

**COLORADO GENERAL ASSEMBLY
JOINT BUDGET COMMITTEE**



**SUPPLEMENTAL REQUESTS FOR FY 2009-10
AND FY 2008-09**

**DEPARTMENT OF
HEALTH CARE POLICY AND FINANCING**

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

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Non-prioritized Supplementals -- With Action Taken in Other Staff Documents Or Pending Action

Non-Prioritized Requests	43	n/a
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FY 2008-09 Supplementals

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	Narrative Page	Numbers Page
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Appendixes

Appendix A: Medicaid Caseload Charts

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Prioritized Supplementals

Department Priority #1 -- ALL Medical Services Premiums Adjustments

S #1, ES #1, ES #2, ES #4, ES #5, ES #6, ES #7, ES NP #5, ES NP #8, ES NP #16, ES NP #17, and ES NP #18

SOME PROVISIONS MAY REQUIRE LEGISLATION

All Supplementals Impacting the Medical Services Premiums			
Line Item -- PRE-ARRA IMPACT*	Request	Recommendation	Difference
Total	(\$29,846,428)	(\$54,017,998)	(\$24,171,570)
General Fund	(51,983,841)	(61,544,911)	(9,561,070)
Cash Funds	33,988,475	30,512,259	(3,476,216)
Reappropriated Funds	192,328	128,121	(64,207)
Federal Funds	(12,043,390)	(23,113,467)	(11,070,077)

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

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; <u>data that was not available when the original appropriation was made; or an unforeseen contingency.</u>]	YES
JBC staff and the Department agree that all the supplemental requests and recommendations in this write-up are appropriate given the current budget situation.	

NOTE ON FORMAT: Several of the Department's requested and staff's recommended supplemental adjustments impact the Medical Services Premiums line item. In order to provide a comprehensive discussion related to the Medical Services Premiums line item, staff has incorporated all supplemental adjustments into one narrative discussion. This format is similar to how staff presents recommendations to the Medical Services Premiums line item during figure setting. Later prioritized supplemental requests and recommendations that impact the Medical Services Premiums line item, as well as *other* line items, will refer the reader back to *this Supplemental Issue* for the Medical Services Premiums line item's impacts (The MSP line item will not be discussed more than once in the narrative section of this packet. However, the number pages will continue to show the MSP impact in the priority number requested or recommended).

CAUTIONARY NOTE: *For purposes of presentation, staff calculates the American Recovery and Reinvestment Act (ARRA) impact after all other supplemental issues are discussed. Therefore, supplemental adjustments will show pre-ARRA fund splits. If the Committee decides to accept a Department request rather than the staff recommendation, then the Committee will need to instruct the staff to make the necessary technical adjustments to the ARRA impact calculations based on prior Committee votes. Also, the ARRA impacts noted in the packet are for information purposes only. Staff recommends that the Committee not appropriated the ARRA adjustment until the Long Bill supplemental add-on.*

TABLE 1: Supplemental Summary for Medical Services Premiums

Incremental Budget Change Issue	Department Request*		Staff Recommendation		Staff-Dept
	GF	Total Funds	GF	Total Funds	General Fund Only
FY 2009-10 Original Appropriation	\$1,112,661,142	\$2,899,214,098	\$1,112,661,142	\$2,899,214,098	\$0
S-1: Medicaid Forecast -- Caseload and Cost Update	48,486,520	86,404,006	18,659,852	27,054,870	(29,826,668)
S-1: Medicaid Forecast -- HB 09-1293 Appropriation	0	(34,133,778)	0	(41,034,268)	0
FY 2009-10 Revised BASE	\$1,161,147,662	\$2,951,484,326	\$1,131,320,994	\$2,885,234,700	(\$29,826,668)
ES-1: Hospital Provider Fee Refinance	(41,415,100)	0	(40,925,000)	0	490,100
ES-2: Medicaid Program Reductions	(16,752,293)	(30,217,206)	(16,914,299)	(30,560,339)	(162,006)
ES-4: Reduce Funding for Indigent Care	(2,648,030)	0	(2,648,030)	0	0
ES-6: Medicaid Provider Rate Reduction	(3,974,214)	(8,332,713)	(4,830,718)	(9,704,829)	(856,504)
ES-7: Medicaid Payment Timing*	(21,198,038)	(44,665,147)	pending	pending	pending
ES NP-5: Close beds at Fort Logan	100,034	200,067	100,034	200,068	0
ES NP-8: Close beds Grand Junction	417,280	898,343	13,250	26,500	(404,030)
ES-16: Refinance with DPHE Tobacco Education Program Fund	(7,000,000)	0	(7,000,000)	0	0
ES NP-17: Refinance with DPHE Health Disparities Grant Program	(1,000,000)	0	(1,000,000)	0	0
ES NP-18: Refinance with DPHE Prevention, Detection & Treatment Fund	(7,000,000)	0	(7,000,000)	0	0
FY 2009-10 Request / Recommendation without ARRA	\$1,060,677,301	\$2,869,367,670	\$1,051,116,231	\$2,845,196,100	(\$9,561,070)
ES-5: ARRA Adjustment for base and issues above*	(279,601,894)	0	(245,403,348)	0	34,198,546
FY 2009-10 Request/Recommendation	\$781,075,407	\$2,869,367,670	\$805,712,883	\$2,845,196,100	\$24,637,476

*Staff's recommendation is pending -- information is shown in this table so that a comparison can be made between the Department's calculations and staff's calculations.

Table 2: Fund Source Detail -- BEFORE ARRA ADJUSTMENT

Line Item Fund Split Detail By Fund Source	Current Appropriation (including HB 09-1293)	Department FY 2009-10 Request -- W/O ARRA Adj	Staff FY 2009-10 Rec. W/O ARRA Adj.	Difference Staff-Cur. App W/O ARRA Adj.	Difference Staff - Dept W/O ARRA Adj.	% Difference (Staff - Dept)
GF - General Fund	\$1,112,661,142	\$1,060,677,301	\$1,051,116,231	(\$61,544,911)	(9,561,070)	-0.90%
CF - Certified Funds	22,107,094	22,229,571	22,229,571	122,477	0	0.00%
CF - Health Care Expansion Fund	82,475,369	88,484,733	81,679,889	(795,480)	(6,804,844)	-7.69%
CF - Hospital Provider Fee	163,585,730	181,800,083	183,993,595	20,407,865	2,193,512	1.21%
CF - Nursing Provider Fee	26,330,456	17,901,018	19,269,874	(7,060,582)	1,368,856	7.65%
CF - Breast and Cervical Cancer Treatment Fund	1,749,206	2,188,537	2,018,912	269,706	(169,625)	-7.75%
CF - Autism Fund	784,875	769,233	705,118	(79,757)	(64,115)	-8.33%
CF - Coordinated Care Fund	250,000	250,000	250,000	0	0	0.00%
CF - Pediatric Hospital Fund	0	10,013	10,013	10,013	0	0.00%
CF* -- Funds Used to Offset GF Due to Budget Situation	33,400,000	51,038,017	51,038,017	17,638,017	0	0.00%
RF - Transfer from DPHE for Breast & Cervical Cancer	746,329	938,657	874,450	128,121	(64,207)	-6.84%
RF - Transfer from DPHE to offset General Fund	2,000,000	2,000,000	2,000,000	0	0	0.00%
FF - Federal Funds	<u>1,453,123,897</u>	<u>1,441,080,507</u>	<u>1,430,010,430</u>	<u>(23,113,467)</u>	<u>(11,070,077)</u>	<u>-0.77%</u>
TOTAL FUNDS	\$2,899,214,098	\$2,869,367,670	\$2,845,196,100	(\$54,017,998)	(\$24,171,570)	-0.84%

*Includes multiple funds temporarily used in FY 2009-10 to offset General Fund -- see individual supplemental for greater fund detail.

