

Department of Health Care Policy and Financing

Funding Request for the FY 2022-23 Budget Cycle

Request Title

R-02 Behavioral Health Programs

Dept. Approval By: _____



Supplemental FY 2021-22

OSPB Approval By: _____

Budget Amendment FY 2022-23

X

Change Request FY 2022-23

Summary Information	Fund	FY 2021-22		FY 2022-23		FY 2023-24
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$998,723,955	\$0	\$1,042,425,454	\$17,894,411	\$43,573,755
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$204,048,968	\$0	\$236,914,825	\$23,043,372	\$29,175,402
	CF	\$54,738,645	\$0	\$73,452,862	\$5,181,553	\$6,678,765
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$739,936,342	\$0	\$732,057,767	(\$10,330,514)	\$7,719,588

Line Item Information	Fund	FY 2021-22		FY 2022-23		FY 2023-24
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$983,572,421	\$0	\$1,027,277,937	\$17,701,181	\$43,216,669
03. Behavioral Health Community Programs,	FTE	0.0	0.0	0.0	0.0	0.0
(A) Behavioral Health Community Programs,	GF	\$201,125,147	\$0	\$233,987,626	\$22,562,551	\$28,658,180
(1) Behavioral Health Community Programs - Behavioral Health	CF	\$53,700,870	\$0	\$72,415,073	\$5,218,468	\$6,704,989
Capitation Payments	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$728,746,404	\$0	\$720,875,238	(\$10,079,838)	\$7,853,500

Total		\$15,151,534	\$0	\$15,147,517	\$193,230	\$357,086
03. Behavioral Health Community Programs,	FTE	0.0	0.0	0.0	0.0	0.0
(A) Behavioral Health Community Programs,	GF	\$2,923,821	\$0	\$2,927,199	\$480,821	\$517,222
(1) Behavioral Health Community Programs - Behavioral Health Fee-for-Service Payments	CF	\$1,037,775	\$0	\$1,037,789	(\$36,915)	(\$26,224)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$11,189,938	\$0	\$11,182,529	(\$250,676)	(\$133,912)

Auxiliary Data

Requires Legislation? NO

Type of Request? Health Care Policy and Financing
Prioritized Request

**Interagency Approval or
Related Schedule 13s:**

No Other Agency Impact



CO L O R A D O

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
Behavioral Health Community Programs

FY 2021-22 and FY 2022-23 Budget Request

November 2021

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BEHAVIORAL HEALTH COMMUNITY PROGRAMS

The following is a description of the budget projection for the Behavioral Health Community Programs.

History and Background Information

In 1993, under Section 1915 (b) and Section 1902 (a) of Title XIX of the Social Security Act, the Centers for Medicare and Medicaid Services (CMS) granted the State waivers that allowed the State to implement a pilot managed care behavioral health program. The pilot program operated until 1995. In 1995, SB 95-078 directed the Department and the Department of Human Services to implement a statewide capitated mental health managed care program. In 1997, SB 97-005 authorized the Department to provide behavioral health services through a managed care program.

The structure of managed care has changed over time. In 1995, implementation of the Behavioral Health Capitation Program in 51 counties of the State was complete, with the remaining 12 counties added in 1998. A 64th county was added when Broomfield became a county in November 2001. Through a competitive bid process, eight behavioral health assessment and service agencies were awarded contracts to be service providers in the program. Again, through competitive procurement, the Department reduced the number of regions from eight to five and awarded managed care contracts to five behavioral health organizations effective January 1, 2005. The five behavioral health organizations were again procured through a competitive bid process effective July 1, 2009. As a result of the reprocurement, the same five organizations won their respective contract bids, leaving the program unchanged. In July 2014, the Department went through another competitive bid process to reprocure the contractors of the five behavioral health regions. As a result of this reprocurement, four of the five prior behavioral health organizations won their respective rebids. The only change was in the northeast region. Access Behavioral Care Northeast began providing services in this region effective July 1, 2014. The Department implemented the Accountable Care Collaborative Phase II, starting July 1, 2018, through HB 17-1353 “Implement Medicaid Delivery and Payment Initiatives”. The program integrated behavioral health services and physical health services under one administrative entity called a regional accountable entity. The Department underwent a competitive bidding process to procure contractors for the seven regional accountable entities to be service providers for physical and behavioral health. These changes are effective July 1, 2018.

Each regional accountable entity is responsible for providing or arranging medically necessary behavioral health services to Medicaid-eligible adults 65 and older, individuals with disabilities through 64, MAGI parents and caretakers, MAGI adults, eligible children, foster care children, and breast and cervical cancer program adults enrolled with a behavioral health organization. Services provided by those organizations include, but are not limited to: inpatient hospitalization, psychiatric care, rehabilitation, and outpatient care; clinic services, case management, medication management, physician care, substance use disorder; and non-hospital residential care as it pertains to behavioral health. The capitation program also includes alternatives to institutionalization. The Department is required to

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make monthly capitation payments to contracted regional accountable entities for services for each eligible Medicaid recipient. Payments vary across each regional accountable entity, as well as each eligibility category.

Since the inception of the Behavioral Health Community Programs, the Department has been responsible for oversight and contracting with the managed care organizations. The budget projections, day-to-day operations, and administration of the program were the responsibility of the Department of Human Services. In 2004, the administration and programmatic duties were transferred from the Department of Human Services to the Department. These duties include budget projections and accounting for the program, site reviews of the institutions, and contract negotiations. The transfer resulted in a new Long Bill group for the Department in the FY 2004-05 Long Bill (HB 04-1422). Subsequently, SB 05-112 transferred: (1) the Mental Health Administration appropriation for Personal Services, Operating Expenses, and External Quality Review Organization Mental Health from Behavioral Health Community Programs – Program Administration to the Executive Director’s Office Long Bill group; (2) Single Entry Point case management services from Medicaid Mental Health Fee-for-Service Payments to Medical Services Premiums; and (3) services for the developmentally disabled from the Colorado Department of Human Services for People with Disabilities – Community Services and Regional Centers to Non-Emergency Medical Transportation, Medical Services Premiums, and Mental Health Fee-for-Service appropriations within the Department. As a result, only the Behavioral Health Community Programs expenditures are addressed in this section.

The recent history of the Behavioral Health Community Programs is summarized as follows:

- HB 17-1353, “Implement Medicaid Delivery & Payment Initiatives”, authorized the Department to implement performance-based payments for medical providers. The payments are designed to incentivize BHOs to achieve performance-based goals regarding improving health outcomes, coordinating care, and containing costs. The bill also implemented the integration of behavioral health and physical health services under the new Regional Accountability Entity (RAE). Effective July 1, 2018, the Department began working with the new RAEs instead of the BHOs. Although care will be integrated between behavioral health and physical health services under one entity, the Department still pays actuarially sound capitation rates for behavioral health services. Therefore, there will be no changes to the forecasting methodology.
- HB 18-1136, “Substance Use Disorder Treatment”, authorized the Department to add residential and inpatient substance use disorder services, and medical detoxification service to the behavioral health program. The Department anticipates that residential and inpatient substance use disorder service and medical detoxification services will begin January 1, 2021 after the Department seeks and receives federal authorization to secure federal financial participation in the program. The Department currently is forecasting the cost of the program based on a report produced by Colorado Health Institute called “Options for Residential and Inpatient Treatment of Substance Use Disorder¹”, which was authorized under HB 17-1351 “Study Inpatient Substance Use Disorder Treatment” but assuming that the program will not reach full capacity until FY 2021-22. The Department will incorporate the costs

¹ <https://www.coloradohealthinstitute.org/research/options-residential-and-inpatient-treatment-substance-use-disorder>

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of the new benefits through the Department's rate setting process for the RAEs and will make corresponding adjustments to estimated expenditure through the regular budget process.

Program Administration

In FY 2005-06, SB 05-112 transferred all Behavioral Health Community Programs - Program Administration expenditures into the Executive Director's Office Long Bill group and they are reflected in the lines for Personal Services, Operating Expenses, and Behavioral Health External Quality Review Organization. The current year and out-year requests for Program Administration are included in the Executive Director's Office Long Bill group.

Medicaid Anti-Psychotic Pharmaceuticals

Prior to FY 2008-09, as part of the Long Bill, estimated expenditures for anti-psychotic pharmaceuticals were appropriated to this Long Bill group as Cash Funds Exempt. This was an informational-only line item; the costs for these drugs were and are paid in the Department's Medical Services Premiums Long Bill group, and no actual transfer took place. Because there was no corresponding decrease to the Medical Services Premiums Long Bill group, this double counted the funding for these drugs.

In its November 1, 2007 Budget Request, the Department officially requested the removal of the Medicaid Anti-Psychotic Pharmaceuticals line item and subsequently received approval. The Department continues to report expenditure for antipsychotics in its Budget Request (such as in Exhibit F of the exhibits for Medical Services Premiums, and/or the Strategic Plan).

Significant Changes between FY 2020-21 S-2 and Spending Authority

FY 2021-22

In the FY 2021-22 R-2, the Department requests an additional \$100,335,065 in total expenditure compared to the Spending Authority, including \$14,033,780 General Fund, \$8,735,448 cash funds, and \$77,565,837 federal funds. This is primarily because the final rates certified for FY 2021-22 came in much higher than previously estimated. The Department requested a rate decrease of \$80,034,644 that was approved by the General Assembly through the FY 2021-22 R-18 Behavioral Health Program Adjustments with the expectation that providers would not be able to build the substance use disorder treatment capacity assumed in the January 1st, 2021 rate increase. However, this reduction was offset by behavioral health utilization increased among Medicaid members, presumably as a result of the mental health impact of the COVID pandemic. Additionally, the Department's caseload estimate has increased in FY 2021-22 due to changes in the assumed timeline around disenrolling members who are "locked-in" to receive benefits throughout the duration of the

public health emergency. Both of these impacts are heavily concentrated in expansion populations, which is why the majority of the impact is concentrated in federal funds.

FY 2022-23

In the FY 2021-22 R-2, the Department forecasts an increase of \$17,894,411 in total expenditure compared to the base budget, including \$23,043,372 General Fund, \$5,181,553 cash funds, and a decrease of \$10,330,514 federal funds. This is primarily due to the flow through effects of the rate changes in 2021-22, which are partially offset by a decrease in expected caseload.

Behavioral Health Capitation Payments and Medicaid Behavioral Health Fee-for-Service Payments

The Behavioral Health Capitation Payments line item reflects the appropriation that funds behavioral health services throughout Colorado through managed care providers contracted by the Department. As a result of competitive procurement, five behavioral health organizations were awarded contracts with updated capitation rates and services effective January 1, 2005. Payments for Mental Health Institute Rate Refinance Adjustment, Alternatives to Inpatient Hospitalization at the Mental Health Institute at Pueblo, Alternatives to Inpatient Hospitalization at the Mental Health Institute at Fort Logan, and Alternatives to the Fort Logan Aftercare Program were separate payments prior to FY 2005-06 and incorporated into the Behavioral Health Capitation Payments line item in FY 2005-06. Effective July 1, 2009, the five behavioral health organizations were reprocured through a competitive bid process. As a result of the reprocurement, the same five organizations won their respective contract bids, leaving the program unchanged. Effective July 1, 2014, the behavioral health services contracts were up for reprocurement through a competitive bid process. Four of the five BHOs from the previous rebid won their respective regions with the exception of the northeast region. That region is now managed by Access Behavioral Health – Northeast. The Department underwent a competitive bidding process to procure contractors for the seven regional accountable entities to be service providers for physical and behavioral health. These changes were effective July 1, 2018.

The regional accountable entities are responsible for providing or arranging all medically necessary behavioral health services to Medicaid-eligible members within a specified geographic location for a pre-determined capitation rate. The Department pays actuarially certified rates to each regional accountable entity for each Medicaid client in each Medicaid eligibility category. Retroactive eligibility is covered. Payments vary across regional accountable entities, as well as eligibility categories.

The Medicaid populations that are eligible for behavioral health services covered by capitation rates are combined into eight categories, as indicated below. Partial dual-eligible members and non-citizens are ineligible for behavioral health services.

The eligible behavioral health populations are:

- Adults 65 and Older
- Individuals with Disabilities
- Low Income Adults
- Expansion Parents & Caretakers
- MAGI Adults
- Eligible Children
- Foster Care
- Breast and Cervical Cancer Prevention and Treatment Program

Analysis of Historical Expenditure Allocations across Eligibility Categories

At the beginning of a contract cycle, behavioral health organization capitation rates were entered in the Medicaid Management Information System (MMIS). Monthly payments were paid based on eligibility categories. The MMIS provided detailed expenditures by behavioral health organization and eligibility category but did not include offline transactions and accounting adjustments. The only source that included all actual expenditure activity was the Colorado Financial Reporting System (COFRS). The drawback was the COFRS provided total expenditures, but not by eligibility category. The exception was the Breast and Cervical Cancer Treatment Program eligibility category, which was reported separately in the COFRS. Since an allocation had to be calculated to determine the amount of actual expenditures across the other eligibility categories, a ratio was calculated for each eligibility category by dividing the MMIS eligibility category expenditures (less the Breast and Cervical Cancer Treatment Program eligibility category) by the total MMIS expenditures (less the Breast and Cervical Cancer Treatment Program eligibility category). The ratio for each category was multiplied by the total expenditures (less the Breast and Cervical Cancer Treatment Program eligibility category) from the COFRS. This calculation estimated actual COFRS expenditures across each eligibility category. Beginning July 1, 2014, the Department is using a new financial reporting tool. The Colorado Operations Resource Engine (CORE) is used in place of COFRS and the same overlay methodology is used between CORE and the MMIS.

Description of Methodology

The Department utilizes a capitation trend forecast model. In short, the methodology examines the trend in capitation rates across each eligibility category and applies that trend to the average per-claim, incurred expense rate. By examining the capitation rate trends directly, rather than through a per-capita methodology, future expenditures are forecasted directly through the primary cost drivers: the actuarially agreed-upon capitation rate and caseload. By tying forecasts directly to capitation rates, the methodology may provide more accurate estimates of expenditures by eligibility category, rather than simply in aggregate, as well as provide an additional window of

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transparency into the forecasting process by presenting a clear link between total expenditure and the rates being paid to regional accountable entities.

Additionally, the forecast utilizes an incurred but not reported methodology similar to other portions of this Request submitted by the Department (e.g., Nursing Facilities; see Section E, Exhibit H). The Department adjusts its request to capture the reality that some behavioral health claims incurred in any one fiscal year may not be paid during that same fiscal year. Similarly, some portion of expenditure in any fiscal year will be payments on claims incurred in prior fiscal years.

The following narrative describes in greater detail the assumptions and calculations used in developing the current year and out-year requests for Behavioral Health Community Programs. It should be noted that the data and values in many of the exhibits are contained and calculated in one or more other exhibits which may come before or after the exhibit being described. When this occurs, the source exhibit will be noted.

EXHIBIT AA - CALCULATION OF CURRENT TOTAL LONG BILL GROUP IMPACT

Effective with the November 2, 2009 Budget Request, in this exhibit the Department sums the total spending authority by fund source, including the Long Bill and any special bills which have appropriations that affect the Department. The total spending authority is compared to the total projected estimated current year expenditures from Exhibit BB. The difference between the two figures is the Department's Supplemental Request for the current fiscal year.

Exhibit AA now presents a concise summary of spending authority affecting the Behavioral Health Community Programs. In previous budget requests, the Department presented historical expenditure and caseload figures in graphical form. This information can be found in table form in Exhibit DD (see below).

For the request year, the Department starts with the prior year's appropriation including special bills and adds in any required annualizations. This total is the Base Amount for the Request year. The total Base Amount is compared to the total projected estimated request year expenditure from Exhibit BB. The difference between the two figures is the Department's Funding Request in the November Budget Request and the Department's Budget Amendment in the February Supplemental Budget Request.

EXHIBIT BB - CALCULATION OF FUND SPLITS

Exhibit BB details fund splits for all Behavioral Health Community Programs budget lines for the current fiscal year supplemental and the out-year Budget Request. For all of the capitation payments for the base traditional members, the state receives the standard Medicaid federal match with the State's share coming from General Fund. In FY 2018-19 and ongoing the federal match is 50.00%. Payments for

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members in the Breast and Cervical Cancer Program receive an enhanced federal match rate, which in FY 2021-22 and ongoing is 65.00% and is described separately below.

Following the declaration of a public health emergency by the Secretary of Health and Human Services during the COVID-19 pandemic, CMS notified states that an increased FMAP would be available for each calendar quarter occurring during the public health emergency, including retroactively to January 1, 2020. To be eligible to receive the 6.2 percentage point FMAP increase, states must adhere to a set of requirements which include, but are not limited to, maintaining eligibility standards, methodologies, and procedures; covering medical costs related to the testing, services, and treatment of COVID-19; and not terminating individuals from Medicaid if such individuals were enrolled in the Medicaid program as of the date of the beginning of the emergency period or during the emergency period. The Department is compliant with all requirements and assumes that the State will be eligible for the enhanced FMAP through December 31st, 2021. The Department anticipates that this FMAP bump will end on January 1, 2022 following the projected end of the public health emergency. Additionally, the American Rescue Plan Act (ARPA) authorized a 10% FMAP bump allowing for up to a 95% FMAP on all rehabilitation services for the first 3 quarters of FY 2021-22. An estimated 82% of the behavioral health expenditure qualifies for the FMAP bump, resulting in the blended FMAPs listed below. FMAP forecasts can be found in exhibit R of the Department’s FY 2022-23 R-1 “Medical Services Premiums Request”. The chart below shows the average FMAP for the year.

