

*COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: FY 2017-18 BUDGET REQUEST; COLORADO HEALTH CARE AFFORDABILITY ACT UPDATE*

<b>Colorado Health Care Affordability Act: Outlook FY 2014-15 to FY 2018-19</b>					
	<b>SFY 2014-15 Actuals</b>	<b>SFY 2015-16 Actuals<sup>(1)</sup></b>	<b>SFY 2016-17 Estimate</b>	<b>SFY 2017-18 Request</b>	<b>SFY 2018-19 Estimate</b>
<b>A. Hospital Provider Fee Cash Fund Revenue</b>					
Actual/Projected Revenue	\$528,370,519	\$803,590,003	\$656,250,000	\$669,424,271	\$942,400,000
Interest Earned	\$416,036	\$369,754	\$393,569	\$261,033	\$280,952
Other Income	\$0	\$0	\$0	\$0	\$0
Previous Year's Cash Fund Balance	\$11,788,788	\$2,022,838	\$5,922,467	\$5,000,000	\$5,000,000
<b>Hospital Provider Fee Cash Funds Available</b>	<b>\$540,575,343</b>	<b>\$805,982,595</b>	<b>\$662,566,036</b>	<b>\$674,685,304</b>	<b>\$947,680,952</b>
<b>B. Hospital Provider Fee Cash Fund Expenditures</b>					
<b>(1) Executive Director's Office - Total Prior to Bottom-Line Adjustments</b>	<b>\$14,449,783</b>	<b>\$19,074,635</b>	<b>\$23,262,944</b>	<b>\$23,728,203</b>	<b>\$24,202,767</b>
(A) General Administration	\$3,741,442	\$3,614,859	\$4,866,730	\$4,964,065	\$5,063,346
(C) Information Technology Contracts and Projects	\$4,237,172	\$5,272,934	\$7,516,196	\$7,666,520	\$7,819,850
(D) Eligibility Determinations and Client Services	\$5,928,040	\$8,254,905	\$10,066,719	\$10,268,053	\$10,473,414
(E) Utilization and Quality Review Contracts	\$329,807	\$342,739	\$372,339	\$379,786	\$387,382
(F) Provider Audits and Services, Professional Audit Contracts	\$94,200	\$141,901	\$250,000	\$255,000	\$260,100
(H) Indirect Cost Recoveries	\$119,122	\$151,713	\$190,960	\$194,779	\$198,675
Bottom-Line Adjustments	\$0	\$1,295,583	\$0	\$0	\$0
<b>(1) Executive Director's Office - Total After Bottom-Line Adjustments</b>	<b>\$14,449,783</b>	<b>\$19,074,635</b>	<b>\$23,262,944</b>	<b>\$23,728,203</b>	<b>\$24,202,767</b>
<b>(2) Medical Service Premiums - Total Prior to Bottom-Line Adjustments</b>	<b>\$345,871,891</b>	<b>\$611,773,353</b>	<b>\$450,847,209</b>	<b>\$454,259,046</b>	<b>\$721,452,016</b>
Expansion Populations	\$32,222,349	\$37,410,877	\$82,533,926	\$142,084,908	\$168,109,101
Supplemental Payments to Hospitals	\$291,517,724	\$533,377,283	\$327,158,857	\$270,220,415	\$510,556,001
Continuous Eligibility	\$6,431,818	\$25,285,193	\$25,454,426	\$26,253,723	\$27,086,914
UPL Backfill	\$15,700,000	\$15,700,000	\$15,700,000	\$15,700,000	\$15,700,000
Bottom-Line Adjustments	\$4,893,903	(\$274,238)	\$2,698,181	\$0	\$0
<b>(2) Medical Services Premiums Request- Total After Bottom-Line Adjustments</b>	<b>\$350,765,794</b>	<b>\$611,499,115</b>	<b>\$453,545,390</b>	<b>\$454,259,046</b>	<b>\$721,452,016</b>
<b>(3) Behavioral Health Community Programs - Total Prior to Bottom-Line Adjustments</b>	<b>\$5,245,631</b>	<b>\$9,801,651</b>	<b>\$18,082,879</b>	<b>\$28,063,584</b>	<b>\$33,287,092</b>