Table 3: Fund Source Detail -- AFTER ARRA ADJUSTMENT

Line Item Fund Split Detail By Fund Source	Current Appropriation (including HB 09-1293)	Department FY 2009-10 Request -- ARRA Adj	Staff FY 2009-10 Rec. ARRA Adj.	Difference Staff-Cur. App with ARRA Adj.	Difference Staff - Dept with ARRA Adj.	% Difference (Staff - Dept)
GF - General Fund	\$1,112,661,142	\$781,075,407	\$805,770,832	(\$306,890,310)	24,695,425	3.16%
CF - Certified Funds	22,107,094	22,229,571	22,229,571	122,477	0	0.00%
CF - Health Care Expansion Fund	82,475,369	82,833,869	62,871,634	(19,603,735)	(19,962,235)	(24.10)%
CF - Hospital Provider Fee	163,585,730	151,811,155	141,343,880	(22,241,850)	(10,467,275)	(6.89)%
CF - Nursing Provider Fee	26,330,456	13,692,603	14,803,117	(11,527,339)	1,110,514	8.11%
CF - Breast and Cervical Cancer Treatment Fund	1,749,206	2,239,842	2,090,847	341,641	(148,995)	(6.65)%
CF - Autism Fund	784,875	590,807	541,672	(243,203)	(49,135)	(8.32)%
CF - Coordinated Care Fund	250,000	250,000	250,000	0	0	0.00%
CF - Pediatric Hospital Fund	0	10,013	10,013	10,013	0	0.00%
CF* -- Funds Used to Offset GF Due to Budget Situation	33,400,000	51,038,017	51,038,017	17,638,017	0	0.00%
RF - Transfer from DPHE for Breast & Cervical Cancer	746,329	938,657	888,436	142,107	(50,221)	(5.35)%
RF - Transfer from DPHE to offset General Fund	2,000,000	2,000,000	2,000,000	0	0	0.00%
FF - Federal Funds	<u>1,453,123,897</u>	<u>1,760,657,729</u>	<u>1,741,358,081</u>	<u>288,234,184</u>	<u>(19,299,648)</u>	<u>(1.10)%</u>
TOTAL FUNDS	\$2,899,214,098	\$2,869,367,670	\$2,845,196,100	(\$54,017,998)	(\$24,171,570)	(0.84)%

Supplemental #1 -- Medical Services Premiums BASE CALCULATION

Caseload and Cost Projections	Request	Recommendation	Difference
Total	<u>\$86,404,006</u>	<u>\$27,054,869</u>	<u>(\$59,349,137)</u>
General Fund	48,486,520	18,659,852	(29,826,668)
Cash Funds	(7,272,461)	(8,043,338)	(770,877)
Reappropriated Funds	219,526	137,404	(82,122)
Federal Funds	44,970,421	16,300,951	(28,669,470)

*Includes adjusted impact to S.B. 09-265. This appropriation adjustment will be in the supplemental bill.

Change to Conditional HB 09-1293 Appropriation	Request	Recommendation	Difference
Total	<u>(\$34,133,778)</u>	<u>(\$41,034,268)</u>	<u>(\$6,900,490)</u>
Cash Funds	(17,066,887)	(20,517,134)	(3,450,247)
Federal Funds	(17,066,891)	(20,517,134)	(3,450,243)

*Includes adjusted impact to S.B. 09-265. This appropriation adjustment will be in the supplemental bill as an "add-on adjustment" to the current appropriation clause in H.B. 09-1293. It will remain "conditional".

Department Request: The Department's request is based on the information that was submitted to the Committee in November 2009. At that time, the Department forecasted a *preliminary* FY 2009-10 Medical Services Premiums (MSP) line item supplemental need of \$86.9 million total funds (a 3.4 percent increase over the current appropriation). Of this amount, 42.9 million is from the General Fund (3.9 percent increase to the current General Fund appropriation). The Department's November 2009 supplemental forecast is based on a Medicaid caseload of 498,511 clients during FY 2009-10 (pre HB 09-1293). This is an increase of 21,879 clients (4.6 percent) from the current FY 2009-10 appropriated Medicaid caseload of 476,632 clients (pre-HB 09-1293). The Department's November forecast also included updated cost estimates and fund splits.

The Department's request also reflects the appropriation impact of HB 09-1293. If the hospital provider fee waiver is approved before April 1, 2010, then HB 09-1293 appropriates \$327.2 million total funds to the Medical Services Premiums line item (\$163.6 cash funds). Based on newer estimates, the Department requests that HB 09-1293 MSP appropriation be lowered by \$34.6 million from the current \$327.2 million to \$293.0 million total funds (\$146.5 million cash funds).

Staff's Recommendation: Staff recommends a FY 2009-10 MSP line item *base* supplemental of \$27.1 million. Of this amount, \$18.7 million is from the General Fund (pre-ARRA calculations) -- a 1.7 percent increase to the General Fund. Staff's recommendation is based on caseload and expenditure data through December 2009. Staff also recommends that the appropriation clause to HB 09-1293 be changed from the \$327.2 million total funds currently appropriated to the MSP line item to \$286.1 million total funds (\$41.0 million lower than the current appropriation).

If needed, staff will update her recommendation after the Department submits their February 15th request. However, at this time staff does not anticipate major changes to her recommendation.

Therefore, staff recommends that this forecast be included in the 1st round supplemental bill for the Department.

DISCUSSION

Medicaid Base Forecast (without HB 09-1293)

Caseload Assumptions: The current FY 2009-10 MSP appropriation assumed a Medicaid caseload of 476,632 average monthly clients. Based on caseload data through December 2009, staff forecasts that the average monthly Medicaid caseload for FY 2009-10 will be 496,485 clients (an increase of 19,853 or 4.2 percent from the *current* FY 2009-10 appropriation--excluding HB 09-1293). Staff's recommendation is 2,026 clients lower than the Department's initial forecast submitted in November 2009.

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

Table 1: Staff's FY 2009-10 SUPPLEMENTAL Caseload Recommendation (Excludes HB 09-1293)					
January 2010 Caseload Forecast (uses data through December 2009)	Department Forecast November 09	Staff Forecast January 10	Staff minus Department	Year to Date AVG Through Dec 09	Current App. Caseload for FY 09-10
Adults 65+	38,556	38,444	(112)	38,331	38,279
Disabled Adults 60-64	6,837	6,991	154	6,930	6,614
Disabled Up to Age 59	52,711	53,014	303	52,738	52,254
Low-Income Adults	59,581	58,991	(590)	56,808	57,097
Expansion Adults	16,736	16,922	186	15,953	16,015
B&C Cancer Treatment Adults	424	416	(8)	404	321
Eligible Children	277,805	276,647	(1,158)	268,040	259,414
Foster Children	18,715	18,373	(342)	18,224	18,663
Baby Care Adults	7,448	7,131	(317)	7,105	7,391
Non-Citizens	3,963	3,616	(347)	3,736	4,255
Partial Dual Eligible	15,735	15,940	205	15,616	16,329
Total	498,511	496,485	(2,026)	483,885	476,632

Staff would note that the ending caseload in December 2009 was 494,699 clients. Staff's forecast assumes that the ending Medicaid caseload in June 2010 will be 519,919. Therefore, staff anticipates that caseload will continue to grow by approximately 4,200 clients each month for the remainder of

the fiscal year (or about 0.8 percent each month for an additional increase of 5.1 percent over the ending December 2009 caseload).