Capitation expenditures are split between traditional members and expansion members. Expansion members are funded from Healthcare Affordability and Sustainability Fee funds. Finally, the reconciliation from prior years for behavioral health capitation overpayments, retractions for capitations paid for members later determined to be deceased, and system issues are also presented (see Exhibit II for reconciliation calculations). A summary of applicable FMAP rates for each of the forecast years is provided below:

Population	FY 2021-22 Match Rate	FY 2022-23 Match Rate	FY 2023-24 Match Rate
Standard Medicaid	59.24%	50.00%	50.00%
Former CHP+ Children	67.17%	65.00%	65.00%
Former CHP+ Prenatal	67.17%	65.00%	65.00%
Expansion Adults	93.07%	90.00%	90.00%
BCCP	67.17%	65.00%	65.00%

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The Department also calculates the fund splits for the fee-for-service expenditure in Exhibit BB. The make-up of the fee-for-service population is the same as the capitation program and therefore the same funding mechanisms are used for the same populations mentioned above in the fee-for-service environment (see Exhibit JJ and Exhibit KK for fee-for-service calculations).

Medicaid Behavioral Health Fee-for-Service base traditional members also receive the standard Medicaid federal match with the State's share coming from General Fund. Similar to the populations within the capitation payments line, as of July 1, 2014, the Department is breaking out the fee-for-service expenditure by funding source according to population so that it may claim the correct federal match associated with who is obtaining services. The sum of the capitations and the fee-for-service payments comprise the Department's request.

Behavioral Health Services for Breast and Cervical Cancer Program Adults

SB 01S2-012 created the Breast and Cervical Cancer Prevention and Treatment Program. SB 05-209 and HB 08-1373 incorporated funding for the Breast and Cervical Cancer patients into the appropriation for Behavioral Health Community Programs Capitation Payments, effective with the FY 2005-06 budget. Behavioral health care for members in the Breast and Cervical Cancer Program is managed through the capitation contracts with the regional accountable entities. Therefore, the budget is based on the behavioral health caseload that includes the Breast and Cervical Cancer Program eligibility category. For this reason, they are shown as a separate eligibility category where appropriate.

Annual designations of General Fund contributions to program costs are specified in sections 25.5-5-308(9), C.R.S. (2015). Exhibit BB details funds splits for the Behavioral Health Community Programs Capitations line. Excluding the FMAP bump during the emergency period, the funding for the members enrolled in the program is 35.00% cash funds from the Breast and Cervical Cancer Prevention and Treatment Fund and 65.00% federal funds. The program was reauthorized in FY 2014-15 and sunsets at the end of FY 2018-19, with the potential to extend the program through new legislation. Beginning in FY 2016-17, the Breast and Cervical Cancer Prevention and Treatment Program expanded the age of eligibility for women being screened for cervical cancer from 39 to 21, which impacts the caseload forecast.

Behavioral Health Services for Healthcare Affordability and Sustainability Fee Expansion Members

HB 09-1293 established a funding mechanism for a series of expansion members. The first set of expansion members that are funded through the bill was parents with income up to 100% of the Federal Poverty Limit (FPL). Services for these members were funded through the Healthcare Affordability and Sustainability Fee cash fund. Starting in FY 2011-12, additional expansion populations also received funding through the Healthcare Affordability and Sustainability Fee cash fund. These include individuals with disabilities with income limits up to 450% of the federal poverty level and MAGI Adults, both of which received services through the RAEs as part of

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their benefit package. Individuals with disabilities with income limits up to 450% are assumed to be similar to other members with disabilities, and expenditure for these members is therefore calculated using the same per-capita rate as other members with disabilities (see exhibit JJ). See exhibits EE, GG, II, and JJ for more detailed explanations of these assumptions.

Behavioral Health Services for Expansion Populations in SB 11-008 and SB 11-250

In addition to the FMAP bump during the emergency period, the former CHP+ populations that transferred to Medicaid with SB 11-008 (Eligible Children) and SB 11-250 (Eligible Pregnant Adults) receives the enhanced CHP+ FMAP of approximately 65.00%; the enhanced FMAP is expected to be 67.17% in FY 2021-22 and 65% afterwards per the HEALTHY KIDS Act.

Behavioral Health Services for Expansion populations in SB 13-200

SB 13-200, “Expanding Medicaid Eligibility in Colorado,” extends Medicaid eligibility to up to 133% of the FPL parents of Medicaid eligible children and MAGI Adults, effective January 1, 2014. The Department assumes that federal match rates will apply to each new population as follows: Parents from 60% to 68% FPL will receive the standard Medicaid match rate, with the state share coming from Healthcare Affordability and Sustainability Fee cash fund. Parents from 69% - 133% FPL and newly eligible MAGI Adults will receive the expansion federal match rate. And adults up to 60% FPL will continue to receive the standard Medicaid match. The Department also estimates that the non-newly eligible MAGI Adult population is 81.13%; Because some of these members may have been eligible prior to the expansion, the Department is unable to claim the expansion federal match. Therefore, the Department estimates that it can claim the expansion match on 75% percent of the population and the standard match on the other 25%. As such, the federal match percentage in FY 2019-10 is 81.13%. Beginning January 1, 2017, all expansion populations will begin a stepdown in federal matching. As a result, the match rate for those populations in 91.50% in FY 2019-20, and 90.00% in FY 2020-21 and ongoing.

EXHIBIT CC - BEHAVIORAL HEALTH COMMUNITY PROGRAMS SUMMARY

Exhibit CC presents a summary of behavioral health caseload and capitation expenditures itemized by eligibility category as well as a summary of the rest of the Behavioral Health Community Programs. The net capitation payments include the impacts of actions with perpetual effect, such as caseload driven impacts such as the various reconciliations and retractions for members determined to be ineligible. Exhibit EE illustrates the build to the final expenditure estimates presented in this exhibit.

EXHIBIT DD - BEHAVIORAL HEALTH CASELOAD, PER CAPITA, AND EXPENDITURE HISTORY

Exhibit DD contains the caseload, per-capita, and expenditure history for each of the 13 eligibility categories. Each of the tables that comprise Exhibit DD is described below.

Behavioral Health Community Programs Caseload

Behavioral Health Community Programs caseload is displayed in two tables. The first table shows total caseload for each of the rate cells which the Department pays a capitation on. The second table displays caseload by all behavioral health eligibility categories that make up the eight rate cells. Figures for fiscal years up to the present fiscal year are actual caseloads, while the current fiscal year and the request year caseloads are estimates. The behavioral health caseload excludes the caseload for partial dual eligible members and non-citizens and ties to the caseload presented in the Request for Medical Services Premiums, Section E, Exhibit B. Please see the Medicaid Caseload section of the Medical Services Premiums narrative for further discussion of Medicaid caseload projections. The caseload numbers are used in numerous exhibits throughout the Behavioral Health Community Programs exhibits and narrative.

Behavioral Health Community Programs Per-Capita Historical Summary

As with caseload, Behavioral Health Community Programs per-capita is displayed in two tables. The first table sets forth total per-capita for each rate cell the Department pays a capitation on. The second table displays per-capita for all behavioral health eligibility categories. However, since the actual per capita from the first table for the combined categories have a single per-capita, the true per-capita is shown in those categories and will not mathematically be the same as dividing each individual category expenditure by the caseload. Figures for fiscal years up to the present fiscal year are actual per-capita, while the current fiscal year and the request year per-capita are estimates.

Behavioral Health Community Programs Expenditures Historical Summary

The history of expenditures includes combined category and expanded category tables as well as total expenditures for both capitation and fee-for-service expenditures. For fee-for-service expenditure, service categories are listed separately.

Actual expenditures are only available from the Colorado Operations Resource Engine (CORE). Expenditures by eligibility category are not available from the CORE. The Medicaid Management Information System (MMIS) does provide expenditures by eligibility category but does not include offline transactions and accounting adjustments. The two systems typically have minor discrepancies in reported expenditure, often due to accounting adjustments made to the CORE as fiscal periods close. Because the variance is minor, data from the MMIS can be used to distribute total expenditures from the CORE across eligibility categories.

A ratio is calculated for each eligibility category by dividing the MMIS eligibility category expenditures by the total MMIS expenditures. The ratio is multiplied by the total expenditures from the CORE. This calculation estimates actual CORE expenditures across each eligibility category. Once the overall expenditures by eligibility category are determined, they may be divided by the actual average monthly caseload for each eligibility category to determine the actual per capita for each eligibility category.

EXHIBIT EE - ESTIMATE AND REQUEST BY ELIGIBILITY CATEGORY

Exhibit EE provides capitation expenditure calculations for the current fiscal year and the request year.

The Department has adopted a methodology based on forecasting a capitation rate, multiplying that rate by monthly caseload, multiplying again by the number of months that the forecasted rate will be in effect, and then adjusting for incurred claims that will be paid in subsequent years as well as for claims from former years that will be paid in the year of the request. The methodology is a zero-based budget tool that allows the Department to examine projected expenditures each year without building in inappropriate assumptions, estimates, or calculations from preceding years.

The forecasted capitation rate is derived from exhibits FF through HH and will be presented in more detail below. The caseload is the same as presented in the Department's budget request for Medical Services Premiums Exhibit B (excepting partial dual eligible members and non-citizens, as discussed above).

In order to adjust the calculations for cash accounting, the Department makes two adjustments to the calculation: first, the Department subtracts the incurred amount estimated to be paid in subsequent periods; then, the Department adds the claims incurred in prior periods expected to be paid in the forecast period. These adjustments transform the estimated incurred expenditure to a cash-based figure. The basis for these adjustments is described in this narrative below and is shown starting on page E.EE-4.

After calculating total expenditure, the anticipated date-of-death retractions for each fiscal year are estimated and added to total expenditure. The Department began an aggressive retraction of payments for deceased members in FY 2009-10; this activity resulted in the retraction of payments originally made between FY 2004-05 and FY 2008-09 and reduced prior period dates of service expenditure. The Department is continuing to identify these claims and retracts payments twice a year. For the current year, the retractions are estimated as a 10% reduction in the total amount retracted in the previous year. For the request year, the retractions are estimated as a 10% reduction in the estimated amount that will be retracted in the current year. The retractions are expected to decline, as there is a smaller pool of historical members from which to retract and current processes of identification become more effective.

Incurred-but-not-Reported Estimates

In order to estimate the necessary adjustments to convert the projection to a cash basis, the Department estimates monthly incurred-but-not-reported (IBNR) adjustments based on historical data. Monthly adjustments are required because, for example, claims incurred in July of the current fiscal year have 11 more months of the fiscal year in which the claims can be paid; however, claims incurred in June of the fiscal year only have the remainder of that month in which to be paid before the payment becomes part of the next fiscal year's expenditure.

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The Department examined historical data from the last five fiscal years and determined the prior fiscal years would provide a representative model for the likelihood of claims being paid in the year in which they are incurred. Pages E.EE-4 through E.EE-5 presents the percentage of claims paid in a six-month period that come from that same period and those which come from previous periods. The previous four years of expenditure experience were examined, and the average was applied to the forecast.

On pages E.EE-6 through E.EE-7, the Department calculates the estimated outstanding expenditure from claims remaining from previous period by aid category. The sums are then carried forward to the calculations on pages E.EE-1, E.EE-2, and E.EE-3.

Actuarially Certified Capitation Rates

Capitated rates for the regional accountable entities are required to be actuarially certified and approved by CMS. Thus, actuarially certified rate increases could reasonably be expected to be good predictors of future costs. As such, the Department used trends on the historically certified capitation rates to derive the capitation rate presented in Exhibit EE. The methodology for determining the forecasted capitation rate is the subject of Exhibits FF through HH.

EXHIBIT FF - BEHAVIORAL HEALTH RAE ENROLLMENT ADJUSTMENT

Historically, the Department would forecast RAE enrollment using the Medicaid caseload forecast minus select populations that are not eligible for behavioral health services. RAE enrollment was then multiplied by the weighted rates to estimate the total capitation expenditure. However, historically capitation expenditure was not perfectly forecasted via this methodology in part because some clients are eligible for behavioral health services via the Program for All-Inclusive Care for the Elderly (PACE), and thus the Department does not pay a behavioral health capitation payment for them. Additionally, there is occasionally a one-month lag between Medicaid enrollment and RAE enrollment due to processing delays.

The Department now estimates the average monthly RAE enrollment as the forecasted Medicaid clients minus the sum of ineligible populations, the average monthly PACE enrollment, and the average number of clients who aren't enrolled in a RAE until a month after enrolling in Medicaid. To adjust for these factors the Department reduced the weighted capitation rates by the estimated RAE enrollment as a percentage of caseload.

EXHIBIT GG - BEHAVIORAL HEALTH CAPITATION RATE TRENDS AND FORECASTS

As presented above, the expenditure forecast was derived by examining the trend on the capitation rate and then applying that trend to the monthly cost per client (i.e., the claims-based rate). For the purpose of trend analysis, the weighted capitation rate (weighted by the

proportion of total claims within an eligibility category covered by an individual behavioral health organization) was examined. Exhibit GG presents historical data as well as the forecasted weighted rates.

The weighted rate is presented along with the percentage change from the previous fiscal year. The multiple forecast trend models and the criteria for selecting the forecasted capitation rate point estimate are presented in Exhibit HH.

Based on the Department's calculations and rate-setting process and input from the regional accountable entities, the Department's actuaries certify a capitation rate for each RAE and eligibility type as the rate point estimate for each fiscal year.

It is important to note the overall weighted rate point estimate presented in the exhibit is weighted across two factors. First, the rate is weighted within an eligibility category (that is, weighted by the regional accountable entities' proportion of claims processed within that eligibility category). Second, that rate is then weighted across all eligibility categories (with the weight derived from the total number of claims processed within an eligibility category as a percentage of total claims processed across all eligibility categories). Because caseload can be increasing or decreasing independently of any one capitation rate, the Weighted Behavioral Health Total rate may not be a clear indicator of the rate trends across all eligibility categories.

Exhibit GG presents the weighted point estimate rates, and the trend of those rates is used for forecasting. The weighted point estimates differ from paid rates, which can change within the upper and lower bounds of the established rate range in response to new rate-setting processes and budget reduction measures. The paid rates, which are discussed below, are not presented in Exhibit GG in order to allow for comparison across years and so as to not artificially inflate or deflate the rate trend and bias the estimated rate in future years.

EXHIBIT HH - FORECAST MODEL COMPARISONS

Exhibit HH produces the final capitation rate estimates that are used as the source of the expenditure calculations provided in Exhibit EE. Pages E.HH-1 and E.HH-2 present the final rate estimates in their entirety. The final rate estimates are a product of model selection (discussed below) and the necessary adjustments as presented in Exhibit FF.

On page E.HH-3, a series of forecast models are presented for each eligibility category. From the models or from historical changes, a point estimate is selected as an input into pages E.HH-1 and E.HH-2. Based on the point estimates, the adjustments presented in Exhibit FF are then applied and the final, adjusted point estimate is then used in the expenditure calculations of Exhibit EE.

Capitation Trend Models

The forecasted capitation rates are the result of a point estimate selection from among several forecast trend models and historical information. These models are presented on page E.HH-3 and historical midpoint rates are presented in Exhibit GG.

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For each eligibility category, four different trend model forecasts were performed: an average growth model, a two-period moving average model, an exponential growth model, and a linear growth model. The average growth model examines the rate of change in the capitation rate and applies the average rate of change to the forecast period. The two-period moving average model projects the forecast period will see a change in the capitation rate that is the average of the last two changes in the capitation rate. The exponential growth model assumes the capitation rate is increasing faster as time moves forward (a best-fit exponential equation is applied to the historical data and trended into the future). The linear growth model is a regression model on time, fitting a linear equation line to the historical data and forecasting that line into the future. Each model in the exhibit also shows what the percent change would be from the prior period. The Department's decisions for trend factors are informed, in part, by preliminary calculations from the actual rate setting process. Because those calculations remain preliminary, the Department does not explicitly use them in estimating trend factors.

Capitation rates are required to be actuarially sound and are built from a blend of historical rates and recent year encounter data (provider expenditure on services). The trend models, as presented in this exhibit, are an attempt to predict the final outcome of this rate setting process. The Department has used the trend models to establish a range of reasonable rate values and has selected trends by considering the various factors that impact the respective eligibility populations as well as the impact that encounter data will have on the rate setting process. As such, the Department believes the most recent years' experience is the most predictive of the likely current year and future year experiences.

Due to COVID-19, the Department determined that none of these methodologies are appropriate for FY 2021-22 and FY 2022-23. The Department set the trends to 3% growth for all populations based on the assumption that as more people enroll in Medicaid due to rising unemployment as a result of the crisis, average client utilization of behavioral health services will drop. Historically, members that churn onto Medicaid as a result of an economic downturn do not utilize behavioral health services and thus lower the per capita cost of providing those services. During the most recent period of economic growth, rates rose significantly as low utilizers were churned off of Medicaid due to rising incomes. The table below shows the estimated trends for FY 2021-221.