Expansion Populations	\$5,245,631	\$6,401,009	\$13,478,820	\$23,277,855	\$28,296,451
Continuous Eligibility	\$0	\$3,400,642	\$4,604,059	\$4,785,729	\$4,990,641
Bottom-Line Adjustments	\$0	\$0	(\$916,537)	\$0	\$0
<b>(3) Behavioral Health Request - Total After Bottom-Line Adjustments</b>	<b>\$5,245,631</b>	<b>\$9,801,651</b>	<b>\$17,166,342</b>	<b>\$28,063,584</b>	<b>\$33,287,092</b>
<b>(5) Indigent Care Program - Total Prior to Bottom-Line Adjustments<sup>(2)</sup></b>	<b>\$165,380,504</b>	<b>\$159,684,727</b>	<b>\$162,674,823</b>	<b>\$163,634,471</b>	<b>\$163,739,076</b>
Children's Basic Health Plan Administration	\$9,361	\$9,361	\$2,390	\$2,416	\$2,416
Expansion Populations	\$12,979,824	\$7,118,477	\$7,561,411	\$7,997,242	\$8,376,285
Supplemental Payments to CICP Providers	\$152,391,319	\$152,556,890	\$155,111,022	\$155,634,813	\$155,360,375
Bottom-Line Adjustments	\$0	\$0	\$0	\$0	\$0
<b>(5) Indigent Care Program- Total After Bottom-Line Adjustments</b>	<b>\$165,380,504</b>	<b>\$159,684,727</b>	<b>\$162,674,823</b>	<b>\$163,634,471</b>	<b>\$163,739,076</b>
<b>(7) Department of Human Services Medicaid Funded Programs - Total Prior to Bottom-Line Adjustments</b>	<b>\$2,710,793</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
DHS: Colorado Benefits Management System Projects HCPF Only	\$2,710,793	\$0	\$0	\$0	\$0
Bottom-Line Adjustments	\$0	\$0	\$0	\$0	\$0
<b>(7) Department of Human Services Medicaid Funded Programs - Total After Bottom-Line Adjustments</b>	<b>\$2,710,793</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Other Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. Base Hospital Provider Fee Expenditures - Total Prior to Bottom-Line Adjustments</b>	<b>\$533,658,602</b>	<b>\$800,334,365</b>	<b>\$654,867,855</b>	<b>\$669,685,304</b>	<b>\$942,680,951</b>
Bottom-Line Adjustments: Hospital Provider Fee Cash Funds	\$4,893,903	(\$274,238)	\$2,698,181	\$0	\$0
<b>Final Hospital Provider Fee Cash Funds - Total After Bottom-Line Adjustments</b>	<b>\$538,552,505</b>	<b>\$800,060,128</b>	<b>\$657,566,036</b>	<b>\$669,685,304</b>	<b>\$942,680,951</b>
<b>E. Cash Fund Reserve Balance<sup>(3)</sup></b>	<b>\$2,022,838</b>	<b>\$5,922,467</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>
<b>F. Base Total Fund Hospital Provider Fee Expenditures - Total Prior to Bottom-Line Adjustments</b>	<b>\$2,422,963,891</b>	<b>\$3,123,086,212</b>	<b>\$3,132,426,141</b>	<b>\$3,285,250,647</b>	<b>\$3,765,583,468</b>
Bottom-Line Adjustments: Total Funds	\$9,787,806	(\$548,475)	\$5,396,362	\$0	\$0
<b>Final Total Fund Hospital Provider Fee Expenditures After Bottom-Line Adjustments<sup>(4)</sup></b>	<b>\$2,422,963,891</b>	<b>\$3,122,537,737</b>	<b>\$3,137,822,503</b>	<b>\$3,285,250,647</b>	<b>\$3,765,583,468</b>