Service Cost Forecasts

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

Table 2: Comparison of Current FY 2009-10 Appropriation with Staff's January FY 2009-10 Forecast					
	Current Appropriation Estimate	Department November 09 Forecast	Staff's January 10 Forecast	Staff Minus Department	Staff Minus Current Appropriation
Acute Care Services	\$1,556,485,010	\$1,651,180,750	\$1,594,378,380	(\$56,802,370)	\$37,893,370
Community Care Services	291,677,477	305,618,418	305,726,388	107,970	14,048,911
Long-Term Care Services	619,655,781	615,240,610	612,956,457	(2,284,153)	(6,699,324)
Insurance Premiums	100,654,595	99,254,333	98,069,811	(1,184,522)	(2,584,784)
Administrative Services	34,855,325	30,073,441	29,695,961	(377,480)	(5,159,364)
Bottom-Line Financing	\$26,162,468	\$20,505,317	\$20,505,317	\$0	(\$5,657,151)
Total	\$2,629,490,656	\$2,721,872,869	\$2,661,332,314	(\$60,540,555)	\$31,841,658
Impact of S.B. 09-265	(\$57,448,018)	(\$62,923,387)	(\$62,234,806)	\$688,581	(\$4,786,788)
Total	\$2,572,042,638	\$2,658,949,482	\$2,599,097,508	(\$59,851,974)	\$27,054,870
Difference between Staff's recommendation and Department / Current Appropriation				-2.25%	1.05%

**Please note that the calculation for S.B. 09-265 included the impacts of other supplemental adjustments, not just the base adjustment. It is show with the base calculation to match how the Department presented it in their supplemental request.*

The difference between the Department's request and the staff's recommendation (2.25 percent) is mainly due to different methodologies used to forecast the Medical Services Premiums supplemental and the slight caseload difference. The Department uses a per capita trend methodology of past expenditure patterns from prior fiscal years for each aid category by service area (similar to what is used to forecast the next year by both Department and staff). However, for the supplemental, staff attempts to incorporate as much actual data into her per capita model (six months in this case). Staff then uses this data to forecast the remaining six months based on past cash flow patterns and expenditure trends. The past cash flow expenditure patterns can have variances based on the caseload growth in the later part of the year and expenditures outside the normal cash flow trend -- and therefore, these variance can weaken the accuracy of staff's model. However, because the first six months of this fiscal year did not have the full impact of the rate reductions, staff anticipates that the expenditure cash flow will be similar to prior years. Staff will reevaluate her forecast again in March

(with two more months of actual data) and compare it to the new information submitted by the Department in February. If necessary, staff will update this forecast. However, at this time staff does not anticipate recommending major changes to the forecast presented in this supplemental.

Simple Reasonableness Test for Staff's Recommendation

The current *modified* expenditure authority (including most Executive Orders) for the Medical Services Premiums line item is approximately \$2.6 billion. This appropriation level would assume average expenditures of approximately \$215.9 million per month. However, during the first six months, the actual expenditures averaged \$212.7 million per month. Therefore, during the next six months, expenditures can average \$219.1 million per month without staff's base supplemental recommendation and \$223.6 million per month including staff's base supplemental recommendation (a 5.10 percent increase over the prior six month's monthly average). Based on historical cash flow patterns, expenditures through December have ranged from 47.1 percent of total expenditures (FY 2008-09 which skewed total expenditures because of the April implementation of the nursing facility bill) for a fiscal year to 51.8 percent of total expenditures (from FY 2003-04 which skewed total expenditures in the first half of the year because of a FY 2002-03 payment delay). The six year average cash flow pattern has shown that expenditures are approximately 49.4 percent expended by December of each fiscal year. Staff's recommendation places expenditures as of December 2009 at 48.76 percent of anticipated expenditures for the year.

Table 3: FY 2009-10 Appropriation & Expenditure Reasonable Test	
Current Appropriation (excluding S.B. 09-265 & HB 09-1293)	\$2,629,490,656
Executive Order decision that currently impact expenditures (Dept estimate of impact)*	<u>(\$38,549,919)</u>
Revised Expenditure Authority	\$2,590,940,737
Average Monthly Expenditures for Revised Expenditure Authority	\$215,911,728
ACTUAL Expenditures Through December 2009	\$1,276,436,240
ACTUAL Average Monthly Expenditures - 1st six months	\$212,739,373
Remaining Expenditure Authority before staff base recommendation	\$1,314,504,497
Average Monthly Expenditures - 2nd six months based remaining expenditure authority	\$219,084,083
Expenditure Authority with staff base recommendation	\$1,341,559,367
Average Monthly Expenditures - 2nd six months based on staff recommendation	\$223,593,228

*Includes ES #2 and ES #6 only.

Fund Split Calculations (Excludes H.B. 09-1293 -- see HB 09-1293 discussion below)

Lastly, the base calculations also adjusts the current appropriation's fund sources. Table 4 compares the Department's calculations with the staff recommendation by fund source.

Table 4: Fund Source for Supplemental Recommendation			
Fund Source for Base Supplemental ONLY	Department	Staff	Staff-Dept.
GF - General Fund	\$42,936,120	\$18,659,852	(\$24,276,268)
CF - Certified Funds	(\$477,523)	(\$477,523)	\$0
CF - Health Care Expansion Fund	\$6,636,646	(\$795,479)	(\$7,432,125)
CF - Nursing Provider Fee	(\$8,139,255)	(\$6,989,242)	\$1,150,013
CF - Breast and Cervical Cancer Treatment Fund	\$509,490	\$298,664	(\$210,826)
CF - Autism Fund	\$0	(\$79,757)	(\$79,757)
RF - Transfer from DPHE for B&C Cancer Treatment	\$219,526	\$137,404	(\$82,122)
FF - Federal Funds	\$45,221,840	\$16,300,951	(\$28,920,889)
Total Funds	\$86,906,844	\$27,054,870	(\$59,851,974)

HB 09-1293 Appropriation Clause Update

House Bill 09-1293 created a new hospital provider fee program. The appropriation clause in the bill is contingent on the Centers for Medicare and Medicaid Services (CMS) approving the fee structure and new reimbursement methodologies by April 1, 2010. If CMS approves the waiver after April 1, 2010, staff anticipates that the program will not be implemented in FY 2009-10 but will be implemented in FY 2010-11. Staff assumes that CMS approval after April 1 would not leave enough time to collect the fee and reimburse the providers in a timely manner for cash flow purposes for the State and providers.

Based on information as of November 2009 regarding the fee model and new caseload assumptions, the Department and staff have revised the Medical Services Premiums cost for HB 09-1293 assuming CMS approves the waiver by April 1, 2010. However, staff recommends that these changes be made as a "supplemental add-on" that amends the original HB 09-1293 appropriation clause. Thus, these changes will remain conditional on CMS approving the waiver prior to April 1, 2010.

Table #5: Estimated Expenditures for H.B. 09-1293 -- Medical Services Premiums Only			
	Current Appropriation*	Department Estimate	Staff Recommendation
Caseload Estimate (Medicaid parents from 60% FPL to 100% FPL)	12,900	12,900	2,369
Caseload Expansion Costs	36,171,460	33,651,302	5,757,160
Inpatient Hospital Rates	75,800,000	52,295,706	52,295,706
Outpatient Hospital Rates	68,200,000	82,116,519	82,116,519

Table #5: Estimated Expenditures for H.B. 09-1293 -- Medical Services Premiums Only

	Current Appropriation*	Department Estimate	Staff Recommendation
Supplemental Hospital Payments	147,000,000	124,974,155	124,974,155
Use Fee to Offset Rate Reductions	0	0	21,436,510
Impact of SB 09-265	<u>0</u>	<u>(502,838)</u>	<u>(442,858)</u>
Total MSP Impact from HB 09-1293	327,171,460	292,534,844	286,137,192
Provider Fee (Pre ARRA)	163,585,730	146,267,422	143,068,596
Federal Fund (Pre ARRA)	163,585,730	146,267,422	143,068,596

*Not affected until after CMS approves the waiver. November estimates are from Exhibit J in the Department's November request. Staff backed into the Department's estimate for SB 09-265 from other information the Department provided staff. The Department's request did not include the Rate Reduction offset only because their budget was submitted prior to the Advisory Board approving this change to the model. Staff anticipates that the Department's February request will update this information.