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Aid Category	FY 2021-22 Trend
Adults 65 and Older (OAP-A)	3.00%
	Assumed actuarially sound based on caseload projection.
Individuals with disabilities Through 64 (AND/AB, OAP-B)	3.00%
	Assumed actuarially sound based on caseload projection.
Low Income Adults	3.00%
	Assumed actuarially sound based on caseload projection.
Expansion Parents & Caretakers	3.00%
	Assumed actuarially sound based on caseload projection.
MAGI Adults	3.00%
	Assumed actuarially sound based on caseload projection.
Eligible Children (AFDC-C/BC)	3.00%
	Assumed actuarially sound based on caseload projection.
Foster Care	3.00%
	Assumed actuarially sound based on caseload projection.

Trend Justification

The selected point estimates of the capitation rates are adjusted on pages E.HH-1 and E.HH-2, as described above, for use in the expenditure calculations presented in Exhibit EE.

EXHIBIT II - RECONCILIATIONS

Capitation payments are made on a monthly basis throughout the year in the Medicaid Management Information System (MMIS). When members are determined to be eligible for benefits retroactively, retroactive capitation payments are made to the regional accountable entities through the MMIS. When members are determined to be ineligible for Medicaid benefits retroactively, recoupment of the capitation payments is completed separately. When known, this exhibit also shows the impact of the reconciliation process surrounding all populations.

Formally, the ACA mandated that the Internal Revenue Service (IRS) charge a fee, the Health Insurance Provider Fee (HIPF), to covered entities that provide health insurance, based on the amount of revenue that the provider earns and that the HIPF be paid for based upon the insurer's market share. This mandate excluded insurers that have a certain percentage of revenue that is publicly funded and provides other exclusions based on the number of premiums taken into an account.² The Department issued a refund to the BHOs or RAEs for these costs. The IRS issued a moratorium in the FY 2019-20 payment and the mandate was revoked entirely in January of 2020. The Department still must issue a refund of fees attached to services from before January 2020, so it made one payment in FY 2020-21. However, that payment will only refund half a fiscal year worth of fees instead of a full one. The Department will not make any more HIPF payments.

Starting in FY 2018-19, the Department is paying incentive payments to the contracted behavioral health providers based on service performance and quality metrics of up to 5% of the total capitation expenditure paid from the previous fiscal year's services.

There was a risk corridor placed on the FY 2018-19 rates due to the uncertainty of the caseload estimates. The risk corridor allows the risk of not setting an accurate rate to be split between the Department and the RAEs. Depending on how far off the rate is from the actual encounter based rate, the Department may receive money if the rates were set too high or pay out money if the rates were set too low. Exhibit II summarizes the expected fiscal impacts. The Department made five risk corridor payments, totaling \$13,389,550 in FY 2020-21 because the rates in FY 2018-19 were lower than the risk corridor allowed for five out of the seven RAEs. The rates were low because caseload dropped rapidly for populations with low behavioral health utilization and, as a result, the remaining population had much higher behavioral health costs per person than expected. The Department does not currently expect to make a risk corridor payment this year.

² <https://www.irs.gov/businesses/corporations/affordable-care-act-provision-9010>

EXHIBIT JJ – ALTERNATIVE FINANCING POPULATIONS

Exhibit JJ is a stand-alone exhibit designed to show the effect of the Colorado Health Care Affordability Act (HB 09-1293), Aligning Medicaid Eligibility for Children (SB 11-008), Eligibility for Pregnant Women in Medicaid (SB 11-250), and Expanding Medicaid Eligibility in Colorado (SB 13-200) to the Behavioral Health Community Programs fund splits. This exhibit presents projected caseload and costs itemized by eligibility category for the current year and the request year. The exhibit also separates out the funding source and the calculation of federal match associated with each category. Note the caseloads shown are the average monthly number over each year and will fluctuate throughout the year.

Healthcare Affordability and Sustainability Fee Fund HB 09-1293, the “Colorado Health Care Affordability Act” provided funding to provide health care coverage for uninsured Coloradans in FY 2009-10 and beyond. The Department began collecting fees from hospitals in April 2010 for the Hospital Provider Fee cash fund and started extending benefits to expansion members in May 2010. In SB 17-267, The Hospital Provider Fee was changed to the Healthcare Affordability and Sustainability Fee Fund which provides for the costs of the following populations that impact the Behavioral Health budget:

MAGI Parents/Caretakers 60% to 68% FPL

Historically, clients who fell under the Expansion Parents to 133% FPL eligibility category (any client over 60% FPL) were considered expansion clients and the State’s share of funding was provided through the Hospital Provider Fee Fund. The MAGI conversion has resulted in some clients with over 60% FPL falling into the MAGI Parents/Caretakers 60% to 68% FPL category. The State share of funding for these clients comes from the HAS Fee Fund, effective July 1, 2017, in compliance with statute.

The Department uses caseload figures from S-1A Medical Service Premiums, Exhibit J and per capita costs for Low Income Adults in Exhibit DD to forecast the total costs for this population.

MAGI Parents/Caretakers 69% to 133% FPL

The Health Care Expansion Fund originally provided funding for parents of children enrolled in Medicaid from approximately 24% to at least 60% of the federal poverty level. This expansion population receives standard Medicaid benefits. SB 13-200 extended this eligibility through 133% FPL, effective July 1, 2013; the Hospital Provider Fee Fund had funded this population up to 100% FPL in the interim before the Affordable Care Act’s 100% enhanced federal match began and the population expanded to 133% FPL on January 1, 2014. On January 1, 2018, it fell to 94%. Then on January 1, 2019, it fell to 93%, and on January 1, 2020 it falls to 90%, where it will remain. Effective July 1, 2017, this population is financed with the HAS Fee for the State share of expenditure.

The Department uses caseload figures from S-1A Medical Service Premiums, Exhibit J and per capita costs for Expansion Parents & Caretakers in Exhibit DD to forecast the total costs for this population.

MAGI Adults

With the advent of SB 13-200, effective July 1, 2013, MAGI Adults are covered up to 133% FPL as of January 1, 2014. Similar to MAGI Parents/Caretakers 69% to 133% FPL, the Hospital Provider Fee Fund had funded this population in the interim before the population expanded and the enhanced federal match began on January 1, 2014. On January 1, 2018, it fell to 94%. Then on January 1, 2019 it fell to 93% and it will fall to 90% on January 1, 2020, where it will remain. Effective July 1, 2017, the State share of expenditure for this population is financed with the HAS Fee.

The Department uses caseload figures from S-1A Medical Service Premiums, Exhibit J and per capita costs for MAGI Adults in Exhibit DD to forecast the total costs for this population.

Non-Newly Eligible

Medicaid expansion clients who were eligible for Medicaid prior to 2009 are not eligible for the enhanced expansion federal medical assistance percentage (FMAP) that began January 1, 2014. Clients who may be eligible for Medicaid through Home- and Community-Based Services waivers due to a disability are required to provide asset information to be determined eligible for Medicaid waiver services. With Medicaid expansion, clients who may have been eligible but did not provide asset information can still be eligible under different eligibility categories, such as MAGI Adults. It is difficult for the State to prove whether these clients would have been eligible for Medicaid services prior to 2009, had they provided their asset information at that time. For this reason, some clients under expansion categories are not eligible for the full enhanced expansion FMAP. Instead, with the approval of a resource proxy for the non-newly eligible, 75% of expenditure receives expansion FMAP while the remaining 25% receives the standard FMAP, funded from the HAS Fee Fund. The Department has incorporated the resource proxy in this request.

The Department uses caseload figures from S-1A Medical Service Premiums, Exhibit J and per capita costs for MAGI Adults in Exhibit DD to forecast the total costs for this population.

Buy-In for Disabled Individuals

This expansion allows for individuals with disabilities with income up to 450% of the federal poverty level to pay premiums to purchase Medicaid benefits. Eligibility for the working adults with disabilities with income up to 450% of the FPL began in March 2012, with eligibility to children with disabilities with income up to 300% of the FPL following in June 2012. The Department does not have an implementation timeframe for non-working adults with disabilities at this time.

The Department uses caseload figures from S-1A Medical Service Premiums, Exhibit J and per capita costs for Disabled Individuals in Exhibit DD to forecast the total costs for this population.

Continuous Eligibility for Children

HB 09-1293, the Colorado Health Care Affordability Act of 2009, established continuous eligibility for twelve months for children on Medicaid, even if the family experiences an income change during any given year, contingent on available funding. The Department implemented continuous eligibility for children in March 2014 and has the authority to use the HAS Fee Cash Fund to fund the state share of continuous eligibility for Medicaid children. Because this population is not an expansion population, it receives standard FMAP. Previously, the Department showed this adjustment in funding as a General Fund offset under Cash Funds Financing.

The Department uses caseload figures from S-1A Medical Service Premiums, Exhibit J and per capita costs for Eligible Children in Exhibit DD to forecast the total costs for this population.

Aligning Medicaid Eligibility for Children and Eligibility for Pregnant Women in Medicaid

SB 11-008, “Aligning Medicaid Eligibility for Children,” extended Medicaid eligibility to up to 133% of the FPL for all children under the age of 19. Formerly, the eligibility limit for children ages six through 18 was 100% of the FPL and 133% of the FPL for children five and under. The bill shifted impacted children from the CHP+ to Medicaid beginning January 1, 2013. As with most of the Healthcare Affordability and Sustainability Fee populations, the Department assumed the per-capita costs for this expansion population would be the same as for the traditional population since the majority of behavioral health expenditure is paid through the capitation program.

SB 11-250, “Eligibility for Pregnant Women in Medicaid,” extended Medicaid eligibility from 133% to 185% of the FPL for all pregnant women. This bill shifted impacted women from CHP+ Medicaid on January 1, 2013. The Department assumes the expenditure for these women will continue to have per-capita costs that will be the same as for the traditional population.

EXHIBIT KK - MEDICAID BEHAVIORAL HEALTH FEE-FOR-SERVICE PAYMENTS

Medicaid Behavioral Health Fee-for-Service Payments is a separate budget line item in Behavioral Health Community Programs. Expenditures for this line are calculated in Exhibit KK. The data from Exhibit KK also appear in Exhibit BB, where the fund splits relating to the fee-for-service payments are calculated.

The Medicaid Behavioral Health Fee-for-Service Payments appropriation allows Medicaid members not enrolled in a regional accountable entity to receive behavioral health services or enrolled Medicaid members to receive behavioral health services not covered by the regional accountable entities. The services are not covered either because the client is not enrolled in a regional accountable entity regional accountable entity or the services are outside the scope of the regional accountable entity contract. Medicare crossover claims are included in the fee-for-service category; these are regional accountable entity regional accountable entity covered services for members enrolled in a regional accountable entity who are eligible for both Medicare and Medicaid.

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Fee-for-service providers include, but are not limited to hospitals, psychiatrists, psychologists, primary care physicians, and behavioral health centers. The State also reimburses providers through fee-for-service if either the diagnosis or the procedure is not included in the RAE contract or the patient is not enrolled in a RAE.

EXHIBIT LL - GLOBAL REASONABLENESS TEST FOR BEHAVIORAL HEALTH CAPITATION PAYMENTS

The Global Reasonableness Test presented in Exhibit LL compares the percent change between behavioral health capitation expenditures as reported in Exhibit DD and forecasted in Exhibit EE.

	Title of Exhibit
Exhibit AA	Calculation of Current Total Long Bill Group Impact
Exhibit BB	Calculation of Fund Splits
Exhibit BB	Cash Funds Report
Exhibit CC	Behavioral Health Community Programs Summary
Exhibit DD	Behavioral Health Community Programs, Caseload
Exhibit DD	Behavioral Health Community Programs, Behavioral Health Capitation Payments Per Capita Historical Summary
Exhibit DD	Behavioral Health Community Programs, Expenditures Historical Summary
Exhibit EE	Expenditure Calculations by Eligibility Category
Exhibit EE	Incurred But Not Reported Runout by Fiscal Period
Exhibit EE	Incurred But Not Reported Expenditures by Fiscal Period
Exhibit FF	Medicaid Behavioral Health Retroactivity Adjustment
Exhibit FF	Medicaid Behavioral Health Partial Month Adjustment Multiplier
Exhibit GG	Medicaid Behavioral Health Capitation Rate Trends and Forecasts
Exhibit HH	Forecast Model Comparisons - Final Forecasts
Exhibit HH	Forecast Model Comparisons - Capitation Trend Models
Exhibit II	Reconciliations
Exhibit JJ	Alternative Financing Populations
Exhibit KK	Medicaid Behavioral Health Fee-for-Service Forecast
Exhibit LL	Global Reasonableness Test for Medicaid Behavioral Health Capitation Payments

Exhibit AA - Calculation of Current Total Long Bill Group Impact

FY 2021-22 Behavioral Health Capitation

Annual Total Expenditures	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2021-22 Behavioral Health Capitation Appropriation						
FY 2021-22 Long Bill Appropriation (SB 21-205)	\$983,572,421	\$227,833,272	\$0	\$69,037,834	\$0	\$686,701,315
Special Bills	\$0	(\$26,708,125)	\$0	(\$15,336,964)	\$0	\$42,045,089
FY 2021-22 Total Behavioral Health Capitation Spending Authority	\$983,572,421	\$201,125,147	\$0	\$53,700,870	\$0	\$728,746,404
Projected Total FY 2021-22 Behavioral Health Capitation Expenditure	\$1,082,206,910	\$214,979,129	\$0	\$62,623,481	\$0	\$804,604,300
FY 2021-22 Behavioral Health Capitation Estimated Change from Appropriation	\$98,634,489	\$13,853,982	\$0	\$8,922,611	\$0	\$75,857,896
Percent Change from Spending Authority	10.03%	6.89%	0.00%	16.62%	0.00%	10.41%
FY 2021-22 Behavioral Health Fee-for-Service						
FY 2021-22 Behavioral Health Fee-For-Service Appropriation						
FY 2021-22 Long Bill Appropriation (SB 21-205)	\$15,151,534	\$2,923,821	\$0	\$1,037,775	\$0	\$11,189,938
Special Bills	\$0	\$0	\$0	\$0	\$0	\$0
FY 2021-22 Total Behavioral Health Fee-For-Service Spending Authority	\$15,151,534	\$2,923,821	\$0	\$1,037,775	\$0	\$11,189,938
Projected Total FY 2021-22 Behavioral Health Fee-for-Service Expenditure	\$16,852,110	\$3,103,619	\$0	\$839,837	\$0	\$12,908,654
Total FY 2021-22 Behavioral Health Fee-For-Service Change from Appropriation	\$1,700,576	\$179,798	\$0	(\$197,938)	\$0	\$1,718,716
Percent Change from Spending Authority	11.22%	6.15%	0.00%	-19.07%	0.00%	15.36%
FY 2021-22 Medicaid Behavioral Health Programs						
FY 2021-22 Total Spending Authority	\$998,723,955	\$204,048,968	\$0	\$54,738,645	\$0	\$739,936,342
Total Projected FY 2021-22 Expenditures	\$1,099,059,020	\$218,082,748	\$0	\$63,463,318	\$0	\$817,512,954
FY 2021-22 Estimated Change from Appropriation	\$100,335,065	\$14,033,780	\$0	\$8,724,673	\$0	\$77,576,612
Percent Change from Spending Authority	10.05%	6.88%	0.00%	15.94%	0.00%	10.48%

Exhibit AA - Calculation of Current Total Long Bill Group Impact

FY 2022-23 Behavioral Health Capitation

Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2021-22 Behavioral Health Capitation Appropriation Plus Special Bills	\$983,572,421	\$201,125,147	\$0	\$53,700,870	\$0	\$728,746,404
Bill Annualizations	\$43,705,516	\$32,862,479	\$0	\$18,714,203	\$0	(\$7,871,166)
FY 2022-23 Behavioral Health Capitation Base Amount	\$1,027,277,937	\$233,987,626	\$0	\$72,415,073	\$0	\$720,875,238
Projected Total FY 2022-23 Behavioral Health Capitation Expenditure	\$1,044,979,118	\$256,550,177	\$0	\$77,633,541	\$0	\$710,795,400
Total FY 2022-23 Behavioral Health Capitation Request	\$17,701,181	\$22,562,551	\$0	\$5,218,468	\$0	(\$10,079,838)
Percent Change from FY 2022-23 Behavioral Health Capitation Base	1.72%	9.64%	0.00%	7.21%	0.00%	-1.40%
Percent Change from FY 2021-22 Estimated Behavioral Health Capitation Expenditure	-3.44%	19.34%	0.00%	23.97%	0.00%	-11.66%
FY 2022-23 Behavioral Health Fee-for-Service						
FY 2021-22 Behavioral Health Fee-For-Service Appropriation Plus Special Bills	\$15,151,534	\$2,923,821	\$0	\$1,037,775	\$0	\$11,189,938
Bill Annualizations	(\$4,017)	\$3,378	\$0	\$14	\$0	(\$7,409)
FY 2022-23 Behavioral Health Fee-For-Service Base Amount	\$15,147,517	\$2,927,199	\$0	\$1,037,789	\$0	\$11,182,529
Projected Total FY 2022-23 Behavioral Health Fee-for-Service Expenditure	\$15,340,747	\$3,408,020	\$0	\$1,000,874	\$0	\$10,931,853
Total FY 2022-23 Behavioral Health Fee-For-Service Request	\$193,230	\$480,821	\$0	(\$36,915)	\$0	(\$250,676)
Percent Change from FY 2022-23 Behavioral Health Fee-For-Service Base	1.28%	16.43%	0.00%	-3.56%	0.00%	-2.24%
Percent Change from FY 2021-22 Estimated Behavioral Health Fee-For-Service Expenditure	-8.97%	9.81%	0.00%	19.17%	0.00%	-15.31%
FY 2022-23 Medicaid Behavioral Health Programs						
FY 2022-23 Base Amount	\$1,042,425,454	\$236,914,825	\$0	\$73,452,862	\$0	\$732,057,767
Total Projected FY 2022-23 Expenditure	\$1,060,319,865	\$259,958,197	\$0	\$78,634,415	\$0	\$721,727,253
Total FY 2022-23 Request	\$17,894,411	\$23,043,372	\$0	\$5,181,553	\$0	(\$10,330,514)
Percent Change from Spending Authority	1.72%	9.73%	0.00%	7.05%	0.00%	-1.41%