**Notes for Hospital Provider Fee Cash Fund: Outlook FY 2014-15 to FY 2018-19**

<sup>(1)</sup> Subject to final, year-end closing of State Fiscal Year 2015-16 within Colorado's financial reporting system, Colorado Operations Resource Engine (CORE)

<sup>(2)</sup> 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.

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

<sup>(4)</sup> 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, 2015, FY 2016-17 Budget Request.

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

*COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: FY 2017-18 BUDGET REQUEST; COLORADO HEALTH CARE AFFORDABILITY ACT UPDATE*

<b>Medical Services Premiums - Rate, Caseload, and Expenditure Forecast</b>						
	<b>FY 2014-15 Actuals<sup>(3)</sup></b>	<b>FY 2015-16 Actuals<sup>(3)</sup></b>	<b>FY 2016-17 Estimate<sup>(4)</sup></b>	<b>FY 2017-18 Request<sup>(5)</sup></b>	<b>FY 2018-19 Estimate<sup>(6)</sup></b>	
<b>MAGI Parents/Caretakers 69% to 133%</b>						
1	Per Capita Cost <sup>(1)</sup>	\$2,331.52	\$2,535.29	\$2,607.94	\$2,599.18	\$2,595.79
2	% Change Over Prior Year	-2.83%	5.66%	11.86%	-0.34%	-0.13%
3	Caseload <sup>(1)</sup>	70,900	86,964	98,910	108,821	116,361
4	% Change Over Prior Year	50.59%	84.71%	39.51%	10.02%	6.93%
5	<b>Total Fund Expenditures</b>	<b>\$165,304,640</b>	<b>\$220,478,960</b>	<b>\$257,950,142</b>	<b>\$282,845,838</b>	<b>\$302,049,195</b>
6	<b>Cash Fund Expenditures</b>	<b>(\$2,296)</b>	<b>\$0</b>	<b>\$6,507,637</b>	<b>\$15,619,522</b>	<b>\$19,699,835</b>
<b>Buy-In Program for Individuals with Disabilities</b>						
7	Per Capita Cost <sup>(1)</sup>	\$7,186.24	\$6,650.84	\$7,383.54	\$7,270.56	\$7,185.61
8	% Change Over Prior Year	-9.76%	-42.94%	2.75%	-1.53%	-1.17%
9	Per Client Premiums Contribution: Disabled Buy-In Cash Fund	\$599.98	\$365.73	\$621.00	\$663.10	\$662.71
10	Effective Per Capita Cost	\$6,586.26	\$5,844.00	\$6,762.54	\$6,607.46	\$6,522.90
11	Caseload <sup>(1)</sup>	3,627	5,265	5,844	6,901	7,913
12	% Change Over Prior Year	33.79%	105.66%	61.12%	18.09%	14.66%
13	<b>Total Fund Expenditures</b>	<b>\$30,970,425</b>	<b>\$30,768,660</b>	<b>\$39,520,283</b>	<b>\$45,598,064</b>	<b>\$51,615,728</b>
14	<b>Cash Fund Expenditures</b>	<b>\$13,185,600</b>	<b>\$20,016,961</b>	<b>\$17,873,797</b>	<b>\$20,511,017</b>	<b>\$23,185,863</b>
15	Cash Fund Expenditures - Medicaid Buy-In Cash Fund <sup>(2)</sup>	\$2,054,946	\$1,925,580	\$3,629,124	\$4,576,030	\$5,243,998
<b>MAGI Adults</b>						
16	Per Capita Cost <sup>(1)</sup>	\$4,195.37	\$3,785.71	\$3,721.26	\$3,725.65	\$3,740.53