Staff recommends the Department's request for the costs associated with reimbursement for inpatient hospital fees, outpatient hospital fees, and supplemental payments based on information the Department submitted to CMS prior to November 2009. Staff's recommendation also includes an impact from using the hospital provider fee to mitigate the budget reductions that have been enacted between July 2009 through December 2009 for hospital rates. This incorporates the action of the Hospital Advisory Committee in December 2009 to include these costs in the model. Staff's model also has slightly different impacts associated with the payment delay in SB 09-265 than the Department's request.

Lastly, staff has updated the caseload assumption based on a more realistic average monthly caseload estimate than included in the original fiscal note and appropriation. Staff assumes the following caseload increases:

April 2010	4,607 clients
May 2010	9,905 clients
June 2010	<u>13,911 clients</u>
Average Monthly Clients for FY 2009-10	2,369 clients

Staff's estimate is based on the assumption that approximately 24,330 children enroll or redetermine each month. Of this amount, staff assumes approximately 12,165 parents are involved. Staff assumes approximately 30% of these parents would be between 60 percent and 100 percent FPL and would enroll each month as their children enroll. Staff inflates this number by 15 percent for any parents who might enroll separately from their child's enrollment process.

On January 19, 2010 staff received additional information from the Department regarding the costs for the Hospital Payments. At the time staff received this information it was too late to incorporate

into her supplemental packet. However, staff will bring the Committee an updated recommendation that it incorporates it by January 25, 2010. Staff plans only to update the hospital rate payments, not the caseload assumptions or costs for the expansion populations.

Early Supplemental #1 (as modified in November 2009): Refinance General Fund with Hospital Provider Fee

(this supplemental will include the discussion for both the MSP and Safety Net Provider line items)

THIS SUPPLEMENTAL REQUIRES A BILL

Medical Services Premiums Line Item

Medical Services Premiums ES #1 Modified in November 2009	Request	Recommendation	Difference
<u>Total</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
General Fund	(41,415,100)	(40,925,000)	490,100
Cash Funds	41,415,100	40,925,000	(490,100)

Safety Net Provider Payment Line Item (included in ARRA Impact in Appendix B)

Department Request: The Department requests that the Hospital Provider Fee be used to offset \$41.4 million in General Fund expenditures. The rationale for the request is that the American Recovery and Reinvestment Act (ARRA) of 2009 temporarily lowers the amount of the fee that will be necessary to support the hospital provider fee program during FY 2009-10 and FY 2010-11. If the fee is kept at the pre-ARRA calculation, then the "excess" fee can be used to offset General Fund appropriations.

House Bill 09-1293, specifically prohibited this request. The bill specifically stated, "Any unexpended and unencumbered moneys remaining in the fund at the end of any fiscal year shall remain in the fund and shall not be credited or transferred to the General Fund or any other fund but shall be appropriated by the General Assembly for the purposes described in paragraph (b) of this subsection (4) in future fiscal years." Additionally, the bill stated "establish the amount of the provider fee so that the amount collected from the fee and federal matching funds associated with the fee are sufficient to pay for the items described[increase hospital reimbursement, increase the number of persons covered by medical assistance, and pay the administrative costs to the state department].".

The Department's originally request asked that HB 09-1293 be amended as follows:

"25.5-4-402.3 (4) (b) (VIII) TO OFFSET GENERAL FUND EXPENDITURES IN THE MEDICAID PROGRAM IN AN EQUIVALENT AMOUNT THAT WOULD HAVE BEEN IN EXCESS OF FIFTY PERCENT OF THE FEDERAL FUND EXPENDITURES GENERATED BY INCREASED REIMBURSEMENTS AND PAYMENTS APPROPRIATED FOR USES IN 25.5-4-402.3 (4) (B) (I) THROUGH 25.5-4-502.3 (4) (B) (III) DUE TO ANY FEDERAL LAW [THAT PASSED IN CALENDAR YEAR 2009 OR CALENDAR 2010] THAT TEMPORARILY INCREASES THE FEDERAL MATCHING

PARTICIPATION FOR THE MEDICAID PROGRAM. SUCH PROVIDER FEES IN THE FUND SHALL BE USED TO OFFSET GENERAL FUND EXPENDITURES IN THE MEDICAID PROGRAM IN FY 2009-10 AND FY 2010-11" [SOME CHANGES BY STAFF TO REFLECT CURRENT CONVERSATION WITH THE DEPARTMENT REGRADING THE BILL].

Staff Recommendation: Staff recommends the Department request with technical changes. [Please note that the Department submitted information to staff on January 19, 2010 that could change the calculations presented in this document. Staff will bring an updated amount to the Committee by January 25, 2010. Based on January action from Hospital Advisory Committee, the amount of the ARRA hold back could increase to \$45.6 million, according to the Department calculations].

Staff Alternative Recommendation: This request and recommendation is conditional on the Centers of Medicaid and Medicare Services (CMS) approving the hospital provider fee waiver by March 30, 2010. If the waiver is not approved by that date, there will be no savings from this recommendation. It is staff's understanding that the Department will meet with CMS in Baltimore in February and may secure the approval by then. However, because of timing and the fact that this issue is a sizeable piece of the budget balancing puzzle, staff suggests as an alternative that \$41.0 million from the Health Care Expansion Fund be transferred to the General Fund (in a bill the Committee has already agreed to carry) in FY 2009-10. The hospital fee could then be used to payback the Health Care Expansion Fund. Staff's suggest legislative language for this proposal is below.

"25.5-4-402.3 (4) (b) (VIII) To transfer up to forty-one million to the Health Care Expansion Fund on or before June 30, 2011.

(IX) To offset General Fund expenditures in the Medicaid program up to \$21.0 million for the fiscal year beginning July 1, 2010."

Because estimates for the provider fee continue to change, staff recommends setting a fixed amount that the Committee wants to offset. Therefore, staffs suggested \$41.0 million (the original amount in the Governor's request that the most recent estimates from the Department of \$45.5 million) for FY 2009-10 and \$21.0 million for FY 2010-11. Please note that if ARRA is extended by Congress, under staff's proposal the hospitals would get some additional relief under this alternative (a lower fee in that only \$21.0 million is recommended for FY 2010-11).

Discussion:

The Department submitted the following information to staff on January 19, 2010.