Exhibit AA - Calculation of Current Total Long Bill Group Impact

FY 2023-24 Behavioral Health Capitation

Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2022-23 Behavioral Health Capitation Appropriation Plus Special Bills	\$1,027,277,937	\$233,987,626	\$0	\$72,415,073	\$0	\$720,875,238
Bill Annualizations	\$26,609	\$13,304	\$0	\$0	\$0	\$13,305
FY 2023-24 Behavioral Health Capitation Base Amount	\$1,027,304,546	\$234,000,930	\$0	\$72,415,073	\$0	\$720,888,543
Projected Total FY 2023-24 Behavioral Health Capitation Expenditure	\$1,070,521,215	\$262,659,110	\$0	\$79,120,062	\$0	\$728,742,043
Total FY 2023-24 Behavioral Health Capitation Continuation Amount	\$43,216,669	\$28,658,180	\$0	\$6,704,989	\$0	\$7,853,500
Percent Change from FY 2023-24 Behavioral Health Capitation Base	4.21%	12.25%	0.00%	9.26%	0.00%	1.09%
Percent Change from FY 2022-23 Estimated Behavioral Health Capitation Expenditure	2.44%	2.38%	0.00%	1.91%	0.00%	2.52%
FY 2023-24 Behavioral Health Fee-for-Service						
FY 2022-23 Behavioral Health Fee-For-Service Appropriation Plus Special Bills	\$15,147,517	\$2,927,199	\$0	\$1,037,789	\$0	\$11,182,529
Bill Annualizations	\$0	\$0	\$0	\$0	\$0	\$0
FY 2023-24 Behavioral Health Fee-For-Service Base Amount	\$15,147,517	\$2,927,199	\$0	\$1,037,789	\$0	\$11,182,529
Projected Total FY 2023-24 Behavioral Health Fee-for-Service Expenditure	\$15,504,603	\$3,444,421	\$0	\$1,011,565	\$0	\$11,048,617
Total FY 2023-24 Behavioral Health Fee-For-Service Continuation Amount	\$357,086	\$517,222	\$0	(\$26,224)	\$0	(\$133,912)
Percent Change from FY 2022-23 Behavioral Health Fee-For-Service Base	2.36%	17.67%	0.00%	-2.53%	0.00%	-1.20%
Percent Change from FY 2022-23 Estimated Behavioral Health Fee-For-Service Expenditure	1.07%	1.07%	0.00%	1.07%	0.00%	1.07%
FY 2023-24 Medicaid Behavioral Health Programs						
FY 2023-24 Base Amount	\$1,042,452,063	\$236,928,129	\$0	\$73,452,862	\$0	\$732,071,072
Total Projected FY 2023-24 Expenditure	\$1,086,025,818	\$266,103,531	\$0	\$80,131,627	\$0	\$739,790,660
Total FY 2023-24 Continuation Amount	\$43,573,755	\$29,175,402	\$0	\$6,678,765	\$0	\$7,719,588
Percent Change from Spending Authority	4.18%	12.31%	0.00%	9.09%	0.00%	1.05%

Exhibit BB - Calculation of Fund Splits							
Calculation of Fund Splits - FY 2021-22 Behavioral Health Estimate							
Item	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate ⁽¹⁾	Source of Funding
Behavioral Health Capitation Base Traditional Clients	\$477,310,473	\$194,551,749	\$0	\$0	\$282,758,724	59.24%	General Fund
Breast and Cervical Cancer Program	\$83,945	\$0	\$27,559	\$0	\$56,386	67.17%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$4,776,820	\$0	\$1,947,032	\$0	\$2,829,788	59.24%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$494,948,149	\$0	\$37,698,873	\$0	\$457,249,276	92.38%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$3,589,659	\$0	\$552,449	\$0	\$3,037,210	84.61%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$24,541,002	\$0	\$10,002,912	\$0	\$14,538,090	59.24%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$7,056,397	\$0	\$2,876,187	\$0	\$4,180,210	59.24%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008 Eligible Children	\$27,224,070	\$8,937,662	\$0	\$0	\$18,286,408	67.17%	General Fund
SB 11-250 Eligible Pregnant Adults	\$2,750,914	\$903,125	\$0	\$0	\$1,847,789	67.17%	General Fund
Estimated FY 2021-22 Capitation Expenditure Before Adjustments	\$1,042,281,429	\$204,392,536	\$53,105,012	\$0	\$784,783,881		
Estimated Date of Death Retractions	(\$598,392)	(\$126,267)	(\$30,607)	\$0	(\$441,518)	73.78%	CF: Variable
Estimated Incentive Payment	\$40,523,873	\$10,712,860	\$9,549,076	\$0	\$20,261,937	50.00%	CF: Variable
Estimated FY 2021-22 Capitation Expenditure	\$1,082,206,910	\$214,979,129	\$62,623,481	\$0	\$804,604,300		
Behavioral Health Fee-for-Service Traditional Clients	\$6,645,661	\$2,708,771	\$0	\$0	\$3,936,890	59.24%	General Fund
Breast and Cervical Cancer Program	\$2,794	\$0	\$917	\$0	\$1,877	67.17%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$104,849	\$0	\$42,736	\$0	\$62,113	59.24%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$8,463,964	\$0	\$633,902	\$0	\$7,830,062	92.51%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$54,624	\$0	\$8,407	\$0	\$46,217	84.61%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$136,040	\$0	\$55,450	\$0	\$80,590	59.24%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$241,474	\$0	\$98,425	\$0	\$143,049	59.24%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008: Aligning Medicaid Eligibility for Children	\$1,202,704	\$394,848	\$0	\$0	\$807,856	67.17%	General Fund
Estimated FY 2021-22 Fee-for-Service Payments	\$16,852,110	\$3,103,619	\$839,837	\$0	\$12,908,654		
Final Estimated FY 2021-22 Medicaid Behavioral Health Community Programs Expenditure	\$1,099,059,020	\$218,082,748	\$63,463,318	\$0	\$817,512,954		

¹ Using a weighted average FFP because the match rate changes on various timelines.

Exhibit BB - Calculation of Fund Splits							
Calculation of Fund Splits - FY 2022-23 Behavioral Health Estimate							
Item	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate ⁽¹⁾	Source of Funding
Behavioral Health Capitation Base Traditional Clients	\$469,928,822	\$234,964,413	(\$1)	\$0	\$234,964,410	50.00%	General Fund
Breast and Cervical Cancer Program	\$79,562	\$0	\$27,847	\$0	\$51,715	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$4,924,519	(\$1)	\$2,462,260	\$0	\$2,462,260	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$458,767,186	\$0	\$45,876,719	\$0	\$412,890,467	90.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$3,368,116	\$0	\$673,623	\$0	\$2,694,493	80.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$23,122,570	\$0	\$11,561,285	\$0	\$11,561,285	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$7,392,065	(\$1)	\$3,696,033	\$0	\$3,696,033	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008 Eligible Children	\$23,874,548	\$8,356,092	\$0	\$0	\$15,518,456	65.00%	General Fund
SB 11-250 Eligible Pregnant Adults	\$2,004,226	\$701,479	\$0	\$0	\$1,302,747	65.00%	General Fund
Estimated FY 2022-23 Capitation Expenditure Before Adjustments	\$993,461,614	\$244,021,982	\$64,297,766	\$0	\$685,141,866		
Estimated Date of Death Retractions	(\$598,392)	(\$154,858)	(\$39,120)	\$0	(\$404,414)	67.58%	CF: Variable
Estimated Incentive Payment	\$52,115,896	\$12,683,053	\$13,374,895	\$0	\$26,057,948	50.00%	CF: Variable
Estimated FY 2022-23 Capitation Expenditure	\$1,044,979,118	\$256,550,177	\$77,633,541	\$0	\$710,795,400		
Behavioral Health Fee-for-Service Traditional Clients	\$6,049,652	\$3,024,826	\$0	\$0	\$3,024,826	50.00%	General Fund
Breast and Cervical Cancer Program	\$2,543	\$0	\$890	\$0	\$1,653	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$95,446	\$0	\$47,723	\$0	\$47,723	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$7,704,883	\$0	\$770,488	\$0	\$6,934,395	90.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$49,725	\$0	\$9,945	\$0	\$39,780	80.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$123,839	\$0	\$61,919	\$0	\$61,920	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$219,818	\$0	\$109,909	\$0	\$109,909	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008: Aligning Medicaid Eligibility for Children	\$1,094,841	\$383,194	\$0	\$0	\$711,647	65.00%	General Fund
Estimated FY 2022-23 Fee-for-Service Payments	\$15,340,747	\$3,408,020	\$1,000,874	\$0	\$10,931,853		
Final Estimated FY 2022-23 Medicaid Behavioral Health Community Programs Expenditure	\$1,060,319,865	\$259,958,197	\$78,634,415	\$0	\$721,727,253		

¹ Using a weighted average FFP because the match rate changes on various timelines.

Exhibit BB - Calculation of Fund Splits							
Calculation of Fund Splits - FY 2023-24 Behavioral Health Estimate							
Item	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate ⁽¹⁾	Source of Funding
Behavioral Health Capitation Base Traditional Clients	\$483,062,626	\$241,531,313	\$0	\$0	\$241,531,313	50.00%	General Fund
Breast and Cervical Cancer Program	\$79,659	\$0	\$27,881	\$0	\$51,778	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$5,226,998	\$0	\$2,613,499	\$0	\$2,613,499	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$471,807,926	\$0	\$47,180,793	\$0	\$424,627,133	90.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$3,475,067	\$0	\$695,013	\$0	\$2,780,054	80.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$24,934,402	\$0	\$12,467,201	\$0	\$12,467,201	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$7,467,090	\$0	\$3,733,545	\$0	\$3,733,545	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008 Eligible Children	\$23,559,015	\$8,245,655	\$0	\$0	\$15,313,360	65.00%	General Fund
SB 11-250 Eligible Pregnant Adults	\$1,834,415	\$642,045	\$0	\$0	\$1,192,370	65.00%	General Fund
Estimated FY 2023-24 Capitation Expenditure Before Adjustments	\$1,021,447,198	\$250,419,013	\$66,717,932	\$0	\$704,310,253		
Date of Death Retractions	(\$598,392)	(\$154,858)	(\$39,120)	\$0	(\$404,414)	67.58%	General Fund
Estimated Incentive Payment	\$49,672,409	\$12,394,955	\$12,441,250	\$0	\$24,836,204	50.00%	CF: Variable
Estimated FY 2023-24 Capitation Expenditure	\$1,070,521,215	\$262,659,110	\$79,120,062	\$0	\$728,742,043		
Behavioral Health Fee-for-Service Traditional Clients	\$6,114,269	\$3,057,134	\$0	\$0	\$3,057,135	50.00%	General Fund
Breast and Cervical Cancer Program	\$2,570.00	\$0	\$900	\$0	\$1,670	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$96,465	\$0	\$48,232	\$0	\$48,233	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$7,787,180	\$0	\$778,718	\$0	\$7,008,462	90.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$50,256	\$0	\$10,051	\$0	\$40,205	80.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$125,162	\$0	\$62,581	\$0	\$62,581	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$222,166	\$0	\$111,083	\$0	\$111,083	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008: Aligning Medicaid Eligibility for Children	\$1,106,535	\$387,287	\$0	\$0	\$719,248	65.00%	General Fund
Estimated FY 2023-24 Fee-for-Service Payments	\$15,504,603	\$3,444,421	\$1,011,565	\$0	\$11,048,617		
Final Estimated FY 2023-24 Medicaid Behavioral Health Community Programs Expenditure	\$1,086,025,818	\$266,103,531	\$80,131,627	\$0	\$739,790,660		

¹ Using a weighted average FFP because the match rate changes on various timelines.

Cash Funds Report									
Cash Fund	FY 2021-22			FY 2022-23			FY 2023-24		
	Spending Authority	Estimate	Change	Base Spending Authority	Estimate	Change	Base Spending Authority	Estimate	Change
<i>Behavioral Health Capitations</i>									
Healthcare Affordability and Sustainability Fee Cash Fund	\$53,668,828	\$62,594,168	\$8,925,340	\$72,380,843	\$77,603,595	\$5,222,752	\$72,380,843	\$79,090,192	\$6,709,349
Breast and Cervical Cancer Prevention and Treatment Fund	\$32,042	\$29,313	(\$2,729)	\$34,230	\$29,946	(\$4,284)	\$34,230	\$29,870	(\$4,360)
Behavioral Health Capitations Total Cash Funds	\$53,700,870	\$62,623,481	\$8,922,611	\$72,415,073	\$77,633,541	\$5,218,468	\$72,415,073	\$79,120,062	\$6,704,989
<i>Behavioral Health Fee-for-Service</i>									
Healthcare Affordability and Sustainability Fee Cash Fund	\$1,034,465	\$838,920	(\$195,545)	\$1,034,477	\$999,984	(\$34,493)	\$1,034,477	\$1,010,665	(\$23,812)
Breast and Cervical Cancer Prevention and Treatment Fund	\$3,310	\$917	(\$2,393)	\$3,312	\$890	(\$2,422)	\$3,312	\$900	(\$2,412)
Behavioral Health Fee-for-Service Total Cash Funds	\$1,037,775	\$839,837	(\$197,938)	\$1,037,789	\$1,000,874	(\$36,915)	\$1,037,789	\$1,011,565	(\$26,224)

Exhibit CC - Medicaid Behavioral Health Community Programs Expenditure Summary
 Actuals, Appropriations and Estimates Prior to Recompments