17	% Change Over Prior Year	11.41%	0.53%	-11.30%	-11.20%	0.52%
18	Caseload <sup>(1)</sup>	238,923	320,374	363,387	388,880	402,990
19	% Change Over Prior Year	173.86%	267.22%	52.09%	7.02%	3.63%
20	<b>Total Fund Expenditures</b>	<b>\$1,002,370,169</b>	<b>\$1,212,843,056</b>	<b>\$1,352,257,614</b>	<b>\$1,448,831,641</b>	<b>\$1,507,395,633</b>
21	<b>Cash Fund Expenditures</b>	<b>\$255,531</b>	<b>\$0</b>	<b>\$36,131,707</b>	<b>\$82,101,914</b>	<b>\$100,498,127</b>
<b>Non Newly Eligibles</b>						
22	<b>Total Fund Expenditures</b>	<b>\$24,551,058</b>	<b>\$23,397,250</b>	<b>\$43,852,827</b>	<b>\$46,707,489</b>	<b>\$48,980,352</b>
23	<b>Cash Fund Expenditures</b>	<b>\$4,160,547</b>	<b>\$3,888,623</b>	<b>\$6,279,725</b>	<b>\$7,762,785</b>	<b>\$8,507,887</b>
<b>MAGI Parents/Caretakers 60% to 68%</b>						
24	<b>Total Fund Expenditures</b>	<b>\$29,245,934</b>	<b>\$27,444,204</b>	<b>\$31,608,553</b>	<b>\$32,179,343</b>	<b>\$32,434,780</b>
25	<b>Cash Fund Expenditures</b>	<b>\$14,622,967</b>	<b>\$13,505,293</b>	<b>\$15,741,060</b>	<b>\$16,089,670</b>	<b>\$16,217,389</b>
<b>Continuous Eligibility for Children</b>						
26	<b>Total Fund Expenditures</b>	<b>\$13,062,181</b>	<b>\$51,382,225</b>	<b>\$51,113,305</b>	<b>\$52,507,448</b>	<b>\$54,173,830</b>
27	<b>Cash Fund Expenditures</b>	<b>\$6,431,818</b>	<b>\$25,285,193</b>	<b>\$25,454,426</b>	<b>\$26,253,723</b>	<b>\$27,086,914</b>
28	<b>Expansion Populations - Total Funds Expenditures</b>	<b>\$1,249,429,441</b>	<b>\$1,566,314,355</b>	<b>\$1,776,302,724</b>	<b>\$1,908,669,823</b>	<b>\$1,996,649,518</b>
29	<b>Expansion Populations - Hospital Provider Fee Cash Funds Expenditures</b>	<b>\$38,654,167</b>	<b>\$62,696,070</b>	<b>\$107,988,352</b>	<b>\$168,338,631</b>	<b>\$195,196,015</b>
30	<b>Supplemental Payments to Hospitals - Total Fund Expenditures</b>	<b>\$587,960,438</b>	<b>\$1,084,717,997</b>	<b>\$656,945,497</b>	<b>\$652,700,000</b>	<b>\$1,021,112,002</b>
31	<b>Supplemental Payments to Hospitals - Hospital Provider Fee Cash Fund Expenditures</b>	<b>\$291,517,724</b>	<b>\$533,377,283</b>	<b>\$327,158,857</b>	<b>\$324,800,000</b>	<b>\$510,556,001</b>
<b>Total Fund Hospital Provider Fee Expenditures (Row 26 + Row 28)</b>		<b>\$1,834,225,543</b>	<b>\$2,651,032,352</b>	<b>\$2,433,248,221</b>	<b>\$2,561,369,823</b>	<b>\$3,017,761,520</b>
<b>State Share: Hospital Provider Fee Cash Funds (Row 27 + Row 29)</b>		<b>\$318,146,439</b>	<b>\$596,073,353</b>	<b>\$435,147,209</b>	<b>\$493,138,631</b>	<b>\$705,752,016</b>

*COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: FY 2017-18 BUDGET REQUEST; COLORADO HEALTH CARE AFFORDABILITY ACT UPDATE*

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

<sup>(1)</sup>Projected caseload and per capita expenditures for the populations shown above are taken from Exhibit J of the Department's November 2017 R-1

<sup>(2)</sup>The Medicaid Buy-In Cash Fund expenditures are based on the Medicaid Buy-In Program for Working Adults with Disabilities and Medicaid Buy-in program for Children with Disabilities premium schedules approved by the Medical Services Board.

<sup>(3)</sup>FY 2014-15 and FY 2015-16 fund splits account for the 100% federal match provided under the Affordable Care Act beginning January 1, 2014, for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.

<sup>(4)</sup>FY 2016-17 fund splits account for the 95% federal match beginning January 1, 2017, provided under the Affordable Care Act for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.

<sup>(5)</sup>FY 2017-18 fund splits account for the 94% federal match beginning January 1, 2018, provided under the Affordable Care Act for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.

<sup>(6)</sup>FY 2018-19 fund splits account for the 93% federal match beginning January 1, 2019, provided under the Affordable Care Act for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.

**COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: FY 2017-18 BUDGET REQUEST; COLORADO HEALTH CARE AFFORDABILITY ACT UPDATE**

<b>Medicaid Behavioral Health Community Programs - Rate, Caseload, and Expenditure Forecast</b>						
		<b>FY 2014-15 Actuals<sup>(3)</sup></b>	<b>FY 2015-16 Actuals</b>	<b>FY 2016-17 Estimate</b>	<b>FY 2017-18 Request</b>	<b>FY 2018-19 Estimate</b>
<b>MAGI Parents/Caretakers 69% to 133%</b>						
1	Per Capita Cost <sup>(1)</sup>	\$439.27	\$622.13	\$206.13	\$203.88	\$208.34
2	% Change Over Prior Year	103.78%	188.62%	-53.07%	-1.09%	2.19%
3	Caseload <sup>(1)</sup>	71,609	86,964	98,910	108,821	116,361
4	% Change Over Prior Year	52.09%	21.44%	38.13%	10.02%	6.93%
<b>5</b>	<b>Total Fund Expenditures</b>	<b>\$31,455,685</b>	<b>\$54,102,913</b>	<b>\$20,388,230</b>	<b>\$22,186,934</b>	<b>\$24,242,552</b>
<b>6</b>	<b>Cash Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$509,706</b>	<b>\$1,220,282</b>	<b>\$1,575,766</b>
<b>Buy-In Program for Individuals with Disabilities</b>						
7	Per Capita Cost <sup>(1)</sup>	\$1,918.75	\$1,629.51	\$1,679.00	\$1,679.77	\$1,717.56
8	% Change Over Prior Year	-1.90%	-16.68%	-12.50%	0.05%	2.25%
9	Caseload <sup>(1)</sup>	3,627	5,265	5,844	6,901	7,913
10	% Change Over Prior Year	41.68%	45.16%	61.12%	18.09%	14.66%
<b>11</b>	<b>Total Fund Expenditures</b>	<b>\$6,959,301</b>	<b>\$8,579,370</b>	<b>\$9,812,068</b>	<b>\$11,592,085</b>	<b>\$13,591,075</b>
<b>12</b>	<b>Cash Fund Expenditures<sup>(2)</sup></b>	<b>\$3,409,421</b>	<b>\$4,762,620</b>	<b>\$4,886,410</b>	<b>\$5,796,042</b>	<b>\$6,795,537</b>
<b>MAGI Adults</b>						
13	Per Capita Cost <sup>(1)</sup>	\$692.43	\$639.84	\$653.47	\$653.54	\$668.37
14	% Change Over Prior Year	-34.77%	-39.73%	-5.63%	0.01%	2.27%
15	Caseload <sup>(1)</sup>	240,758	320,374	363,387	388,880	402,990
16	% Change Over Prior Year	175.96%	33.07%	50.93%	7.02%	3.63%
<b>17</b>	<b>Total Fund Expenditures</b>	<b>\$166,708,062</b>	<b>\$204,988,100</b>	<b>\$237,462,046</b>	<b>\$254,149,952</b>	<b>\$269,344,646</b>
<b>18</b>	<b>Cash Fund Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,936,552</b>	<b>\$13,978,247</b>	<b>\$17,507,402</b>
<b>Non Newly Eligibles</b>						
<b>19</b>	<b>Total Fund Expenditures</b>	<b>\$586,210</b>	<b>\$393,201</b>	<b>\$1,844,102</b>	<b>\$1,954,749</b>	<b>\$2,086,637</b>
<b>20</b>	<b>Cash Fund Expenditures</b>	<b>\$288,650</b>	<b>\$193,494</b>	<b>\$264,076</b>	<b>\$324,879</b>	<b>\$362,449</b>
<b>MAGI Parents/Caretakers 60% to 68%</b>						
<b>21</b>	<b>Total Fund Expenditures</b>	<b>\$3,142,892</b>	<b>\$2,936,182</b>	<b>\$3,779,271</b>	<b>\$3,916,811</b>	<b>\$4,110,596</b>
<b>22</b>	<b>Cash Fund Expenditures</b>	<b>\$1,547,560</b>	<b>\$1,444,895</b>	<b>\$1,882,076</b>	<b>\$1,958,405</b>	<b>\$2,055,298</b>
<b>Continuous Eligibility for Children</b>						
<b>23</b>	<b>Total Fund Expenditures</b>	<b>NA</b>	<b>\$6,910,469</b>	<b>\$9,245,097</b>	<b>\$9,571,459</b>	<b>\$9,981,281</b>
<b>24</b>	<b>Cash Fund Expenditures</b>	<b>NA</b>	<b>\$3,400,642</b>	<b>\$4,604,059</b>	<b>\$4,785,729</b>	<b>\$4,990,640</b>
<b>25</b>	<b>Expansion Populations - Total Funds Expenditures</b>	<b>\$208,852,150</b>	<b>\$277,910,235</b>	<b>\$282,530,814</b>	<b>\$303,371,990</b>	<b>\$323,356,787</b>
<b>26</b>	<b>Expansion Populations - Hospital Provider Fee Cash Funds Expenditures</b>	<b>\$5,245,631</b>	<b>\$9,801,651</b>	<b>\$18,082,879</b>	<b>\$28,063,584</b>	<b>\$33,287,092</b>