Table 1: Numbers at Different Federal Match Levels					
	Total Payment amount	50/50 Federal Match		Enhanced ARRA Match	
		Fee	Federal Funds	Fee	Federal Funds
<i>Inpatient rate payment</i>	\$54,117,332	\$27,058,666	\$27,058,666	\$20,786,467	\$33,330,865
<i>Outpatient rate payment</i>	\$84,897,568	\$42,448,784	\$42,448,784	\$32,609,156	\$52,288,412
<i>Rural Hospital payment</i>	\$8,114,100	\$4,057,050	\$4,057,050	\$3,116,626	\$4,997,474
<i>Metro Denver payment</i>	\$87,095,750	\$43,547,875	\$43,547,875	\$33,453,478	\$53,642,272
<i>Other Metro payment</i>	\$26,814,420	\$13,407,210	\$13,407,210	\$10,299,419	\$16,515,001
<i>CICP Hospital UPL payment</i>	\$121,240,960	\$60,620,480	\$60,620,480	\$46,568,653	\$74,672,307
<i>CICP Hospital DSH payment</i>	\$151,973,448	\$75,986,724	\$75,986,724	\$75,986,724	\$75,986,724
<i>non-CICP DSH payment</i>	\$37,993,362	\$18,996,681	\$18,996,681	\$18,996,681	\$18,996,681
<i>High-level NICU payment</i>	\$3,677,400	\$1,838,700	\$1,838,700	\$1,412,489	\$2,264,911
<i>State Teaching hospital payment</i>	\$7,109,550	\$3,554,775	\$3,554,775	\$2,730,778	\$4,378,772
<i>Medicaid Parents expansion</i>	\$39,516,581	\$19,758,291	\$19,758,291	\$19,758,291	\$19,758,291
<i>CHP+ Children expansion</i>	\$13,171,158	\$4,609,905	\$8,561,253	\$4,609,905	\$8,561,253
<i>CHP+ Prenatal expansion</i>	\$8,144,303	\$2,850,506	\$5,293,797	\$2,850,506	\$5,293,797
<i>Administrative Costs</i>	\$7,532,346	\$2,831,902	\$4,700,444	\$2,831,902	\$4,700,444
<i>ARRA "Holdback" *</i>	\$45,556,475			\$45,556,475	
Total	\$696,954,752	\$321,567,549	\$329,830,729	\$321,567,549	\$375,387,203

*Note this table reflects the Department's estimates and not staff estimates that may have been used elsewhere in this document.

The final fiscal note for HB 09-1263 assumed that the fee would be \$336.4 million in FY 2009-10. This was the amount of the fee that was publically supported when the bill was presented before the General Assembly last year. Under the scenario presented in Table 1 above, the fee amount for FY 2009-10 is now estimated at \$321.6 million (staff believes the actual expenditure in FY 2009-10 will be lower by \$36.4 million than the amount presented in Table 1 -- the table shows Medicaid caseload expenditures of \$39.5 million while staff now calculates this amount at \$3.2 million for FY 2009-10).

Because ARRA reduces the amount of the fee needed for the hospital reimbursements (not the expansion populations -- expansions after July 1, 2008 do not qualify for ARRA funding), the General Fund could receive a \$45.6 million offset and not impact the amount of fee that was debated last year. Furthermore, from a policy perspective, ARRA is temporary relief passed by Congress to help the State balance their budgets without drastic reductions to their Medicaid programs. Whenever possible, the JBC has tried to use ARRA funding to offset the General Fund instead special funds or additional payments to providers. The Governor's proposal is consistent with this policy direction. Lastly, because ARRA is temporary, reducing the fee now would cause greater fee increases in FY 2010-11 and FY 2011-12 to the providers than they would normally receive. Keeping the fee at the pre-ARRA level smooths out the fee over the remaining two-year ARRA period (i.e. it helps to avoid a sharp fee increase after ARRA expires).

Early Supplemental #2 -- Medicaid Program Reductions

Includes only Medical Service Premiums reduction -- see Mental Health Capitation for additional impacts.

PORTIONS OF THIS SUPPLEMENTAL REQUIRE LAW CHANGE

Medical Service Premiums	Request	Recommendation	Difference
<u>Total</u>	<u>(\$30,217,206)</u>	<u>(\$30,560,338)</u>	<u>(\$343,132)</u>
General Fund	(16,752,293)	(16,914,299)	(162,006)
Cash Funds	516,393	511,202	(5,191)
Reappropriated Funds	(6,810)	(5,595)	1,215
Federal Funds	(13,974,496)	(14,151,646)	(177,150)

Department Request: The Department's request reflects a reduction of \$30.2 million total funds (\$16.7 million General Fund) for various program reductions that the Governor enacted through Executive Order or requests as supplemental adjustments based on the August 2009 budget balancing plan.

Staff Recommendation: Staff recommends the Department's request with technical changes as discussed below.

Discussion:

Table 1 below shows the Department's Request compared to the staff recommendation for Early Supplemental #2 as it pertains the Medical Services Premiums line item (non-Medical Service Premiums line item impacts for ES #2 are discussed later).

Table 1 -- Early Supplemental #2 Components			
	Department Request Total Funds	Staff Recommendation Total Funds	Staff - Department
Non-Law Changes			
--Provider Rate Reductions	(\$17,708,114)	(\$18,918,404)	(\$1,210,290)
--Reduce FQHC Rates	(\$3,915,491)	(\$3,872,374)	\$43,117
--Limit Transportation in HCBS Waiver	(\$482,219)	(\$482,219)	\$0
--Limit Personal Care	(\$1,105,854)	\$0	\$1,105,854
--Grant Full Eligibility to Prenatal State-Only Clients	\$0	\$0	\$0
--Reduce Pharmacy Reimbursement	(\$3,489,218)	(\$3,668,987)	(\$179,769)

Table 1 -- Early Supplemental #2 Components			
	Department Request Total Funds	Staff Recommendation Total Funds	Staff - Department
--Expand the Preferred Drug List	(\$1,291,282)	(\$1,291,282)	\$0
--Eliminate General Fund Out stationing	\$0	\$0	\$0
--Cash Fund Adjustment	\$0	\$0	\$0
Law Changes			
--Reduce Nursing Facility Provider Rates	(\$1,907,528)	(\$2,009,572)	(\$102,044)
--Eliminate Telehealth Disease Management	(\$317,500)	(\$317,500)	\$0
--Allow GF to benefit from CF savings	\$0	\$0	\$0
TOTAL	(\$30,217,206)	(\$30,560,338)	(\$343,132)

Provider Rate Reductions: Table 2 shows the impacts to the provider rate reductions contained in the Department's request and staff recommendation. The differences are mainly attributed to staff using a different base for the reductions.

Table 2: September Rate Reductions			
Provider Class	Department	Staff	Staff-Department
Physician & EPSDT	(\$2,446,668)	(\$2,768,126)	(\$321,458)
Emergency Transportation	(56,174)	(58,641)	(2,467)
Non-emergency transport	(99,378)	(103,267)	(3,889)
Dental Services	(879,684)	(908,671)	(28,987)
HMO	(1,106,132)	(1,206,771)	(100,639)
Inpatient Hospital	(4,008,155)	(4,237,850)	(229,695)
Outpatient Hospital	(1,742,068)	(1,829,095)	(87,027)
Lab & X-ray	(324,817)	(337,979)	(13,162)
Durable Medical Equipment	(875,318)	(915,272)	(39,954)
Medicare Cross Claims	(327,800)	(333,944)	(6,144)
BCCT Program	(64,858)	(65,839)	(981)
PIHP Services	(331,464)	(336,477)	(5,013)
Other Medical Services	0	(558)	(558)

Table 2: September Rate Reductions			
Provider Class	Department	Staff	Staff-Department
Home Health	<u>(1,679,713)</u>	<u>(1,750,969)</u>	(71,256)
Subtotal Acute Care	(\$13,942,229)	(\$14,853,459)	(\$911,230)
HCBS Waiver Programs	(2,422,682)	(2,684,133)	(261,451)
Private Duty Nursing	(244,744)	(261,381)	(16,637)
Hospice	<u>(116,664)</u>	<u>(122,121)</u>	<u>(5,457)</u>
Subtotal Community Care	(\$2,784,090)	(\$3,067,635)	(\$283,545)
PACE	(647,462)	(667,608)	(20,146)
Subtotal LTC	(\$647,462)	(\$667,608)	(\$20,146)
Single Entry Points	(271,839)	(272,833)	(994)
IHP Administration	(62,494)	(56,869)	5,625
Subtotal Administration	(\$334,333)	(\$329,702)	\$4,631
TOTAL	(\$17,708,114)	(\$18,918,404)	(\$1,210,290)

Reduce FQHC Rates: Before September 2009, the Department paid federally qualified health centers (FQHCs) above the minimum rate required under federal law. As part of the Governor's budget reductions in September, the Department reduced FQHC rates by 50 percent of the difference between the minimum required federal rate and the rate that they were currently being paid. This resulted in a 6.7 percent reduction to the FQHC rates. Staff recommends the Department's request with slightly different calculations based on staff's base calculation in Supplemental #1.