Annual Total Expenditures	FY 2020-21 Actual		FY 2021-22 Appropriated		FY 2021-22 Estimate		FY 2021-22 Change from Appropriation		FY 2022-23 Estimate		FY 2022-23 Change from FY 2021-22 Estimate		FY 2022-23 Change from FY 2021-22 Appropriation		FY 2023-24 Estimate		FY 2023-24 Change from FY 2022-23 Estimate		
	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	
Behavioral Health Capitation Payments																			
Adults 65 and Older (OAP-A)	48,248	\$11,567,682	49,719	13,473,188	48,706	\$14,648,536	(1,013)	\$1,175,348	47,663	\$14,766,369	(1,043)	\$117,833	(2,056)	\$1,293,181	48,686	\$15,232,687	1,023	\$466,318	
Disabled Individuals	94,075	\$136,182,096	97,167	146,635,641	95,014	154,251,679	(2,153)	\$7,616,038	93,951	157,087,953	(1,063)	\$2,836,274	(3,216)	\$10,452,312	96,609	163,154,934	2,658	\$6,066,981	
Low Income Adults	190,368	\$91,850,731	201,279	89,745,457	195,927	131,563,378	(5,352)	\$41,817,921	192,398	133,101,131	(3,529)	\$1,537,753	(8,881)	\$43,355,674	201,595	140,858,854	9,197	\$7,757,723	
Expansion Parents & Caretakers	88,429	\$28,522,639	104,356	30,837,068	110,811	41,752,660	6,455	\$10,915,592	86,381	33,543,803	(24,430)	(\$8,208,857)	(17,975)	\$2,706,735	84,358	33,082,059	(2,023)	(\$461,744)	
MAGI Adults	402,847	\$311,480,501	446,242	341,160,141	464,992	456,785,148	18,750	\$115,625,007	423,613	428,591,499	(41,379)	(\$28,193,649)	(22,629)	\$87,431,358	432,710	442,200,934	9,097	\$13,609,435	
Eligible Children	517,789	\$166,507,788	542,012	189,499,005	549,981	208,522,912	7,969	\$19,023,907	488,238	190,695,184	(61,743)	(\$17,827,728)	(53,774)	\$1,196,179	482,418	190,324,722	(5,820)	(\$370,462)	
Foster Care	20,742	\$31,278,807	21,013	33,015,464	20,374	34,673,171	(639)	\$1,657,707	20,307	35,596,113	(67)	\$922,942	(706)	\$2,580,649	20,624	36,513,349	317	\$917,236	
Breast and Cervical Cancer Program	139	\$67,848	145	64,654	125	83,945	(20)	\$19,291	115	79,562	(10)	(\$4,383)	(30)	\$14,908	114	79,659	(1)	\$97	
Sub-total Behavioral Health Capitation Payments	1,362,637	\$777,458,092	1,461,933	\$844,430,618	1,485,930	\$1,042,281,429	23,997	\$197,850,811	1,352,666	\$993,461,614	(133,264)	(\$48,819,815)	(109,267)	\$149,030,996	1,367,114	\$1,021,447,198	14,448	\$27,985,584	
Date of Death Retractions		(\$598,392)		(\$2,161,804)		(\$598,392)		\$1,563,411		(\$598,392)		\$0		\$1,563,411		(\$598,392)		\$0	
HB 17-1353 "Implement Medicaid Delivery and Payment Incentives" - Incentive Payments		\$14,893,929		\$38,339,750		\$40,523,873		\$2,184,123		\$52,115,896		\$11,592,023		\$13,776,146		\$49,672,409		(\$2,443,487)	
Health Insurance Provider Fee Payment		\$6,849,246		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
HB 18-1136 "Residential and Inpatient SUD"		\$0		\$182,936,323		\$0		(\$182,936,323)		\$0		\$0		(\$182,936,323)		\$0		\$0	
Risk Corridor Payment		\$13,389,550		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Annualize SB 20-033 Medicaid Buy-in Age 65 and Over		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
R18a Behavioral health SUD benefit		\$0		(\$80,034,644)		\$0		\$80,034,644		\$0		\$0		\$80,034,644		\$0		\$0	
JBC Action DD Enrollment		\$0		\$62,178		\$0		(\$62,178)		\$0		\$0		(\$62,178)		\$0		\$0	
Total Behavioral Health Capitation Payments	1,362,637	\$811,992,425	1,461,933	\$983,572,421	1,485,930	\$1,082,206,910	23,997	\$98,634,488	1,352,666	\$1,044,979,118	(133,264)	(\$37,227,792)	(109,267)	\$61,406,696	1,367,114	\$1,070,521,215	14,448	\$25,542,097	
Incremental Percent Change							1.64%	10.03%			-8.97%	-3.44%	-7.47%	6.24%			1.07%	2.44%	
Behavioral Health Fee-for-Service Payments																			
Inpatient Services		\$1,425,479		\$1,454,238		\$1,600,299		\$146,061		\$1,456,779		(\$143,520)		\$2,541		\$1,472,338		\$15,559	
Outpatient Services		\$13,300,518		\$13,568,880		\$15,106,414		\$1,537,534		\$13,751,611		(\$1,354,803)		\$182,731		\$13,898,494		\$146,883	
Physician Services		\$125,897		\$128,415		\$145,397		\$16,982		\$132,357		(\$13,040)		\$3,942		\$133,771		\$1,414	
Total Behavioral Health Fee-for-Service Payments		\$14,851,894		\$15,151,533		\$16,852,110		\$1,700,577		\$15,340,747		(\$1,511,363)		\$189,214		\$15,504,603		\$163,856	
Total Behavioral Health Community Programs		\$826,844,319		\$998,723,954		\$1,099,059,020		\$100,335,065		\$1,060,319,865		(\$38,739,155)		\$61,595,910		\$1,086,025,818		\$25,705,953	
Incremental Percent Change								10.05%				-3.52%		6.17%				2.42%	

Exhibit DD - Medicaid Behavioral Health Community Programs, Caseload										
Medicaid Behavioral Health Community Programs Average Monthly Caseload										
Item	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Breast and Cervical Cancer Program	TOTAL BEHAVIORAL HEALTH	
FY 2011-12 Actuals	39,740	67,869	100,854	35,461	-	334,633	18,034	597	597,188	
FY 2010-11 Actuals	40,827	71,859	107,760	41,545	10,634	368,079	17,777	623	659,104	
% Change from FY 2011-12	2.74%	5.88%	6.85%	17.16%	837.74%	9.99%	-1.43%	4.36%	10.37%	
FY 2013-14 Actuals	41,836	76,837	138,897	47,082	87,243	424,377	18,267	559	835,098	
% Change from FY 2012-13	2.47%	6.93%	28.89%	13.33%	720.42%	15.30%	2.76%	-10.27%	26.70%	
FY 2014-15 Actuals	41,817	80,641	178,328	71,989	241,392	495,836	20,036	351	1,130,390	
% Change from FY 2013-14	-0.05%	4.95%	28.39%	52.90%	176.69%	16.84%	9.68%	-37.21%	35.36%	
FY 2015-16 Actuals	42,403	85,546	179,514	86,964	320,374	526,694	19,935	322	1,261,752	
% Change from FY 2014-15	1.40%	6.08%	0.67%	20.80%	32.72%	6.22%	-0.50%	-8.26%	11.62%	
FY 2016-17 Actuals	43,941	85,111	176,957	101,059	347,848	534,204	20,310	235	1,309,665	
% Change from FY 2015-16	3.63%	-0.51%	-1.42%	16.21%	8.58%	1.43%	1.88%	-27.02%	3.80%	
FY 2017-18 Actuals	45,907	87,503	192,207	74,610	352,607	503,118	21,473	155	1,277,580	
% Change from FY 2016-17	4.47%	2.81%	8.62%	-26.17%	1.37%	-5.82%	5.73%	-34.04%	-2.45%	
FY 2018-19 Actuals	47,686	90,347	190,316	63,563	330,525	479,629	21,815	145	1,224,024	
% Change from FY 2017-18	3.87%	3.25%	-0.98%	-14.81%	-6.26%	-4.67%	1.59%	-6.67%	-4.19%	
FY 2019-20 Actuals	47,551	90,234	178,223	59,499	322,951	463,472	21,320	137	1,183,387	
% Change from FY 2018-19	-0.28%	-0.12%	-6.35%	-6.39%	-2.29%	-3.37%	-2.27%	-5.30%	-3.32%	
FY 2020-21 Actuals	48,248	94,075	190,368	88,429	402,847	517,789	20,742	139	1,362,637	
% Change from FY 2019-20	1.47%	4.26%	6.81%	48.62%	24.74%	11.72%	-2.71%	1.46%	15.15%	
FY 2021-22 Projections	48,706	95,014	195,927	110,811	464,992	549,981	20,374	125	1,485,930	
% Change from FY 2020-21	0.95%	1.00%	2.92%	25.00%	15.00%	6.00%	-2.00%	-10.00%	9.05%	
FY 2022-23 Projections	47,663	93,951	192,398	86,381	423,613	488,238	20,307	115	1,352,666	
% Change from FY 2021-22	-2.14%	-1.12%	-1.80%	-22.05%	-8.90%	-11.23%	-0.33%	-8.00%	-8.97%	
FY 2023-24 Projections	48,686	96,609	201,595	84,358	432,710	482,418	20,624	114	1,367,114	
% Change from FY 2022-23	2.15%	2.83%	4.78%	-2.34%	2.15%	-1.19%	1.56%	-1.00%	1.07%	
FY 2021-22 Appropriation	49,719	97,167	201,279	104,356	446,242	542,012	21,013	145	1,461,933	
Difference between the Total FY 2021-22 Projection and Appropriation	(1,013)	(2,153)	(5,352)	6,455	18,750	7,969	(639)	(20)	23,997	

Expanded Medicaid Average Monthly Caseload for Behavioral Health Community Programs														
Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	Breast & Cervical Cancer Program	TOTAL BEHAVIORAL HEALTH
FY 2011-12 Actuals	39,740	8,383	59,434	52	93,224	7,630	-	35,461	1,134	334,633	-	18,034	597	598,322
FY 2012-13 Actuals	40,827	9,051	61,920	888	99,392	8,024	344	41,545	10,634	359,843	8,236	17,777	623	659,104
% Change from FY 2011-12	2.74%	7.97%	4.18%	1607.69%	6.62%	5.16%	0.00%	17.16%	837.74%	7.53%	0.00%	-1.43%	4.36%	10.16%
FY 2013-14 Actuals	41,836	9,853	64,424	2,560	124,680	13,160	1,057	47,082	87,243	399,032	25,345	18,267	559	835,098
% Change from FY 2012-13	2.47%	8.86%	4.04%	188.29%	25.44%	64.01%	207.27%	13.33%	720.42%	10.89%	207.73%	2.76%	-10.27%	26.70%
FY 2014-15 Actuals	41,817	10,466	66,548	3,627	161,682	14,897	1,749	71,989	241,392	445,723	50,113	20,036	351	1,130,390
% Change from FY 2013-14	-0.05%	6.22%	3.30%	41.68%	29.68%	13.20%	65.47%	52.90%	176.69%	11.70%	97.72%	9.68%	-37.21%	35.36%
FY 2015-16 Actuals	42,403	10,529	68,800	6,217	163,342	14,413	1,759	86,964	320,374	467,193	59,501	19,935	322	1,261,752
% Change from FY 2014-15	1.40%	0.60%	3.38%	71.41%	1.03%	-3.25%	0.57%	20.80%	32.72%	4.82%	18.73%	-0.50%	-8.26%	11.62%
FY 2016-17 Actuals	43,941	11,241	67,619	6,251	161,422	13,567	1,968	101,059	347,848	469,297	64,907	20,310	235	1,309,665
% Change from FY 2015-16	3.63%	6.76%	-1.72%	0.55%	-1.18%	-5.87%	11.88%	16.21%	8.58%	0.45%	9.09%	1.88%	-27.02%	3.80%
FY 2017-18 Actuals	45,907	11,797	67,531	8,175	179,853	10,125	2,229	74,610	352,607	438,772	64,346	21,473	155	1,277,580
% Change from FY 2016-17	4.47%	4.95%	-0.13%	30.78%	11.42%	-25.37%	13.26%	-26.17%	1.37%	-6.50%	-0.86%	5.73%	-34.04%	-2.45%
FY 2018-19 Actuals	47,686	12,721	68,639	8,987	175,827	12,196	2,293	63,563	330,525	420,253	59,376	21,815	145	1,224,024
% Change from FY 2017-18	3.87%	7.83%	1.64%	9.93%	-2.24%	20.45%	2.86%	-14.81%	-6.26%	-4.22%	-7.72%	1.59%	-6.67%	-4.19%
FY 2019-20 Actuals	47,551	13,029	66,530	10,675	164,467	11,547	2,209	59,499	322,951	407,548	55,924	21,320	137	1,183,387
% Change from FY 2018-19	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-5.32%	-3.65%	-6.39%	-2.29%	-3.02%	-5.81%	-2.27%	-5.30%	-3.32%
FY 2020-21 Actuals	48,248	13,541	66,187	14,347	173,150	13,609	3,609	88,429	402,847	450,956	66,833	20,742	139	1,362,637
% Change from FY 2019-20	1.47%	3.93%	-0.52%	34.40%	5.28%	17.86%	63.38%	48.62%	24.74%	10.65%	19.51%	-2.71%	1.46%	15.15%
FY 2021-22 Projections	48,706	13,809	66,089	15,116	177,899	13,931	4,097	110,811	464,992	478,177	71,804	20,374	125	1,485,930
% Change from FY 2020-21	0.95%	1.98%	-0.15%	5.36%	2.74%	2.37%	13.52%	25.31%	15.43%	6.04%	7.44%	-1.77%	-10.07%	9.05%
FY 2022-23 Projections	47,663	13,652	66,469	13,830	178,019	11,483	2,896	86,381	423,613	427,113	61,125	20,307	115	1,352,666
% Change from FY 2021-22	-2.14%	-1.14%	0.58%	-8.51%	0.07%	-17.57%	-29.31%	-22.05%	-8.90%	-10.68%	-14.87%	-0.33%	-8.00%	-8.97%
FY 2023-24 Projections	48,686	14,131	67,714	14,764	187,079	11,891	2,625	84,358	432,710	422,703	59,715	20,624	114	1,367,114
% Change from FY 2022-23	2.15%	3.51%	1.87%	6.75%	5.09%	3.55%	-9.36%	-2.34%	2.15%	-1.03%	-2.31%	1.56%	-0.87%	1.07%
FY 2021-22 Appropriation	49,719	14,038	68,233	14,896	182,422	14,360	4,497	104,356	446,242	468,576	73,436	21,013	145	1,461,933
Difference between the Total FY 2021-22 Projection and Appropriation	(1,013)	(229)	(2,144)	220	(4,523)	(429)	(400)	6,455	18,750	9,601	(1,632)	(639)	(20)	23,997

Exhibit DD - Medicaid Behavioral Health Community Programs, Behavioral Health Capitation Payments Per Capita Historical Summary

Behavioral Health Capitation Payments Per Capita History

Item	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Breast and Cervical Cancer Program	TOTAL PER CAPITA
FY 2011-12 Actuals	\$154.75	\$1,357.51	\$168.82	-	-	\$130.63	\$3,147.66	\$122.40	\$360.78
FY 2012-13 Actuals	\$139.96	\$1,370.39	\$191.23	-	-	\$135.16	\$2,887.67	\$157.23	\$343.83
% Change from FY 2012-13	-9.56%	0.95%	13.27%	-	0.00%	3.47%	-8.26%	28.46%	-4.70%
FY 2013-14 Actuals	\$149.76	\$1,465.18	\$169.10	\$162.59	-	\$136.56	\$2,357.84	\$240.60	\$300.74
% Change from FY 2012-13	7.00%	6.92%	-11.57%	0.00%	0.00%	1.04%	-18.35%	53.02%	-12.53%
FY 2014-15 Actuals	\$155.48	\$1,498.73	\$152.33	\$140.83	-	\$136.69	\$1,937.39	\$450.35	\$240.19
% Change from FY 2013-14	3.82%	2.29%	-9.92%	-13.38%	0.00%	0.10%	-17.83%	87.18%	-20.13%
FY 2015-16 Actuals	\$154.08	\$1,481.92	\$166.92	\$135.75	\$40.31	\$145.32	\$1,837.13	\$473.12	\$238.80
% Change from FY 2014-15	-0.90%	-1.12%	9.58%	-3.61%	0.00%	6.31%	-5.18%	5.06%	-0.58%
FY 2016-17 Actuals	\$154.62	\$1,595.70	\$239.99	\$100.42	\$266.24	\$166.46	\$1,916.42	\$1,079.89	\$317.59
% Change from FY 2015-16	0.35%	7.68%	43.78%	-26.03%	560.48%	14.55%	4.32%	128.25%	32.99%
FY 2017-18 Actuals	\$150.87	\$1,618.62	\$290.76	\$421.60	\$472.79	\$228.99	\$2,421.89	\$870.47	\$446.13
% Change from FY 2016-17	-2.43%	1.44%	21.15%	319.84%	77.58%	37.57%	26.38%	-19.39%	40.47%
FY 2018-19 Actuals	\$157.34	\$1,399.73	\$283.98	\$851.17	\$620.19	\$247.51	\$1,708.95	\$858.85	\$492.82
% Change from FY 2017-18	4.29%	-13.52%	-2.33%	101.89%	31.18%	8.08%	-29.44%	-1.33%	10.47%
FY 2019-20 Actuals	\$189.26	\$1,526.97	\$330.87	\$600.07	\$650.03	\$265.49	\$1,377.89	\$588.47	\$510.31
% Change from FY 2018-19	20.29%	9.09%	16.51%	-29.50%	4.81%	7.26%	-19.37%	-31.48%	3.55%
FY 2020-21 Actuals	\$284.86	\$1,592.11	\$357.81	\$199.19	\$588.46	\$277.17	\$1,574.67	\$371.73	\$486.22
% Change from FY 2019-20	50.51%	4.27%	8.14%	-66.81%	-9.47%	4.40%	14.28%	-36.83%	-4.72%
FY 2021-22 Projections	\$300.75	\$1,623.46	\$671.49	\$376.79	\$982.35	\$379.15	\$1,701.83	\$671.56	\$701.43
% Change from FY 2020-21	58.91%	6.32%	102.95%	-37.21%	51.12%	42.81%	23.51%	14.12%	44.26%
FY 2022-23 Projections	\$309.81	\$1,672.02	\$691.80	\$388.32	\$1,011.75	\$390.58	\$1,752.90	\$691.84	\$734.45
% Change from FY 2021-22	3.01%	2.99%	3.02%	3.06%	3.02%	3.02%	3.00%	3.02%	4.71%
FY 2023-24 Projections	\$312.88	\$1,688.82	\$698.72	\$392.16	\$1,021.93	\$394.52	\$1,770.43	\$698.76	\$747.16
% Change from FY 2022-23	0.99%	1.00%	1.00%	0.99%	1.01%	1.01%	1.00%	\$0.01	1.73%