**Notes for Medicaid Behavioral Health Community Programs - Rate, Caseload, and Expenditure Forecast**

- <sup>(1)</sup>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 2017 R-2, Exhibit JJ.
- <sup>(2)</sup>The Medicaid Buy-In Cash Fund expenditures are based on the Medicaid Buy-In Program for Working Adults with Disabilities and Medicaid Buy-in program for Children with Disabilities premium schedules approved by the Medical Services Board.
- <sup>(3)</sup>FY 2014-15 and FY 2015-16 fund splits account for the 100% federal match provided under the Affordable Care Act beginning January 1, 2014, for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.
- <sup>(4)</sup>FY 2016-17 fund splits account for the 95% federal match beginning January 1, 2017, provided under the Affordable Care Act for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.
- <sup>(5)</sup>FY 2017-18 fund splits account for the 94% federal match beginning January 1, 2018, provided under the Affordable Care Act for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.
- <sup>(6)</sup>FY 2018-19 fund splits account for the 93% federal match beginning January 1, 2019, provided under the Affordable Care Act for the MAGI Parents/Caretakers to 133% and MAGI Adults populations.

**COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: FY 2017-18 BUDGET REQUEST; COLORADO HEALTH CARE AFFORDABILITY ACT UPDATE**

<b>Indigent Care Program Expansions - Rate, Caseload, and Expenditure Forecast</b>						
		<b>FY 2014-15 Actuals<sup>(2)</sup></b>	<b>FY 2015-16 Actuals</b>	<b>FY 2016-17 Estimate</b>	<b>FY 2017-18 Request</b>	<b>FY 2018-19 Estimate</b>
<b>Children's Basic Health Plan Children's Medical and Dental Premiums from 206-260% of the Federal Poverty Level</b>						
1	Per Capita Cost <sup>(1)</sup>	\$2,135.00	\$2,225.90	\$2,306.01	\$2,378.40	\$2,451.21
2	% Change Over Prior Year	14.36%	4.26%	8.01%	3.14%	3.06%
3	Enrollment <sup>(1)</sup>	16,668	16,100	20,097	20,596	21,115
4	% Change Over Prior Year	-12.47%	-15.45%	20.57%	2.48%	2.52%
<b>5</b>	<b>Total Fund Expenditures</b>	<b>\$35,646,145</b>	<b>\$35,836,950</b>	<b>\$46,343,863</b>	<b>\$48,985,580</b>	<b>\$51,757,251</b>
<b>6</b>	<b>Cash Fund Expenditures</b>	<b>\$13,266,398</b>	<b>\$6,075,930</b>	<b>\$6,508,106</b>	<b>\$6,931,210</b>	<b>\$7,288,206</b>
<b>Children's Basic Health Plan Prenatal Costs from 206-260% of the Federal Poverty Level</b>						
7	Per Capita Cost <sup>(1)</sup>	\$12,544.25	\$13,111.16	\$12,401.20	\$12,718.57	\$12,938.35
8	% Change Over Prior Year	12.11%	17.17%	-1.14%	2.56%	1.73%
9	Enrollment <sup>(1)</sup>	460	469	575	575	575
10	% Change Over Prior Year	-8.37%	-6.57%	25.00%	0.00%	0.00%