Limit Transportation in HCBS Waiver: The Department capped the amount of non-medical transportation a client enrolled in a HCBS waiver program can receive per week to two round trip per week. Staff recommends the Department's request.

Limit Personal Care: The Department proposed capping the amount of personal care and homemaker services a client in home and community based services could receive. The Department's original calculations had this budget reduction occurring in January 2010. However, it is staff's understanding that the Department is in the process of modifying this request. Therefore, staff does not recommend this reduction at this time.

Grant Full Eligibility to Prenatal State-only Clients: Section 214 of the Children's Health Insurance Program Preauthorization Act of 2009 allows legal immigrants to qualify for prenatal care and receive federal financial participation for these programs before the 5-year eligibility rule. Because Colorado had a state-only program for these individuals, the FFP resulted in \$1.1 million in General Fund savings in FY 2009-10. Staff recommends the Department's request.

Reduce Pharmacy Reimbursement: The Department's request reduced rates paid to pharmacies to average wholesale price (AWP) minus 14.5 percent for brand-name medications and AWP minus 45 percent for generic medication. Staff recommends the Department's request. Staff may revisit the "fairness" of this issue for FY 2010-11 based on the First Databank Lawsuit, but for FY 2009-10 staff recommends the Department's request.

Expand the Preferred Drug List: The Department's proposal included expanding the preferred drug list to include more drug classes. The Department anticipates that this change would not be implemented until March 1, 2010. Staff recommends the Department's request until more detail information regarding the drug classes and savings estimates are submitted.

Eliminate General Fund Out stationing Costs: The Department proposed to eliminate General Fund-only Out stationing payments to Denver Health and certify public expenditures to continue to draw down federal match for this activity. This proposal saved \$600,000 General Fund and increased cash funds (certified funds) by \$600,000. Staff recommends the Department's proposal.

Cash Fund Adjustment: The Department proposes allowing the General Fund and not the cash funds benefit from the cost savings. Staff will adjust the Autism Fund in the Long Bill Supplemental to reflect General Fund savings of \$7,920 and an increase to cash funds of \$7,920.

Issues that Require Law Changes

Reduce Nursing Facility Provider Rates: On January 11, 2010 the Committee voted to sponsor a bill to reduce Nursing Facility Provider Rates by 1.5 percent beginning March 1, 2010.

Eliminate Telehealth Disease Management: On January 11, 2010 the Committee voted to sponsor a bill to eliminate the Telehealth Disease Management program.

Allow General Fund to Benefit from Cash Fund Savings: On January 11, 2010 the Committee voted to sponsor legislation to allow the Health Care Expansion Fund to offset General Fund. The savings to the Health Care Expansion Fund from this issue are \$681,391. Staff recommends a transfer of \$681,391 from the Health Care Expansion Fund to the General Fund for the HCE Fund savings related to this issue (see other issues for more HCE Fund transfer recommendations).

Early Supplemental #4 -- Indigent Care Program Reductions

Includes only Medical Service Premiums reduction -- see Indigent Care Program discussion for additional impacts.

THIS SUPPLEMENTAL REQUIRES A BILL

MSP	Request	Recommendation	Difference
<u>Total</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
General Fund	(2,648,030)	(2,648,030)	0
Cash Fund	2,648,030	2,648,030	0

Department Request: The Department requests that savings from the Master Tobacco Settlement cash funds proposed in the Department's early supplemental number 4 be used to offset General Fund costs in the Medical Services Premiums line item.

Staff Recommendation: Staff recommends the Department's request.

Law Change Requirement: On January 11, 2010 the Committee voted to sponsor a bill to transfer Tobacco Master Settlement Funding from the Comprehensive Primary and Preventative Grant Program and the Comprehensive Primary and Preventative Care Rural and Public Hospitals Payment program to offset General Fund. See the supplemental write up for ES #4 for more detail.

The Department's proposal also amends the appropriation clause for SB 09-264 to make technical corrections that result in \$10,013 in General Fund savings. Staff also recommends that request.

Early Supplemental #5 (Appropriate ARRA Funding)

Staff is pending the Department's request to appropriate ARRA funding until introduction of the Long Bill Supplemental Add-On.

Early Supplemental #6 -- Additional Medicaid Rate Reductions

PORTIONS OF STAFF'S RECOMMENDATION REQUIRE LAW CHANGE

Medical Service Premiums	Request	Recommendation	Difference
<u>Total</u>	<u>(\$8,332,713)</u>	<u>(\$9,704,829)</u>	<u>(\$1,372,116)</u>
General Fund	(3,974,214)	(4,830,718)	(856,504)
Cash Funds	(189,315)	(11,501)	177,814
Reappropriated Funds	0	(3,688)	(3,688)

Medical Service Premiums	Request	Recommendation	Difference
Federal Funds	(4,169,184)	(4,858,922)	(689,738)

Department Request: The Governor implemented through Executive Order an additional 1.0 percent rate reduction on most Medicaid physical health fee-for-service providers effective December 1, 2009.

Staff Recommendation: Staff recommends the Department's request with technical differences.

Discussion:

Table 1 below shows the Department's Request compared to the staff recommendation for Early Supplemental #6 as it pertains the Medical Services Premiums line item (non-Medical Service Premiums line item impacts are discussed later).

Table 1 -- Early Supplemental #6 Components			
	Department Request Total Funds	Staff Recommendation Total Funds	Staff - Department
Non-Law Changes			
--Provider Rate Reductions	(\$8,332,713)	(\$9,704,829)	(\$1,372,116)
Law Changes			
--Allow GF to benefit from CF savings	n/a	\$0	\$0
TOTAL	(\$8,332,713)	(\$9,704,829)	(\$1,372,116)

Provider Rate Reductions: Table 2 shows the impacts to the provider rate reductions contained in the Department's request and staff recommendation. The differences are mainly attributed to staff using a different base for the reductions.

Table 2: December Rate Reductions			
Provider Class	Department	Staff	Staff-Department
Physician & EPSDT	(\$1,251,796)	(\$1,435,326)	(\$183,530)
Emergency Transportation	(26,518)	(30,406)	(3,888)
Non-emergency transport	(46,699)	(53,546)	(6,847)
Dental Services	(410,917)	(471,163)	(60,246)
Family Planning	(1,717)	(1,968)	
HMO	(554,045)	(636,339)	(82,294)
Inpatient Hospital	(1,916,431)	(2,197,405)	(280,974)

Table 2: December Rate Reductions			
Provider Class	Department	Staff	Staff-Department
Outpatient Hospital	(827,149)	(948,420)	(121,271)
Lab & X-ray	(152,840)	(175,248)	(22,408)
Durable Medical Equipment	(413,902)	(474,585)	(60,683)
Medicare Cross Claims	(151,016)	(173,156)	(22,140)
BCCT Program	(30,227)	(43,397)	(13,170)
PIHP Services	(154,481)	(221,783)	(67,302)
Other Medical Services	0	(289)	(289)
Home Health	(791,819)	(907,911)	(116,092)
Subtotal Acute Care	(\$6,729,557)	(\$7,770,942)	(\$1,041,385)
HCBS Waiver Programs	(1,154,698)	(1,391,771)	(237,073)
Private Duty Nursing	(112,445)	(135,531)	(23,086)
Hospice	<u>0</u>	<u>0</u>	<u>0</u>
Subtotal Community Care	(\$1,267,143)	(\$1,527,302)	(\$260,159)
PACE	(190,893)	(235,627)	(44,734)
Subtotal LTC	(\$190,893)	(\$235,627)	(\$44,734)
Single Entry Points	(119,452)	(141,470)	(22,018)
IHP Administration	(25,668)	(29,488)	(3,820)
Subtotal Administration	(\$145,120)	(\$170,958)	(\$25,838)
TOTAL	(\$8,332,713)	(\$9,704,829)	(\$1,372,116)