Expanded Medicaid Per Capita Summary for Behavioral Health Capitation Payments

Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	Breast & Cervical Cancer Program	TOTAL PER CAPITA
FY 2011-12 Actuals	\$154.75	\$1,162.49	\$1,386.20	-	\$166.32	\$199.44	-	-	-	\$130.63	-	\$3,147.66	\$122.40	\$360.78
FY 2012-13 Actuals	\$139.96	\$1,197.42	\$1,415.33	-	\$191.44	\$196.80	-	-	-	\$138.25	-	\$2,887.67	\$157.23	\$343.83
FY 2013-14 Actuals	\$149.76	\$1,308.31	\$1,547.39	-	\$174.61	\$130.50	-	\$162.59	-	\$145.23	-	\$2,357.84	\$240.60	\$300.74
% Change from FY 2012-13	7.00%	9.26%	9.33%	0.00%	-8.79%	-33.69%	0.00%	0.00%	0.00%	5.05%	0.00%	-18.35%	53.02%	-12.53%
FY 2014-15 Actuals	\$155.48	\$1,356.66	\$1,601.38	-	\$157.17	\$117.60	-	\$140.83	-	\$152.06	-	\$1,937.39	\$450.35	\$240.19
% Change from FY 2013-14	3.82%	3.70%	3.49%	0.00%	-9.99%	-9.89%	0.00%	-13.38%	0.00%	4.70%	0.00%	-17.83%	87.18%	-20.13%
FY 2015-16 Actuals	\$154.08	\$1,451.58	\$1,594.00	\$293.05	\$171.26	\$138.13	-	\$135.75	\$40.31	\$163.82	-	\$1,837.13	\$473.12	\$238.80
% Change from FY 2014-15	-0.90%	7.00%	-0.46%	0.00%	8.96%	17.46%	0.00%	-3.61%	0.00%	7.73%	0.00%	-5.18%	5.06%	-0.58%
FY 2016-17 Actuals	\$154.62	\$1,511.58	\$1,683.15	\$800.97	\$240.58	\$264.24	-	\$100.42	\$266.24	\$187.23	-	\$1,916.42	\$1,079.89	\$317.59
% Change from FY 2015-16	0.35%	4.13%	5.59%	173.32%	40.48%	91.30%	0.00%	-26.03%	560.48%	14.29%	0.00%	4.32%	128.25%	32.99%
FY 2017-18 Actuals	\$150.87	\$1,526.05	\$1,727.92	\$849.29	\$285.12	\$389.49	\$297.61	\$421.60	\$472.79	\$228.72	\$230.88	\$2,421.89	\$870.47	\$446.13
% Change from FY 2016-17	-2.43%	0.96%	2.66%	6.03%	18.51%	47.40%	0.00%	319.84%	77.58%	22.16%	0.00%	26.38%	-19.39%	40.47%
FY 2018-19 Actuals	\$157.34	\$1,188.65	\$1,474.52	\$1,127.28	\$282.91	\$310.35	\$225.58	\$851.17	\$620.19	\$250.46	\$226.57	\$1,708.95	\$858.85	\$492.82
% Change from FY 2017-18	4.29%	-22.11%	-14.67%	32.73%	-0.78%	-20.32%	-24.20%	101.89%	31.18%	9.51%	-1.87%	-29.44%	-1.33%	10.47%
FY 2019-20 Actuals	\$189.26	\$1,375.46	\$1,648.93	\$951.86	\$330.36	\$343.83	\$300.98	\$600.07	\$650.03	\$262.43	\$287.77	\$1,377.89	\$588.47	\$510.31
% Change from FY 2018-19	20.29%	15.72%	11.83%	-15.56%	16.77%	10.79%	33.42%	-29.50%	4.81%	4.78%	27.01%	-19.37%	-31.48%	3.55%
FY 2020-21 Actuals	\$284.86	\$1,592.48	\$1,687.57	\$1,151.35	\$364.02	\$314.81	\$221.85	\$199.19	\$588.46	\$274.98	\$291.96	\$1,574.67	\$371.73	\$486.22
% Change from FY 2019-20	50.51%	15.78%	2.34%	20.96%	10.19%	-8.44%	-26.29%	-66.81%	-9.47%	4.78%	1.46%	14.28%	-36.83%	-4.72%
FY 2021-22 Projections	\$300.75	\$1,623.46	\$1,623.46	\$1,623.46	\$671.49	\$671.49	\$671.49	\$376.79	\$982.35	\$379.15	\$379.15	\$1,701.83	\$671.56	\$701.43
% Change from FY 2020-21	5.58%	1.95%	-3.80%	41.01%	84.47%	113.30%	202.68%	89.16%	66.94%	37.88%	29.86%	8.08%	80.66%	44.26%
FY 2022-23 Projections	\$309.81	\$1,672.02	\$1,672.02	\$1,672.02	\$691.80	\$691.80	\$691.80	\$388.32	\$1,011.75	\$390.58	\$390.58	\$1,752.90	\$691.84	\$734.45
% Change from FY 2021-22	3.01%	2.99%	2.99%	2.99%	3.02%	3.02%	3.02%	3.06%	2.99%	3.02%	3.02%	3.00%	3.02%	4.71%
FY 2023-24 Projections	\$312.88	\$1,688.82	\$1,688.82	\$1,688.82	\$698.72	\$698.72	\$698.72	\$392.16	\$1,021.93	\$394.52	\$394.52	\$1,770.43	\$698.76	\$747.16
% Change from FY 2022-23	0.99%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	0.99%	1.01%	1.01%	1.01%	1.00%	1.00%	1.73%

Exhibit EE - Expenditure Calculations by Eligibility Category

Behavioral Health Capitation Calculations by Eligibility Category for FY 2021-22

Service Expenditures	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Breast and Cervical Cancer Program	Totals
Weighted Capitation Rate	\$27.50	\$136.48	\$56.04	\$31.66	\$82.09	\$31.61	\$144.64	\$56.04	
Adjusted Weighted Capitation Rate	\$25.06	\$135.28	\$55.97	\$31.41	\$81.86	\$31.60	\$141.82	\$55.97	
Estimated Monthly Caseload ⁽¹⁾	48,706	95,014	195,927	110,811	464,992	549,981	20,374	125	1,485,930
Number of Months Rate is Effective	12	12	12	12	12	12	12	12	
Total Estimated Costs for FY 2021-22 Capitated Payments	\$14,647,307	\$154,240,760	\$131,598,881	\$41,766,731	\$456,771,767	\$208,535,345	\$34,673,171	\$83,959	\$1,042,317,921
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service ⁽²⁾	100.09%	100.08%	99.90%	99.90%	100.01%	99.96%	100.00%	99.90%	
Estimated Expenditures for Claims Paid in Current Period with Current Period Dates of Service	\$14,660,489	\$154,364,153	\$131,467,282	\$41,724,964	\$456,817,444	\$208,451,931	\$34,673,171	\$83,875	\$1,042,243,309
Estimated Expenditures for Prior Period Dates of Service	(\$11,953)	(\$112,473)	\$96,097	\$27,696	(\$32,296)	\$70,981	\$0	\$70	\$38,120
Total Estimated Expenditures in FY 2021-22 Before Adjustments	\$14,648,536	\$154,251,680	\$131,563,379	\$41,752,660	\$456,785,148	\$208,522,912	\$34,673,171	\$83,945	\$1,042,281,429
Estimated Date of Death Retractions	(\$99,510)	(\$205,925)	(\$17,041)	(\$3,835)	(\$259,608)	(\$3,446)	(\$9,027)	\$0	(\$598,392)
Estimated Incentive Payment	\$664,062	\$7,029,574	\$4,804,825	\$1,384,788	\$16,148,235	\$8,872,574	\$1,616,307	\$3,508	\$40,523,873
Total Estimated FY 2021-22 Expenditures Including Adjustments	\$15,213,088	\$161,075,329	\$136,351,163	\$43,133,613	\$472,673,774	\$217,392,039	\$36,280,451	\$87,453	\$1,082,206,910
Estimated FY 2021-22 Adjusted Per Capita Expenditure	\$300.75	\$1,623.46	\$671.49	\$376.79	\$982.35	\$379.15	\$1,701.83	\$671.56	\$701.43

¹ This number is based on the projected average monthly caseload for the entire fiscal year, as applied through each month's trended growth in caseload.

² Exhibit EE, pages 4 and 5 present the estimated percentage of incurred claims from any six month period that will be paid in that same six month period.

Exhibit EE - Expenditure Calculations by Eligibility Category

Behavioral Health Capitation Calculations by Eligibility Category for FY 2022-23

Service Expenditures	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Breast and Cervical Cancer Program	Totals
Weighted Capitation Rate	\$28.33	\$140.57	\$57.72	\$32.61	\$84.55	\$32.56	\$148.98	\$57.72	
Adjusted Weighted Capitation Rate	\$25.82	\$139.33	\$57.65	\$32.35	\$84.31	\$32.55	\$146.07	\$57.65	
Estimated Monthly Caseload ⁽¹⁾	47,663	93,951	192,398	86,381	423,613	488,238	20,307	115	1,352,666
Number of Months Rate is Effective	12	12	12	12	12	12	12	12	
Total Estimated Costs for FY 2022-23 Capitated Payments	\$14,766,262	\$157,085,678	\$133,102,636	\$33,535,572	\$428,594,316	\$190,688,046	\$35,596,113	\$79,558	\$993,448,181
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service ⁽²⁾	100.09%	100.08%	99.90%	99.90%	100.01%	99.96%	100.00%	99.90%	
Estimated Expenditures for Claims Paid in Current Period with Current Period Dates of Service	\$14,779,551	\$157,211,346	\$132,969,533	\$33,502,036	\$428,637,175	\$190,611,771	\$35,596,113	\$79,478	\$993,387,003
Estimated Expenditures for Prior Period Dates of Service	(\$13,183)	(\$123,393)	\$131,599	\$41,767	(\$45,677)	\$83,414	\$0	\$84	\$74,611
Total Estimated Expenditures in FY 2022-23	\$14,766,368	\$157,087,953	\$133,101,132	\$33,543,803	\$428,591,498	\$190,695,185	\$35,596,113	\$79,562	\$993,461,614
Estimated Date of Death Retractions	(\$99,510)	(\$205,925)	(\$17,041)	(\$3,835)	(\$259,608)	(\$3,446)	(\$9,027)	\$0	(\$598,392)
Estimated Incentive Payment	\$732,365	\$7,712,038	\$6,579,944	\$2,088,337	\$22,838,588	\$10,426,767	\$1,733,659	\$4,198	\$52,115,896
Total Estimated FY 2022-23 Expenditures Including Adjustments	\$15,399,225	\$164,594,066	\$139,664,035	\$35,628,304	\$451,170,478	\$201,118,506	\$37,320,744	\$83,760	\$1,044,979,118
Estimated FY 2022-23 Adjusted Per Capita Expenditure	\$309.81	\$1,672.02	\$691.80	\$388.32	\$1,011.75	\$390.58	\$1,752.90	\$691.84	\$734.45

¹ This number is based on the projected average monthly caseload for the entire fiscal year, as applied through each month's trended growth in caseload.

² Exhibit EE, pages 4 and 5 present the estimated percentage of incurred claims from any six month period that will be paid in that same six month period.

Exhibit EE - Expenditure Calculations by Eligibility Category

Behavioral Health Capitation Calculations by Eligibility Category for FY 2023-24

Service Expenditures	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Breast and Cervical Cancer Program	Totals
Weighted Capitation Rate	\$28.61	\$141.98	\$58.30	\$32.94	\$85.40	\$32.89	\$150.47	\$58.30	
Adjusted Weighted Capitation Rate	\$26.07	\$140.73	\$58.23	\$32.68	\$85.16	\$32.88	\$147.54	\$58.23	
Estimated Monthly Caseload ⁽¹⁾	48,686	96,609	201,595	84,358	432,710	482,418	20,624	114	1,367,114
Number of Months Rate is Effective	12	12	12	12	12	12	12	12	
Total Estimated Costs for FY 2023-24 Capitated Payments	\$15,232,268	\$163,150,083	\$140,866,619	\$33,081,605	\$442,199,573	\$190,324,576	\$36,513,349	\$79,659	\$1,021,447,732
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service ⁽²⁾	100.09%	100.08%	99.90%	99.90%	100.01%	99.96%	100.00%	99.90%	
Estimated Expenditures for Claims Paid in Current Period with Current Period Dates of Service	\$15,245,977	\$163,280,603	\$140,725,752	\$33,048,523	\$442,243,793	\$190,248,446	\$36,513,349	\$79,579	\$1,021,386,022
Estimated Expenditures for Prior Period Dates of Service	(\$13,290)	(\$125,669)	\$133,103	\$33,536	(\$42,859)	\$76,275	\$0	\$80	\$61,175
Total Estimated Expenditures in FY 2023-24	\$15,232,687	\$163,154,934	\$140,858,855	\$33,082,059	\$442,200,934	\$190,324,721	\$36,513,349	\$79,659	\$1,021,447,197
Estimated Date of Death Retractions	(\$99,510)	(\$205,925)	(\$17,041)	(\$3,835)	(\$259,608)	(\$3,446)	(\$9,027)	\$0	(\$598,392)
Estimated Incentive Payment	\$738,313	\$7,854,284	\$6,655,132	\$1,676,779	\$21,429,716	\$9,534,402	\$1,779,806	\$3,978	\$49,672,410
Total Estimated FY 2023-24 Expenditures Including Adjustments	\$15,871,490	\$170,803,293	\$147,496,946	\$34,755,003	\$463,371,042	\$199,855,677	\$38,284,128	\$83,637	\$1,070,521,215
Estimated FY 2023-24 Adjusted Per Capita Expenditure	\$312.88	\$1,688.82	\$698.72	\$392.16	\$1,021.93	\$394.52	\$1,770.43	\$698.76	\$747.16

¹ This number is based on the projected average monthly caseload for the entire fiscal year, as applied through each month's trended growth in caseload.

² Exhibit EE, pages 4 and 5 present the estimated percentage of incurred claims from any six month period that will be paid in that same six month period.

Exhibit EE - Incurred But Not Reported Runout by Fiscal Period			
Adults 65 and Older (OAP-A)			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	-0.09%	-	-
Incurring in FY 2021-22	100.09%	-0.09%	-
Incurring in FY 2022-23	-	100.09%	-0.09%
Incurring in FY 2023-24	-	-	100.09%
Disabled Individuals			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	-0.08%	-	-
Incurring in FY 2021-22	100.08%	-0.08%	-
Incurring in FY 2022-23	-	100.08%	-0.08%
Incurring in FY 2023-24	-	-	100.08%
Low Income Adults			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	0.10%	-	-
Incurring in FY 2021-22	99.90%	0.10%	-
Incurring in FY 2022-23	-	99.90%	0.10%
Incurring in FY 2023-24	-	-	99.90%
Expansion Parents & Caretakers			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	0.10%	-	-
Incurring in FY 2021-22	99.90%	0.10%	-
Incurring in FY 2022-23	-	99.90%	0.10%
Incurring in FY 2023-24	-	-	99.90%
MAGI Adults			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	-0.01%	-	-
Incurring in FY 2021-22	100.01%	-0.01%	-
Incurring in FY 2022-23	-	100.01%	-0.01%
Incurring in FY 2023-24	-	-	100.01%
Eligible Children			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	0.04%	-	-
Incurring in FY 2021-22	99.96%	0.04%	-
Incurring in FY 2022-23	-	99.96%	0.04%
Other			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	0.00%	-	-
Incurring in FY 2021-22	100.00%	0.00%	-
Incurring in FY 2022-23	-	100.00%	0.00%
Incurring in FY 2023-24	-	-	100.00%
Breast and Cervical Cancer Program			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	0.10%	-	-
Incurring in FY 2021-22	99.90%	0.10%	-
Incurring in FY 2022-23	-	99.90%	0.10%
Incurring in FY 2023-24	-	-	99.90%

