without Dependent Children to 133% of the Federal Poverty Level							
16 Per Capita Cost ¹	\$0.00	\$2,399.33	\$6,067.32	\$5,554.96	\$5,615.80	\$5,686.89	
17 % Change Over Prior Year	N/A	N/A	152.88%	-8.44%	1.10%	2.38%	
18 Caseload ¹	0	1,134	10,634	74,018	164,004	186,523	
19 % Change Over Prior Year	N/A	N/A	837.74%	596.05%	121.57%	13.73%	
20 Total Fund Expenditures	\$0	\$2,720,845	\$64,519,916	\$411,167,276	\$921,013,170	\$1,060,736,489	
21 Cash Fund Expenditures	\$0	\$1,357,906	\$32,181,030	\$35,325,460	\$0	\$0	
22 Expansion Populations Total Funds Expenditures	\$68,649,463	\$97,242,971	\$184,474,299	\$563,274,687	\$1,118,353,869	\$1,295,307,579	
23 Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$34,324,731	\$48,544,623	\$91,878,464	\$73,195,772	\$13,371,641	\$16,972,977	
24 Supplemental Payments to Hospitals - Total Fund Expenditures	\$455,348,284	\$608,021,031	\$648,753,212	\$683,597,029	\$693,330,144	\$693,330,144	
25 Supplemental Payments to Hospitals - Hospital Provider Fee Cash Fund Expenditures	\$188,256,800	\$304,010,516	\$324,370,415	\$341,798,514	\$346,665,072	\$346,665,072	
Total Fund Hospital Provider Fee Expenditures (Row 22 + Row 24)	\$523,997,747	\$705,264,002	\$833,227,510	\$1,246,871,716	\$1,811,684,013	\$1,988,637,723	
State Share: Hospital Provider Fee Cash Funds (Row 23 + Row 25)	\$222,581,532	\$352,555,138	\$416,248,879	\$414,994,286	\$360,036,713	\$363,638,049	
Notes for Medical Services Promiums - Rota Caseload and Evnenditure Forecast							

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

¹Projected caseload and per capita expenditures for the populations shown above are taken from Exhibit J of the Department's November 1, 2013 R-1.

²The Medicaid Buy-In Cash Fund expenditures are based on the Medicaid Buy-In Program for Working Adults with Disabilities and Medicaid Buy-in program for Children with Disabilities premium schedules approved by the Medical Services Board. ³FY 2013-14, FY 2014-15 and FY 2015-16 fund splits account for the 100% federal match provided under the Affordable Care Act beginning in CY 2014 for the Medicaid Parents to 100% and Adults without Dependent Children populations.

		- Rate, Caseload, and H	-			
	FY 2010-11 Actuals	FY 2011-12 Actuals	FY 2012-13 Actuals	FY 2013-14 Estimate ²	FY 2014-15 Request ²	FY 2015-16 Estimate ²
Medicaid Parents to 100% of the Federal Poverty Level						
1 Per Capita Cost ¹	\$281.78	\$287.26	\$294.10	\$283.93	\$290.94	\$300.51
2 % Change Over Prior Year	20.49%	1.94%	2.38%	-3.46%	2.47%	3.29%
3 Caseload ¹	27,166	35,461	41,545	52,498	65,420	69,266
4 % Change Over Prior Year	738.97%	30.53%	17.16%	26.36%	24.61%	5.88%
5 Total Fund Expenditures	\$7,687,244	\$10,186,472	\$12,218,226	\$14,905,952	\$24,034,263	\$26,786,260
6 Cash Fund Expenditures	\$3,843,622	\$5,093,236	\$6,109,113	\$3,191,740	\$0	\$0
Buy-In Program for Individuals with Disabilities						
7 Per Capita Cost ¹	\$0.00	\$1,763.06	\$2,052.45	\$1,800.61	\$1,893.24	\$1,986.11
8 % Change Over Prior Year	N/A	N/A	16.41%	-12.27%	5.14%	4.91%
9 Caseload ¹	0	52	888	1,831	2,571	3,248
10 % Change Over Prior Year	N/A	N/A	1607.69%	106.19%	40.42%	26.33%
11 Total Fund Expenditures	\$0	\$91,679	\$1,822,578	\$3,296,917	\$4,867,520	\$6,450,885
12 Cash Fund Expenditures	\$0	\$45,839	\$911,289	\$1,648,458	\$2,433,760	\$3,225,442
Adults without Dependent Children to 100% of the Federal Poverty Level						
13 Per Capita Cost ¹	\$0.00	\$1,053.87	\$1,216.23	\$704.90	\$745.90	\$753.54
14 % Change Over Prior Year	N/A	N/A	15.41%	-42.04%	5.82%	1.02%
15 Caseload ¹	0	1,134	10,634	74,018	164,004	186,523
16 % Change Over Prior Year	N/A	N/A	837.74%	596.05%	121.57%	13.73%
17 Total Fund Expenditures	\$0	\$1,195,093	\$12,933,371	\$52,175,391	\$122,330,584	\$140,552,541
18 Cash Fund Expenditures	\$0	\$597,547	\$6,466,686	\$6,043,764	\$0	\$0
19 Expansion Populations Total Funds Expenditures	\$7,687,244	\$11,473,244	\$26,974,175	\$70,378,260	\$151,232,367	\$173,789,686
20 Expansion Populations Hospital Provider Fee Cash Funds Expenditures	\$3,843,622	\$5,736,622	\$13,487,087	\$10,883,962	\$2,433,760	\$3,225,442

Notes for Medicaid Mental Health - Rate, Caseload, and Expenditure Forecast

¹ Caseload projections are the same as those in the Medical Services Premiums exhibit. Projected per capita expenditures for the above populations are taken from the Department's November 1, 2013 R-2, Exhibit JJ.