Issues that Require Law Changes

Allow General Fund to Benefit from Cash Fund Savings: On January 11, 2010 the Committee voted to sponsor legislation to allow the Health Care Expansion Fund to offset General Fund. The savings to the Health Care Expansion Fund from this issue are \$327,237. Staff recommends a transfer of \$327,237 from the Health Care Expansion Fund to the General Fund for the HCE Fund savings related to this issue (see other issues for more HCE Fund transfer recommendations). The Department did not request this transfer -- however, staff's recommendation is consistent with ES #2's recommendation.

Early Supplemental #7 -- Additional Week of Payment Delay

The table below shows the total impact of the Department's request for ES #7.

THIS SUPPLEMENTAL REQUIRES A LAW CHANGE

MSP	Request	Recommendation	Difference
<u>Total</u>	<u>(\$44,665,147)</u>	<u>\$0</u>	<u>\$0</u>
General Fund	(21,198,038)	pending	pending
Cash Funds	(1,094,276)	pending	pending
Reappropriated Funds	(20,388)	pending	pending
Federal Funds	(22,352,445)	pending	pending

MH Fee for Service	Request	Recommendation	Difference
<u>Total</u>	<u>(\$39,194)</u>	<u>\$0</u>	<u>\$0</u>
General Fund	(19,597)	pending	pending
Cash Funds	0	pending	pending
Reappropriated Funds	0	pending	pending
Federal Funds	(19,597)	pending	pending

Department Request: The Department requests an additional week of payment delay for a total of 2 weeks of non-payment of claims in FY 2009-10.

Staff Recommendation: Staff is pending this recommendation until March when staff makes her figure setting presentation.

Legislation Explanation: The Department has not acted to sponsor legislation for this issue. The Committee does not need to act on this issue until March (for both FY 2009-10 and FY 2010-11). If the Committee decides to sponsor legislation, the amended language will be similar to staff's suggested language below.

"25.5-4-401. Providers - payments - rules - repeal (1) (d) (I) Notwithstanding the provisions of paragraph (c) of this subsection (1), for the fiscal year commencing July 1, 2009, the state department shall delay the last TWO normal provider payment cycle of the fiscal year until after July 1, 2010.

(II) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (C) OF THIS SUBSECTION (1), FOR THE FISCAL YEAR COMMENCING JULY 1, 2010, THE STATE DEPARTMENT SHALL DELAY THE LAST NORMAL PROVIDER PAYMENT CYCLE OF THE FISCAL YEAR UNTIL AFTER JULY 1, 2011.

~~(H)~~(III) This paragraph (d) is repealed, effective July 1, ~~2011~~ 2012."

Non Prioritized Requests with Action Taken In Other Department Write-Ups that Impact the Medical Services Premiums line item (Non-prioritized Early Supplementals #5, #8, #16, #17, #18)

ONE PROVISION REQUIRES A LAW CHANGE

The Committee has already or will take action on the following supplementals that impact the Medical Services Premiums line item. No further action is needed from the Committee. Staff presents these issues for informational purposes only. The table below shows the staff recommendation contained in the packet and other supplemental documents. Staff will update based on the Committee's action for these issues.

Non-Prioritized Supplemental Issues	General Fund	Total Fund
ES NP-5: Close beds at Fort Logan	100,034	200,068
ES NP-8: Close beds Grand Junction	13,250	26,500
ES-16: Refinance with DPHE Tobacco Education Program Fund	(7,000,000)	0
ES NP-17: Refinance with DPHE Health Disparities Grant Program	(1,000,000)	0
ES NP-18: Refinance with DPHE Prevention, Detection & Treatment Fund	(7,000,000)	0
Total Non-Prioritized or Other Adjustment that Impact the Medical Services Premiums Line Item Not Included in Staff's recommendation in this packet	(\$14,886,716)	\$226,568

Legislation Explanation: On January 11, 2010 the Committee voted to carry a bill that allows the General Assembly to appropriate moneys from the Health Disparities Grant Program to offset General Fund expenditures. Senate Joint Resolution 09-035 provided General Assembly with the authority to appropriate Amendment 35 Tobacco Taxes to offset General Fund expenditures in FY 2009-10. Senate Bill 09-271 gave specific authority to use the Tobacco Education Fund, the Prevention, Detection, and Treatment Fund, and the Primary Care Fund (however, this fund was capped in statute at \$15.0 million) to offset General Fund expenditures. However, specific authority was not provided for the Health Disparities Grant Program. Therefore, a bill will be introduced with the supplemental package to authorize the use of \$1.0 million from the Health Disparities Grant Program in order to offset the General Fund expenditures in the Medical Services Premiums line item.

**Department Priority #2 Medicaid Mental Health Program Impacts
Supplemental #2, ES #2, ES #5, ES #7, NP ES #5**

Summary -- All Medicaid Mental Health Division			
Issues	Request	Recommendation	Difference
Total	<u>(\$4,254,766)</u>	<u>(\$6,518,584)</u>	<u>(\$2,263,818)</u>
General Fund	(1,011,008)	(2,239,311)	(1,228,303)
Cash Funds	(1,120,780)	(1,022,761)	98,019
Reappropriated Funds	1,185	1,040	(145)
Federal Funds	(2,124,163)	(3,257,552)	(1,133,389)

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

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]	YES
JBC staff and the Department agree that all the supplemental requests and recommendation made in this write-up are appropriate given the current budget situation.	

Format Note: Staff discusses all supplemental adjustments to the Medicaid Mental Health programs in this section in the same format used for Medical Services Premiums.

TABLE 1: Supplemental Summary for Medicaid Mental Health Programs					
Incremental Budget Change Issue	Department Request*		Staff Recommendation		Staff-Dept
	GF	Total Funds	GF	Total Funds	General Fund Only
FY 2009-10 Original Appropriation	\$99,097,143	\$218,449,498	\$99,097,143	\$218,449,498	\$0
S-2: Medicaid MH Forecast -- Caseload and Cost Update	2,977,075	4,051,231	1,719,538	4,193,700	(1,257,537)
S-2: Medicaid Forecast -- HB 09-1293 Appropriation	0	(328,955)	0	(2,792,554)	0
FY 2009-10 Revised BASE	\$102,074,218	\$222,171,774	\$100,816,681	\$219,850,644	(\$1,257,537)
ES-2: Medicaid Program Reductions - Rate Reduction	(2,222,196)	(4,445,268)	(2,212,559)	(4,427,150)	9,637
ES -2: Medicaid Program Reductions - Recoupments	(2,037,500)	(4,075,000)	(2,037,500)	(4,075,000)	0
ES-7: Delay Additional Payments	(19,597)	(39,194)	pending	pending	pending

TABLE 1: Supplemental Summary for Medicaid Mental Health Programs

Incremental Budget Change Issue	Department Request*		Staff Recommendation		Staff-Dept
	GF	Total Funds	GF	Total Funds	General Fund Only
ES NP-5: Close beds at Fort Logan	291,210	582,420	291,210	582,420	0
FY 2009-10 Request	\$98,086,135	\$214,194,732	\$96,857,832	\$211,930,914	(\$1,247,900)
ES-5: ARRA adjustment for base and issues above*	(23,150,454)	0	(22,448,756)	0	701,698
FY 2009-10 Request/Recommendation	\$74,935,681	\$214,194,732	\$74,409,076	\$211,930,914	(\$546,202)