Exhibit EE - Incurred But Not Reported Expenditures by Fiscal Period			
Adults 65 and Older (OAP-A)			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	(\$13,692)	-	-
Incurring in FY 2021-22	\$15,213,088	(\$13,859)	-
Incurring in FY 2022-23	-	\$15,399,225	(\$14,284)
Incurring in FY 2023-24	-	-	\$15,871,490
Total Paid in Current Period	\$15,213,088	\$15,399,225	\$15,871,490
Total IBNR Amount	(\$13,692)	(\$13,859)	(\$14,284)
Total Paid for All Incurred Dates	\$15,199,396	\$15,385,365	\$15,857,206
Disabled Individuals			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	(\$128,860)	-	-
Incurring in FY 2021-22	\$161,075,328	(\$131,675)	-
Incurring in FY 2022-23	-	\$164,594,066	(\$136,643)
Incurring in FY 2023-24	-	-	\$170,803,293
Total Paid in Current Period	\$161,075,328	\$164,594,066	\$170,803,293
Total IBNR Amount	(\$128,860)	(\$131,675)	(\$136,643)
Total Paid for All Incurred Dates	\$160,946,468	\$164,462,391	\$170,666,650
Low Income Adults			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	\$136,351	-	-
Incurring in FY 2021-22	\$136,351,162	\$139,664	-
Incurring in FY 2022-23	-	\$139,664,034	\$147,497
Incurring in FY 2023-24	-	-	\$147,496,945
Total Paid in Current Period	\$136,351,162	\$139,664,034	\$147,496,945
Total IBNR Amount	\$136,351	\$139,664	\$147,497
Total Paid for All Incurred Dates	\$136,487,513	\$139,803,698	\$147,644,442
Expansion Parents & Caretakers			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	\$43,134	-	-
Incurring in FY 2021-22	\$43,133,613	\$35,628	-
Incurring in FY 2022-23	-	\$35,628,305	\$34,755
Incurring in FY 2023-24	-	-	\$34,755,003
Total Paid in Current Period	\$43,133,613	\$35,628,305	\$34,755,003
Total IBNR Amount	\$43,134	\$35,628	\$34,755
Total Paid for All Incurred Dates	\$43,176,747	\$35,663,933	\$34,789,758
MAGI Adults			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	(\$47,267)	-	-
Incurring in FY 2021-22	\$472,673,775	(\$45,117)	-
Incurring in FY 2022-23	-	\$451,170,479	(\$46,337)
Incurring in FY 2023-24	-	-	\$463,371,042
Total Paid in Current Period	\$472,673,775	\$451,170,479	\$463,371,042
Total IBNR Amount	(\$47,267)	(\$45,117)	(\$46,337)
Total Paid for All Incurred Dates	\$472,626,507	\$451,125,362	\$463,324,705
Eligible Children			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	\$86,957	-	-
Incurring in FY 2021-22	\$217,392,039	\$80,447	-
Incurring in FY 2022-23	-	\$201,118,505	\$79,942
Incurring in FY 2023-24	-	-	\$199,855,678
Total Paid in Current Period	\$217,392,039	\$201,118,505	\$199,855,678
Total IBNR Amount	\$86,957	\$80,447	\$79,942
Total Paid for All Incurred Dates	\$217,478,996	\$201,198,952	\$199,935,620
Foster Care			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	\$0	-	-
Incurring in FY 2021-22	\$36,280,451	\$0	-
Incurring in FY 2022-23	-	\$37,320,744	\$0
Incurring in FY 2023-24	-	-	\$38,284,127
Total Paid in Current Period	\$36,280,451	\$37,320,744	\$38,284,127
Total IBNR Amount	\$0	\$0	\$0
Total Paid for All Incurred Dates	\$36,280,451	\$37,320,744	\$38,284,127
Breast and Cervical Cancer Program			
	Paid in FY 2021-22	Paid in FY 2022-23	Paid in FY 2023-24
Incurring in all other previous periods	\$87	-	-
Incurring in FY 2021-22	\$87,453	\$84	-
Incurring in FY 2022-23	-	\$83,760	\$84
Incurring in FY 2023-24	-	-	\$83,637
Total Paid in Current Period	\$87,453	\$83,760	\$83,637
Total IBNR Amount	\$87	\$84	\$84
Total Paid for All Incurred Dates	\$87,541	\$83,844	\$83,721

Exhibit FF - Medicaid Behavioral Health RAE Enrollment Adjustment

Fiscal Year		Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care
FY 2018-19	Estimated Average Monthly RAE Enrollment	44,323	89,510	189,803	63,202	329,569	477,435	21,794
	Average Caseload	47,686	90,347	190,316	63,563	330,524	479,628	21,815
	RAE Enrollment as a Percentage of Caseload	92.95%	99.07%	99.73%	99.43%	99.71%	99.54%	99.90%
FY 2019-20	Estimated Average Monthly RAE Enrollment	43,615	89,289	177,733	59,139	321,901	460,897	21,294
	Average Caseload	47,551	90,234	178,223	59,499	322,951	463,472	21,320
	RAE Enrollment as a Percentage of Caseload	91.72%	98.95%	99.73%	99.39%	99.67%	99.44%	99.88%
FY 2020-21	Estimated Average Monthly RAE Enrollment	43,967	93,246	190,133	87,729	401,725	517,558	20,338
	Average Caseload	48,248	94,075	190,368	88,429	402,847	517,789	20,742
	RAE Enrollment as a Percentage of Caseload	91.13%	99.12%	99.88%	99.21%	99.72%	99.96%	98.05%
Adjustment Factor	Source	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care
FY 2019-20	FY 2018-19 RAE Enrollment as a Percentage of Caseload - 1	-7.05%	-0.93%	-0.27%	-0.57%	-0.29%	-0.46%	-0.10%
FY 2020-21	FY 2019-20 RAE Enrollment as a Percentage of Caseload - 1	-8.28%	-1.05%	-0.27%	-0.61%	-0.33%	-0.56%	-0.12%
FY 2021-22	FY 2020-21 RAE Enrollment as a Percentage of Caseload - 1	-8.87%	-0.88%	-0.12%	-0.79%	-0.28%	-0.04%	-1.95%
FY 2022-23	Assumed Constant	-8.87%	-0.88%	-0.12%	-0.79%	-0.28%	-0.04%	-1.95%
FY 2023-24	Assumed Constant	-8.87%	-0.88%	-0.12%	-0.79%	-0.28%	-0.04%	-1.95%

Exhibit GG - Medicaid Behavioral Health Capitation Rate Trends and Forecasts

Capitation Rate Trends

Fiscal Year ⁽¹⁾	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Weighted Behavioral Health Total ⁽²⁾
FY 2013-14 Actuals	\$13.96	\$144.99	\$24.02	\$24.02	\$79.38	\$17.22	\$174.80	\$40.28
% Change from FY 2012-13	2.27%	3.32%	9.68%	9.73%	-27.07%	2.74%	1.72%	0.00%
FY 2014-15 Actuals	\$14.22	\$146.82	\$25.96	\$26.01	\$55.52	\$19.20	\$215.40	\$40.86
% Change from FY 2013-14	1.86%	1.26%	8.08%	8.28%	-30.06%	11.50%	23.23%	1.43%
FY 2015-16 Actuals	\$16.49	\$130.24	\$26.66	\$19.37	\$56.17	\$19.89	\$165.94	\$39.71
% Change from FY 2014-15	15.96%	-11.29%	2.70%	-25.53%	1.17%	3.59%	-22.96%	-2.82%
FY 2016-17 Actuals	\$18.35	\$137.78	\$28.47	\$15.65	\$52.42	\$19.46	\$123.59	\$38.40
% Change from FY 2015-16	11.28%	5.79%	6.79%	-19.20%	-6.68%	-2.16%	-25.52%	-3.28%
FY 2017-18 Actuals	\$19.51	\$132.94	\$29.12	\$14.43	\$46.23	\$19.55	\$120.92	\$37.52
% Change from FY 2016-17	6.32%	-3.51%	2.28%	-7.80%	-11.81%	0.46%	-2.16%	-2.30%
FY 2018-19 Actuals	\$21.74	\$138.41	\$30.80	\$16.62	\$53.16	\$20.65	\$121.41	\$41.33
% Change from FY 2017-18	11.43%	4.11%	5.77%	15.18%	15.00%	5.63%	0.41%	10.14%
FY 2019-20 Actuals	\$26.53	\$146.20	\$31.52	\$23.74	\$64.25	\$25.01	\$131.28	\$46.30
% Change from FY 2018-19	35.98%	9.97%	8.24%	64.52%	38.99%	27.93%	8.57%	12.02%
FY 2020-21 Actuals	\$25.01	\$125.86	\$42.18	\$26.26	\$67.03	\$28.72	\$130.03	\$49.88
% Change from FY 2019-20	15.04%	-9.07%	36.95%	58.00%	26.09%	39.08%	7.10%	7.74%
FY 2021-22 Estimated Weighted Average Rate	\$27.50	\$136.48	\$56.04	\$31.66	\$82.09	\$31.61	\$144.64	\$58.75
% Change from FY 2020-21	9.96%	8.44%	32.86%	20.56%	22.47%	10.06%	11.24%	17.80%
FY 2022-23 Estimated Weighted Average Rate	\$28.33	\$140.57	\$57.72	\$32.61	\$84.55	\$32.56	\$148.98	\$61.53
% Change from FY 2021-22	3.02%	3.00%	3.00%	3.00%	3.00%	3.01%	3.00%	4.72%
FY 2023-24 Estimated Weighted Average Rate	\$28.61	\$141.98	\$58.30	\$32.94	\$85.40	\$32.89	\$150.47	\$62.60
% Change from FY 2022-23	0.99%	1.00%	1.00%	1.01%	1.01%	1.01%	1.00%	1.74%

¹ Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Low Income Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

² The Weighted Behavioral Health Total is the weighted capitation rate distributed by Regional Accountable Entity (RAE) across each eligibility category based on the total number of claims processed (i.e. Adults 65 and older make up a percentage of all client claims, and each RAE services some subset of the total number of claims for Adults 65 and older).

Exhibit GG - Medicaid Behavioral Health Capitation Rate Trends and Forecasts

Capitation Rate Across Eligibility Categories

Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Total
FY 2013-14 Average Caseload	41,836	76,837	138,897	47,082	87,243	424,377	18,267	834,539
Percentage of Total Caseload	5.01%	9.21%	16.64%	5.64%	10.45%	50.85%	2.19%	100.00%
FY 2013-14 Average Weighted Capitation Rate	\$13.96	\$144.99	\$24.02	\$24.02	\$79.38	\$17.22	\$174.80	\$40.28
FY 2014-15 Average Caseload	41,817	80,641	178,328	71,989	241,392	495,836	20,036	1,130,039
Percentage of Total Caseload	3.70%	7.14%	15.78%	6.37%	21.36%	43.88%	1.77%	100.00%
FY 2014-15 Average Weighted Capitation Rate	\$14.22	\$146.82	\$25.96	\$26.01	\$55.52	\$19.20	\$215.40	\$40.86
FY 2015-16 Average Caseload	42,403	85,546	179,514	86,964	320,374	526,694	19,935	1,261,430
Percentage of Total Caseload	3.36%	6.78%	14.23%	6.89%	25.40%	41.75%	1.58%	100.00%
FY 2015-16 Average Weighted Capitation Rate	\$16.49	\$130.24	\$26.66	\$19.37	\$56.17	\$19.89	\$165.94	\$39.71
FY 2016-17 Average Caseload	43,941	85,111	176,957	101,059	347,848	534,204	20,310	1,309,430
Percentage of Total Caseload	3.36%	6.50%	13.51%	7.72%	26.56%	40.80%	1.55%	100.00%
FY 2016-17 Average Weighted Capitation Rate	\$18.35	\$137.78	\$28.47	\$15.65	\$52.42	\$19.46	\$123.59	\$38.40
FY 2017-18 Average Estimated Caseload	45,907	87,503	192,207	74,610	352,607	503,118	21,473	1,277,425
Percentage of Total Caseload	3.59%	6.85%	15.05%	5.84%	27.60%	39.39%	1.68%	100.00%
FY 2017-18 Average Weighted Capitation Rate	\$19.51	\$132.94	\$29.12	\$14.43	\$46.23	\$19.55	\$120.92	\$37.52
FY 2018-19 Average Estimated Caseload	47,686	90,347	190,316	63,563	330,525	479,629	21,815	1,223,880
Percentage of Total Caseload	3.90%	7.38%	15.55%	5.19%	27.01%	39.19%	1.78%	100.00%
FY 2018-19 Average Weighted Capitation Rate	\$21.74	\$138.41	\$30.80	\$16.62	\$53.16	\$20.65	\$121.41	\$41.33
FY 2019-20 Average Estimated Caseload	47,551	90,234	178,223	59,499	322,951	463,472	21,320	1,183,250
Percentage of Total Caseload	4.02%	7.63%	15.06%	5.03%	27.29%	39.17%	1.80%	100.00%
FY 2019-20 Average Weighted Capitation Rate	\$26.53	\$146.20	\$31.52	\$23.74	\$64.25	\$25.01	\$131.28	\$47.86
FY 2020-21 Average Estimated Caseload	48,248	94,075	190,368	88,429	402,847	517,789	20,742	1,362,498
Percentage of Total Caseload	3.54%	6.90%	13.97%	6.49%	29.57%	38.00%	1.52%	100.00%
FY 2020-21 Average Weighted Capitation Rate	\$25.01	\$125.86	\$42.18	\$26.26	\$67.03	\$28.72	\$130.03	\$49.88
FY 2021-22 Average Estimated Caseload	48,706	95,014	195,927	110,811	464,992	549,981	20,374	1,485,805
Percentage of Total Caseload	3.28%	6.39%	13.19%	7.46%	31.30%	37.02%	1.37%	109.05%
FY 2021-22 Average Weighted Capitation Rate	\$27.50	\$136.48	\$56.04	\$31.66	\$82.09	\$31.61	\$144.64	\$58.75
FY 2022-23 Average Estimated Caseload	47,663	93,951	192,398	86,381	423,613	488,238	20,307	1,352,551
Percentage of Total Caseload	3.52%	6.95%	14.22%	6.39%	31.32%	36.10%	1.50%	99.27%
FY 2022-23 Average Weighted Capitation Rate	\$28.33	\$140.57	\$57.72	\$32.61	\$84.55	\$32.56	\$148.98	\$61.53
FY 2023-24 Average Estimated Caseload	48,686	96,609	201,595	84,358	432,710	482,418	20,624	1,367,000
Percentage of Total Caseload	3.56%	7.07%	14.75%	6.17%	31.65%	35.29%	1.51%	100.33%
FY 2023-24 Average Weighted Capitation Rate	\$28.61	\$141.98	\$58.30	\$32.94	\$85.40	\$32.89	\$150.47	\$62.60

Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Low Income Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

Exhibit HH - Forecast Model Comparisons - Final Forecasts

Adjustment Factors for Forecasted Rates

Model ⁽¹⁾	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care
FY 2021-22 Estimated Rate							
Weighted Capitation Point Estimate	\$27.50	\$136.48	\$56.04	\$31.66	\$82.09	\$31.61	\$144.64
Retroactivity Adjustment Multiplier (Exhibit FF)	-8.28%	-1.05%	-0.27%	-0.61%	-0.33%	-0.56%	-0.12%
FY 2021-22 Estimated Rate Final Paid	\$25.22	\$135.05	\$55.89	\$31.47	\$81.82	\$31.43	\$144.47
FY 2022-23 Estimated Rate							
Weighted Capitation Point Estimate	\$28.33	\$140.57	\$57.72	\$32.61	\$84.55	\$32.56	\$148.98
Retroactivity Adjustment Multiplier (Exhibit FF)	-8.87%	-0.88%	-0.12%	-0.79%	-0.28%	-0.04%	-1.95%
FY 2022-23 Estimated Rate Final Paid	\$25.82	\$139.33	\$57.65	\$32.35	\$84.31	\$32.55	\$146.07
FY 2023-24 Estimated Rate							
Weighted Capitation Point Estimate	\$28.61	\$141.98	\$58.30	\$32.94	\$85.40	\$32.89	\$150.47
Retroactivity Adjustment Multiplier (Exhibit FF)	-8.87%	-0.88%	-0.12%	-0.79%	-0.28%	-0.04%	-1.95%
FY 2023-24 Estimated Rate Final Paid	\$26.07	\$140.73	\$58.23	\$32.68	\$85.16	\$32.88	\$147.54

¹ Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Low Income Adult population, and comprise less than 1% of that total population. As such, a forecast for BCCP program eligible was not performed.

² The number presented here reflects the final outcome of payment of partial capitations and the estimate of full IBNR based on that component of IBNR runout that has been completed. Because the IBNR component is estimated, this final figure is estimated and may change in future requests.

Exhibit HH - Forecast Model Comparisons - Capitation Trend Models

Capitation Rate Forecast Model

Model ⁽¹⁾	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care
FY 2021-22 Estimated Weighted Average Rate	\$27.50	\$136.48	\$56.04	\$31.66	\$82.09	\$31.61	\$144.64
Selected Trend Models							
Average Growth Model	\$29.91	\$136.55	\$68.93	\$39.47	\$95.13	\$36.46	\$153.52
% Difference from FY 2021-22	8.76%	0.05%	23.00%	24.67%	15.89%	15.34%	6.14%
Two Period Moving Average Model	\$26.26	\$131.17	\$49.11	\$28.96	\$74.56	\$30.17	\$137.34
% Difference from FY 2021-22	-4.51%	-3.89%	-12.37%	-8.53%	-9.17%	-4.56%	-5.05%
Exponential Growth Model	\$27.29	\$126.89	\$74.81	\$36.04	\$90.34	\$35.79	\$148.91
% Difference from FY 2021-22	-0.76%	-7.03%	33.49%	13.83%	10.05%	13.22%	2.95%
Linear Growth Model ²	\$26.78	\$91.31	\$23.39	\$19.20	\$47.53	\$21.69	\$102.43
% Difference from FY 2021-22	-2.61%	-33.10%	-58.26%	-39.36%	-42.10%	-31.38%	-29.18%
2020 S-2 Trend	2.69%	2.99%	5.30%	7.35%	5.57%	4.78%	3.71%
Forecast Minimum	\$26.26	\$91.31	\$23.39	\$19.20	\$47.53	\$21.69	\$102.43
Forecast Maximum	\$29.91	\$136.55	\$74.81	\$39.47	\$95.13	\$36.46	\$153.52
% Change from FY 2020-21 Rate to Selected FY 2021-22 Capitation Rate ⁽²⁾	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
FY 2022-23 Forecast Point Estimate	\$28.33	\$140.57	\$57.72	\$32.61	\$84.55	\$32.56	\$148.98
% Change from FY 2021-22 Rate to Selected FY 2022-23 Capitation Rate ⁽³⁾	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
FY 2023-24 Forecast Point Estimate	\$28.61	\$141.98	\$58.30	\$32.94	\$85.40	\$32.89	\$150.47

¹ Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Low Income Adult population and comprise less than 1% of that total population. As such, a forecast for BCCP program eligible was not performed.