<b>11</b>	<b>Total Fund Expenditures</b>	<b>\$5,770,354</b>	<b>\$6,149,132</b>	<b>\$7,130,692</b>	<b>\$7,313,175</b>	<b>\$7,439,554</b>
<b>12</b>	<b>Cash Fund Expenditures</b>	<b>\$2,147,100</b>	<b>\$1,042,547</b>	<b>\$1,053,305</b>	<b>\$1,066,032</b>	<b>\$1,088,079</b>
<b>Children's Basic Health Plan Dental Costs from 206-260% of the Federal Poverty Level<sup>(3)</sup></b>						
13	Per Capita Cost	N/A	N/A	N/A	N/A	N/A
14	% Change Over Prior Year	N/A	N/A	N/A	N/A	N/A
15	Enrollment	N/A	N/A	N/A	N/A	N/A
16	% Change Over Prior Year	N/A	N/A	N/A	N/A	N/A
<b>17</b>	<b>Total Fund Expenditures</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>18</b>	<b>Cash Fund Expenditures</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Recoveries Offsetting Expenditure from 206-260% of the Federal Poverty Level</b>						
19	Total Fund Expenditures	(\$3,223,901)	\$0	\$0	\$0	\$0
20	Cash Fund Expenditures	(\$1,113,183)	\$0	\$0	\$0	\$0
<b>21</b>	<b>Expansion Populations Total Fund Expenditures</b>	<b>\$38,192,598</b>	<b>\$41,986,082</b>	<b>\$53,474,555</b>	<b>\$56,298,755</b>	<b>\$59,196,805</b>
<b>22</b>	<b>Expansion Populations Cash Funds Expenditures</b>	<b>\$14,300,315</b>	<b>\$7,118,477</b>	<b>\$7,561,411</b>	<b>\$7,997,242</b>	<b>\$8,376,285</b>
<b>23</b>	<b>Safety Net Provider Payments: Supplemental Payments to Hospitals-Total Fund Expenditures</b>	<b>\$309,470,584</b>	<b>\$310,011,968</b>	<b>\$311,296,186</b>	<b>\$311,296,186</b>	<b>\$311,296,186</b>
<b>24</b>	<b>Safety Net Provider Payments: Supplemental Payments to Hospitals-Hospital Provider Fee Cash F</b>	<b>\$152,391,319</b>	<b>\$152,556,890</b>	<b>\$155,111,022</b>	<b>\$155,634,813</b>	<b>\$155,360,375</b>
<b>Total Fund Hospital Provider Fee Expenditures (Row 21 + Row 23)</b>		<b>\$347,663,182</b>	<b>\$351,998,050</b>	<b>\$364,770,741</b>	<b>\$367,594,941</b>	<b>\$370,492,991</b>
<b>State Share: Hospital Provider Fee Cash Funds (Row 22 + Row 24)</b>		<b>\$166,691,634</b>	<b>\$159,675,366</b>	<b>\$162,672,433</b>	<b>\$163,632,055</b>	<b>\$163,736,660</b>
<b>Notes for Children's Basic Health Plan Expansion - Rate, Caseload, and Expenditure Forecast</b>						
<sup>(1)</sup> Per capita costs and caseload are taken from Exhibit C5-Expenditure Summary in the Department's November 2017 R-3.						
<sup>(2)</sup> Children's Basic Health Plan expenditures receive an enhanced federal match rate of 65% until October 1, 2015, when the match rate increases to approximately 88%. Enrollment fees are included in the Cash Fund Expenditures shown, but are not						
<sup>(3)</sup> For FY 2010-11 forward, the Children's Basic Health Plan Medical and Dental Benefits costs were consolidated into one line item in the Department's budget.						