² FY 2013-14, FY 2014-15, and FY 2015-16 fund splits account for the 100% federal match provided under the Affordable Care Act beginning in CY 2014 for the Medicaid Parents to 100% and Adults without Dependent Children populations.

hildren's Basic Health Plan Children's Medical and Dental Premiums from 205-250% of the Federal Poverty Level 1 Per Capita Cost ¹ 2 % Change Over Prior Year 3 Enrollment ¹	FY 2010-11 Actuals \$2,398.67 143.18% 4,023	FY 2011-12 Actuals \$1,894.36 -21.02%	FY 2012-13 Actuals \$1,967.33		FY 2014-15 Request	FY 2015-16 Estimate
1 Per Capita Cost ¹ 2 % Change Over Prior Year 3 Enrollment ¹	143.18% 4,023		\$1,967.33			
2 % Change Over Prior Year 3 Enrollment ¹	143.18% 4,023		\$1,967.33			ł
3 Enrollment ¹	4,023	-21.02%		\$2,821.37	\$2,429.83	\$2,394.04
	,		3.85%	43.41%	-13.88%	-1.47%
		11,049	15,575	16,730	17,804	18,728
4 % Change Over Prior Year	2858.09%	174.65%	40.96%	7.42%	6.42%	5.19%
5 Total Fund Expenditures	\$9,628,000	\$20,930,793	\$30,641,156	\$47,201,611	\$43,260,680	\$44,835,637
6 Cash Fund Expenditures ²	\$3,369,800	\$7,325,778	\$10,724,405	\$16,520,564	\$15,141,238	\$7,817,897
hildren's Basic Health Plan Prenatal Costs from 205-250% of the Federal Poverty Level						[
7 Per Capita Cost ¹	\$15,199.81	\$10,478.91	\$10,936.88	\$12,524.87	\$12,517.80	\$13,087.74
8 % Change Over Prior Year	349.23%	-31.06%	4.37%	14.52%	-0.06%	4.55%
9 Enrollment ¹	272	448	463	360	386	448
10 % Change Over Prior Year	2372.73%	64.61%	3.41%	-22.25%	7.22%	16.06%
11 Total Fund Expenditures	\$4,134,349	\$4,691,931	\$5,063,773	\$4,508,953	\$4,831,872	\$5,863,309
12 Cash Fund Expenditures ²	\$1,447,022	\$1,642,176	\$1,772,321	\$1,578,133	\$1,691,155	\$1,022,373
hildren's Basic Health Plan Dental Costs from 205-250% of the Federal Poverty Level ³						[
13 Per Capita Cost	N/A	N/A	N/A	N/A	N/A	N/A
14 % Change Over Prior Year	N/A	N/A	N/A	N/A	N/A	N/A
15 Enrollment	N/A	N/A	N/A	N/A	N/A	N/A
16 % Change Over Prior Year	N/A	N/A	N/A	N/A	N/A	N/A
17 Total Fund Expenditures	N/A	N/A	N/A	N/A	N/A	N/A
18 Cash Fund Expenditures	N/A	N/A	N/A	N/A	N/A	N/A
19 Expansion Populations Total Fund Expenditures	\$13,762,349	\$25,622,724	\$35,704,930	\$51,710,564	\$48,092,552	\$50,698,946
20 Expansion Populations Cash Funds Expenditures	\$4,816,822	\$8,967,953	\$12,496,725	\$18,098,697	\$16,832,393	\$8,840,270
21 Safety Net Provider Payments: Supplemental Payments to Hospitals-Total Fund Expenditures	\$289,889,142	\$288,633,447	\$299,175,424	\$311,296,186	\$311,296,186	\$311,296,186
22 Safety Net Provider Payments: Supplemental Payments to Hospitals-Hospital Provider Fee Cash Fund Expenditure	s \$130,867,920	\$144,316,724	\$149,587,712	\$155,648,093	\$155,648,093	\$155,648,093
otal Fund Hospital Provider Fee Expenditures (Row 19 + Row 21)	\$303,651,491	\$314,256,171	\$334,880,354	\$363,006,750	\$359,388,738	\$361,995,132
tate Share: Hospital Provider Fee Cash Funds (Row 20 + Row 22)	\$135,684,742	\$153,284,677	\$162,084,437	\$173,746,790	\$172,480,486	\$164,488,363
otes for Children's Basic Health Plan Expansion - Rate, Caseload, and Expenditure Forecast Per capita costs and caseload are taken from Exhibit Ex C4-Per Cap Summ and Ex C4-CBHP Caseload by FY, respectively, in t						

¹Per capita costs and caseload are taken from Exhibit Ex C4-Per Cap Summ and Ex C4-CBHP Caseload by FY, respectively, in the Department's November 1, 2013 R-3.

² Children's Basic Health Plan expenditures receive an enhanced federal match rate of 65% until October 1 2015, when the match rate changes to 88%. Enrollment fees are included in the Cash Fund Expenditures shown, but are not eligible for a federal match.

³ For FY 2010-11 forward, the Children's Basic Health Plan Medical and Dental Benefits costs were consolidated into one line item in the Department's budget.