(2) Percentage selected to modify capitation rates for FY 2022-23	Adults 65 and Older (OAP-A)	Assumed actuarially sound based on caseload growth	MAGI Adults/ Expansion Parents & Caretakers	Assumed actuarially sound based on caseload growth
	Disabled Individuals	Assumed actuarially sound based on caseload growth	Eligible Children	Assumed actuarially sound based on caseload growth
	Low Income Adults	Assumed actuarially sound based on caseload growth	Foster Care	Assumed actuarially sound based on caseload growth
(3) Percentage selected to modify capitation rates for FY 2023-24	Adults 65 and Older (OAP-A)	Assumed actuarially sound based on caseload growth	MAGI Adults/ Expansion Parents & Caretakers	Assumed actuarially sound based on caseload growth
	Disabled Individuals	Assumed actuarially sound based on caseload growth	Eligible Children	Assumed actuarially sound based on caseload growth
	Low Income Adults	Assumed actuarially sound based on caseload growth	Foster Care	Assumed actuarially sound based on caseload growth

Exhibit II - Reconciliations					
Total Reconciliations by Fiscal Year					
	FY 2019-20 Actual	FY 2020-21 Estimate	FY 2021-22 Estimate	FY 2022-23 Estimate	FY 2023-24 Estimate
Estimated Reconciliation for FY 2018-19 ⁽¹⁾	\$22,587,965	\$0	\$0	\$0	\$0
Estimated Reconciliation for FY 2019-20 ⁽²⁾		\$35,132,725	\$0	\$0	\$0
Estimated Reconciliation for FY 2020-21 ⁽³⁾			\$40,523,873	\$0	\$0
Estimated Reconciliation for FY 2021-22 ⁽⁴⁾				\$52,115,896	\$0
Estimated Reconciliation for FY 2022-23 ⁽⁵⁾					\$49,672,409
Net Impact of Estimated Reconciliations	\$22,587,965	\$35,132,725	\$40,523,873	\$52,115,896	\$49,672,409
(1) This reconciliation is made up of \$22,587,965 for the Incentive payments for service dates in FY 2018-19					
(2) This reconciliation is made up of \$6,849,246 for the HIPF Payment, \$14,893,929 for the Incentive payments and \$13,389,550 for the Risk Corridor Payment for service dates in FY 2019-20					
(3) This reconciliation is made up of \$40,523,874 for the Incentive payments for service dates in FY 2020-21					
(4) This reconciliation is made up of \$52,115,896 for the Incentive payments for service dates in FY 2021-22					
(5) This reconciliation is made up of \$49,672,410 for the Incentive payments for service dates in FY 2022-23					
Reconciliation Fund Splits					
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Estimated Reconciliation for FY 2021-22	\$40,523,873	\$10,712,860	\$9,549,076	\$0	\$20,261,937
Estimated Reconciliation for FY 2022-23	\$52,115,896	\$12,683,053	\$13,374,895	\$0	\$26,057,948
Estimated Reconciliation for FY 2023-24	\$49,672,409	\$12,394,955	\$12,441,250	\$0	\$24,836,204

Exhibit JJ - Alternative Financing Populations ⁽¹⁾

FY 2021-22 Calculation

Capitations

DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	7,114	\$671.49	\$4,776,820	\$0	\$1,947,032	\$0	\$2,829,788	59.24%
Expansion Parents & Caretakers	110,811	\$376.79	\$41,752,660	\$0	\$2,893,459	\$0	\$38,859,201	93.07%
MAGI Adults	461,338	\$982.35	\$453,195,489	\$0	\$34,805,414	\$0	\$418,390,075	92.32%
Non Newly Eligible	3,654	\$982.35	\$3,589,659	\$0	\$552,449	\$0	\$3,037,210	84.61%
Disabled Buy-In	15,116	\$1,623.51	\$24,541,002	\$0	\$10,002,912	\$0	\$14,538,090	59.24%
Continuous Eligibility for Children	18,611	\$379.15	\$7,056,397	\$0	\$2,876,187	\$0	\$4,180,210	59.24%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$534,912,027	\$0	\$53,077,453	\$0	\$481,834,574	
SB 11-008 Eligible Children								
Former CHP+ Kids	71,804	\$379.14	\$27,224,070	\$8,937,662	\$0	\$0	\$18,286,408	67.17%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	4,097	\$671.45	\$2,750,914	\$903,125	\$0	\$0	\$1,847,789	67.17%

Fee-for-Service

DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	7,114	\$14.74	\$104,849	\$0	\$42,736	\$0	\$62,113	59.24%
Expansion Parents & Caretakers	110,811	\$19.41	\$2,150,685	\$0	\$149,042	\$0	\$2,001,643	93.07%
MAGI Adults	461,338	\$13.68	\$6,313,279	\$0	\$484,860	\$0	\$5,828,419	92.32%
Non Newly Eligible	3,654	\$14.95	\$54,624	\$0	\$8,407	\$0	\$46,217	84.61%
Disabled Buy-In	15,116	\$9.00	\$136,040	\$0	\$55,450	\$0	\$80,590	59.24%
Continuous Eligibility for Children	18,611	\$12.97	\$241,474	\$0	\$98,425	\$0	\$143,049	59.24%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$9,000,951	\$0	\$838,920	\$0	\$8,162,031	
SB 11-008 Eligible Children								
Former CHP+ Kids	71,804	\$7.47	\$536,632	\$176,176	\$0	\$0	\$360,456	67.17%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	4,097	\$0.00	\$0	\$0	\$0	\$0	\$0	67.17%

¹ The Department's allocation methodology is described in the Alternative Financing Populations section of this Budget Request.

Exhibit JJ - Alternative Financing Populations ⁽¹⁾

FY 2022-23 Calculation

Capitations

DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	7,119	\$691.79	\$4,924,519	\$0	\$2,462,259	\$0	\$2,462,260	50.00%
Expansion Parents & Caretakers	86,381	\$388.32	\$33,543,803	\$0	\$3,354,380	\$0	\$30,189,423	90.00%
MAGI Adults	420,284	\$1,011.75	\$425,223,383	\$0	\$42,522,338	\$0	\$382,701,045	90.00%
Non Newly Eligible	3,329	\$1,011.75	\$3,368,116	\$0	\$673,623	\$0	\$2,694,493	80.00%
Disabled Buy-In	13,830	\$1,671.91	\$23,122,570	\$0	\$11,561,285	\$0	\$11,561,285	50.00%
Continuous Eligibility for Children	18,927	\$390.56	\$7,392,065	\$0	\$3,696,032	\$0	\$3,696,033	50.00%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$497,574,456	\$0	\$64,269,917	\$0	\$433,304,539	
SB 11-008 Eligible Children								
Former CHP+ Kids	61,125	\$390.59	\$23,874,548	\$8,356,092	\$0	\$0	\$15,518,456	65.00%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	2,896	\$692.07	\$2,004,226	\$701,479	\$0	\$0	\$1,302,747	65.00%

Fee-for-Service

DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	7,119	\$13.41	\$95,446	\$0	\$47,723	\$0	\$47,723	50.00%
Expansion Parents & Caretakers	86,381	\$22.66	\$1,957,803	\$0	\$195,780	\$0	\$1,762,023	90.00%
MAGI Adults	420,284	\$13.67	\$5,747,080	\$0	\$574,708	\$0	\$5,172,372	90.00%
Non Newly Eligible	3,329	\$14.94	\$49,725	\$0	\$9,945	\$0	\$39,780	80.00%
Disabled Buy-In	13,830	\$8.95	\$123,839	\$0	\$61,919	\$0	\$61,920	50.00%
Continuous Eligibility for Children	18,927	\$11.61	\$219,818	\$0	\$109,909	\$0	\$109,909	50.00%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$8,193,711	\$0	\$999,984	\$0	\$7,193,727	
SB 11-008 Eligible Children								
Former CHP+ Kids	61,125	\$7.47	\$456,822	\$159,888	\$0	\$0	\$296,934	65.00%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	2,896	\$0.00	\$0	\$0	\$0	\$0	\$0	65.00%

¹ The Department's allocation methodology is described in the Alternative Financing Populations section of this Budget Request.

Exhibit JJ - Alternative Financing Populations ⁽¹⁾

FY 2023-24 Calculation

Capitations

DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	7,481	\$698.72	\$5,226,998	\$0	\$2,613,499	\$0	\$2,613,499	50.00%
Expansion Parents & Caretakers	84,358	\$392.16	\$33,082,059	\$0	\$3,308,206	\$0	\$29,773,853	90.00%
MAGI Adults	429,310	\$1,021.93	\$438,725,867	\$0	\$43,872,587	\$0	\$394,853,280	90.00%
Non Newly Eligible	3,400	\$1,021.93	\$3,475,067	\$0	\$695,013	\$0	\$2,780,054	80.00%
Disabled Buy-In	14,764	\$1,688.86	\$24,934,402	\$0	\$12,467,201	\$0	\$12,467,201	50.00%
Continuous Eligibility for Children	18,927	\$394.52	\$7,467,090	\$0	\$3,733,545	\$0	\$3,733,545	50.00%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$512,911,483	\$0	\$66,690,051	\$0	\$446,221,432	
SB 11-008 Eligible Children								
Former CHP+ Kids	59,715	\$394.52	\$23,559,015	\$8,245,655	\$0	\$0	\$15,313,360	65.00%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	2,625	\$698.82	\$1,834,415	\$642,045	\$0	\$0	\$1,192,370	65.00%

Fee-for-Service

DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	7,481	\$12.90	\$96,465	\$0	\$48,232	\$0	\$48,233	50.00%
Expansion Parents & Caretakers	84,358	\$23.46	\$1,978,715	\$0	\$197,872	\$0	\$1,780,843	90.00%
MAGI Adults	429,310	\$13.53	\$5,808,465	\$0	\$580,846	\$0	\$5,227,619	90.00%
Non Newly Eligible	3,400	\$14.78	\$50,256	\$0	\$10,051	\$0	\$40,205	80.00%
Disabled Buy-In	14,764	\$8.48	\$125,162	\$0	\$62,581	\$0	\$62,581	50.00%
Continuous Eligibility for Children	18,927	\$11.74	\$222,166	\$0	\$111,083	\$0	\$111,083	50.00%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$8,281,229	\$0	\$1,010,665	\$0	\$7,270,564	
SB 11-008 Eligible Children								
Former CHP+ Kids	59,715	\$7.47	\$446,284	\$156,199	\$0	\$0	\$290,085	65.00%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	2,625	\$0.00	\$0	\$0	\$0	\$0	\$0	65.00%

¹ The Department's allocation methodology is described in the Alternative Financing Populations section of this Budget Request.

Exhibit KK - Medicaid Behavioral Health Fee-For-Service Forecast

FY 2021-22 Calculation

Components	FY 2020-21	FY 2021-22 Appropriation	Estimated Change in Total Behavioral Health Caseload			FY 2021-22 Estimate	FY 2021-22 Change from Appropriation
			FY 2020-21 Caseload	FY 2021-22 Caseload	Forecasted Change in Caseload		
<i>Inpatient Services</i>	\$1,425,479	\$1,454,238	1,362,637	1,485,930	9.05%	\$1,600,299	\$146,061
<i>Outpatient Services</i>	\$13,300,539	\$13,568,880	1,362,637	1,485,930	9.05%	\$15,106,414	\$1,537,534
<i>Physician Services</i>	\$125,876	\$128,415	1,362,637	1,485,930	9.05%	\$145,397	\$16,982
Total After Prior Year Adjustments	\$14,851,894	\$15,151,534				\$16,852,110	\$1,700,577

FY 2022-23 Calculation

Components	FY 2021-22 Estimate	Estimated Change in Total Behavioral Health Caseload			FY 2022-23 Estimate	FY 2022-23 Change from FY 2021-22 Estimate
		FY 2021-22 Forecasted Caseload	FY 2022-23 Forecasted Caseload	Forecasted Change in Caseload		
<i>Inpatient Services</i>	\$1,600,299	1,485,930	1,352,666	-8.97%	\$1,456,778	(\$143,521)
<i>Outpatient Services</i>	\$15,106,414	1,485,930	1,352,666	-8.97%	\$13,751,611	(\$1,354,802)
<i>Physician Services</i>	\$145,397	1,485,930	1,352,666	-8.97%	\$132,357	(\$13,040)
Total After Prior Year Adjustments	\$16,852,110				\$15,340,747	(\$1,511,363)

FY 2023-24 Calculation

Components	FY 2020-21 Estimate (2)	Estimated Change in Total Behavioral Health Caseload			FY 2023-24 Estimate	FY 2023-24 Change from FY 2022-23 Estimate
		FY 2022-23 Average Monthly Caseload	FY 2023-24 Forecasted Average Monthly Caseload	Forecasted Change in Caseload		
<i>Inpatient Services</i>	\$1,456,778	1,352,666	1,367,114	1.07%	\$1,472,338	\$15,560
<i>Outpatient Services</i>	\$13,751,611	1,352,666	1,367,114	1.07%	\$13,898,494	\$146,883
<i>Physician Services</i>	\$132,357	1,352,666	1,367,114	1.07%	\$133,771	\$1,414
Total After Prior Year Adjustments	\$15,340,747				\$15,504,603	\$163,856

² The FY 2020-21 estimates are the base for the FY 2021-22 estimates.

Exhibit LL - Global Reasonableness Test for Medicaid Behavioral Health Capitation Payments⁽¹⁾							
	Actual/Estimated Expenditures	Percent Change	Dollar Change	Two-year Rolling Average	Percent Change Two-year Average	Three-year Rolling Average	Percent Change Three-year Average
FY 2007-08 Actual	\$197,346,769	-	-	-	-	-	-
FY 2008-09 Actual	\$217,637,190	10.28%	\$20,290,421	\$207,491,980	-	-	-
FY 2009-10 Actual	\$229,208,480	5.32%	\$11,571,290	\$223,422,835	7.68%	\$214,730,813	-
FY 2010-11 Actual	\$255,016,621	11.26%	\$25,808,141	\$242,112,551	8.37%	\$233,954,097	8.95%
FY 2011-12 Actual	\$275,399,032	7.99%	\$20,382,411	\$265,207,827	9.54%	\$253,208,045	8.23%
FY 2012-13 Actual	\$305,872,244	11.07%	\$30,473,212	\$290,635,638	9.59%	\$278,762,633	10.09%
FY 2013-14 Actual	\$421,229,684	37.71%	\$115,357,440	\$363,550,964	25.09%	\$334,166,987	19.88%
FY 2014-15 Actual	\$577,485,822	37.10%	\$156,256,138	\$499,357,753	37.36%	\$434,862,583	30.13%
FY 2015-16 Actual	\$611,305,508	5.86%	\$33,819,686	\$594,395,665	19.03%	\$536,673,671	23.41%
FY 2016-17 Actual	\$611,638,692	0.05%	\$333,184	\$611,472,100	2.87%	\$600,143,341	11.83%
FY 2017-18 Actual	\$523,486,574	-14.41%	(\$88,152,118)	\$567,562,633	-7.18%	\$582,143,591	-3.00%
FY 2018-19 Actual	\$625,885,645	2.33%	\$14,246,953	\$587,003,637	-4.00%	\$593,079,105	-1.18%
FY 2021-22 Appropriation vs. FY 2020-21 Actual	\$983,572,421	57.15%	\$357,686,776	\$671,177,768	12.92%	\$655,562,444	10.54%
FY 2021-22 Estimate vs. FY 2020-21 Actual	\$1,082,206,910	72.91%	\$456,321,264	\$854,046,277	43.68%	\$710,804,455	19.85%
FY 2021-22 Estimate vs. FY 2021-22 Appropriation	\$1,082,206,910	10.03%	\$98,634,488	\$854,046,277	27.25%	\$710,804,455	8.43%
FY 2022-23 Estimate vs. FY 2021-22 Appropriation	\$1,044,979,118	6.24%	\$61,406,696	\$1,014,275,769	51.12%	\$711,193,397	8.49%
FY 2022-23 Estimate vs. FY 2021-22 Estimate	\$1,044,979,118	-3.44%	(\$37,227,792)	\$1,063,593,014	24.54%	\$901,557,283	26.84%
FY 2023-24 Estimate vs. FY 2021-22 Appropriation	\$1,070,521,215	8.84%	\$86,948,793	\$1,027,046,818	53.02%	\$1,033,024,251	57.58%
FY 2023-24 Estimate vs. FY 2022-23 Estimate	\$1,070,521,215	2.44%	\$25,542,097	\$1,057,750,166	-0.55%	\$1,065,902,414	18.23%

¹ This analysis compares the percent change between Behavioral Health Capitation Payments Reported in Exhibit DD. Other Medicaid Behavioral Health Payments have been excluded.