Table 2: Fund Source Detail -- BEFORE ARRA ADJUSTMENT

Line Item Fund Split Detail By Fund Source	Current App. (including HB 09-1293)	Department FY 2009-10 Request-	Staff FY 2009-10 Rec.	Difference Staff-Cur. App	Difference Staff - Dept	% Different (Staff - Dept)
GF - General Fund	\$99,097,143	\$98,086,135	\$96,857,832	(\$2,239,311)	(\$1,228,303)	(1.25)%
CF - HCE Fund	8,351,341	7,453,121	8,781,540	430,199	1,328,419	17.82%
CF - Autism Fund	62,657	0	0	(62,657)	0	n/a
CF - BCCT Fund	20,056	24,631	26,031	5,975	1,400	5.68%
CF - Hospital Provider Fee	1,672,555	1,508,077	276,277	(1,396,278)	(1,231,800)	(81.68)%
RF - Transfer from DPHE for Breast & Cervical Cancer	9,208	10,393	10,248	1,040	(145)	(1.40)%
FF - Federal Funds	<u>109,236,538</u>	<u>107,112,375</u>	<u>105,978,986</u>	<u>(3,257,552)</u>	<u>(1,133,389)</u>	<u>(1.06)%</u>
TOTAL FUNDS	\$218,449,498	\$214,194,732	\$211,930,914	(\$6,518,584)	(\$2,263,818)	(1.06)%

Table 3: Fund Source Detail -- After ARRA ADJUSTMENT

Line Item Fund Split Detail By Fund Source	Current App. (including HB 09-1293)	Department FY 2009-10 Request-	Staff FY 2009-10 Rec.	Difference Staff-Cur. App	Difference Staff - Dept	% Different (Staff - Dept)
GF - General Fund	\$99,097,143	\$74,935,681	\$74,409,076	(\$24,688,067)	(\$526,605)	(0.70)%
CF - HCE Fund	8,351,341	6,075,060	6,745,979	(1,605,362)	670,919	11.04%
CF - Autism Fund	62,657	0	0	(62,657)	0	n/a
CF - BCCT Fund	20,056	24,631	26,031	5,975	1,400	5.68%

Table 3: Fund Source Detail -- After ARRA ADJUSTMENT

Line Item Fund Split Detail By Fund Source	Current App. (including HB 09-1293)	Department FY 2009-10 Request-	Staff FY 2009-10 Rec.	Difference Staff-Cur. App	Difference Staff - Dept	% Different (Staff - Dept)
CF - Hospital Provider Fee	1,672,555	1,158,505	212,236	(1,460,319)	(946,269)	(81.68)%
RF - Transfer from DPHE for Breast & Cervical Cancer	9,208	10,393	10,248	1,040	(145)	(1.40)%
FF - Federal Funds	<u>109,236,538</u>	<u>131,990,462</u>	<u>130,527,344</u>	<u>21,290,806</u>	<u>(1,463,118)</u>	<u>(1.11)%</u>
TOTAL FUNDS	\$218,449,498	\$214,194,732	\$211,930,914	(\$6,518,584)	(\$2,263,818)	(1.06)%

Supplemental #2: Medicaid Mental Health Caseload and Cost Forecast

Base Calculations to Medicaid Mental Health Community Programs Division (W/O HB 09-1293)			
	Request	Recommendation	Difference
<u>Total</u>	<u>\$4,051,232</u>	<u>\$4,193,700</u>	<u>\$142,468</u>
General Fund	2,977,075	1,719,538	(1,257,537)
Cash Funds	(956,302)	374,013	1,330,315
Reappropriated Funds	1,377	1,254	(123)
Federal Funds	2,029,082	2,098,895	69,813

*Includes both the Medicaid Mental Health Capitation and Medicaid Mental Health Fee for Services Line Items.

H.B. 09-1293 Calculations			
	Request	Recommendation	Difference
<u>Total</u>	<u>(\$328,956)</u>	<u>(\$2,781,036)</u>	<u>(\$2,452,080)</u>
Cash Funds	(164,478)	(1,390,518)	(1,226,040)
Federal Funds	(164,478)	(1,390,518)	(1,226,040)

*Includes both the Medicaid Mental Health Capitation and Medicaid Mental Health Fee for

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

- (1) An increase of \$3.9 million total funds (\$2.8 million General Fund) to fund an increase to the Mental Health Capitation Payment line item based on new Medicaid caseload and cost estimates as of November 2009.

- (2) An increase of \$267,375 total funds (\$133,687 General Fund) based on current anticipated expenditures in the Mental Health fee-for-service line item.
- (3) A decrease of \$328,956 to the appropriation clause for HB 09-1293 due to new cost estimates.

The Department's request is based on the information that was submitted to the Committee in November 2009. The Department will updating this information on February 15, 2009, when they submit their final Medicaid caseload and cost estimates to the Committee for FY 2009-10.

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

- (1) An increase of \$3.4 million total funds (\$1.3 million General Fund) to fund the increase to the Mental Health Capitation Payment line item based on staff's new Medicaid caseload forecast. Staff uses the cost estimates from the original appropriation. Staff may need to update this recommendation based on new information in February.
- (2) An increase of \$805,540 total funds (\$402,770 General Fund) to fund the Mental Health fee-for-service line item. Actual expenditures through December \$1.3 million. Therefore, the remaining six months the current appropriation only has \$474,726 remaining. Staff estimates that expenditures in the last six months will be approximately \$1.3 million. Therefore, staff recommends a supplemental appropriation of \$805,540 total funds.
- (3) A decrease of \$2.5 million total funds (no General Fund impact) to the appropriation clause in HB 09-1293 based on new caseload assumptions as explained in the Medical Services Premiums discussion.

Discussion

Table 1 shows the reasons for the anticipated supplemental request for the Medicaid Mental Health Division for FY 2009-10.

Table 1: Mental Health Division FY 2009-10 Estimated Expenditures Detail					
Item	Total Funds	General Fund	Cash Fund	Reappropriated Funds	Federal Funds
Current FY 2009-10 Appropriation	\$218,449,498	\$99,097,143	\$10,106,609	\$9,208	\$109,236,538
<i>Staff's Recommended Supplemental (Based on January calculations)</i>					
Caseload and per-capita cost updated estimates for the MH capitation program	3,388,160	1,316,768	374,013	1,254	1,696,125

Table 1: Mental Health Division FY 2009-10 Estimated Expenditures Detail

Item	Total Funds	General Fund	Cash Fund	Reappropriated Funds	Federal Funds
Capitation Payments for HB 09-1293	(2,781,036)	0	(1,390,518)	0	(1,390,518)
Medicaid Mental Health Fee-for-Service Payments	<u>805,540</u>	<u>402,770</u>	<u>0</u>	<u>0</u>	<u>402,770</u>
Staff's New FY 2009-10 Estimate	\$219,862,162	\$100,816,681	\$9,090,104	\$10,462	\$109,944,915
(Decrease)/Increase from current FY 2009-10 appropriation	\$1,412,664	\$1,719,538	(\$1,016,505)	\$1,254	\$708,377

Caseload and per-capita cost updated estimates for the MH capitation program: Staff's recommendation indicates a total fund supplemental of \$1.4 million for the MH capitation line item. This estimate is based on staff's new Medicaid caseload projections for FY 2009-10 and adjustments to the estimated costs to H.B. 09-1293 and S.B. 09-265 as shown in Table 2 below.

Table 2: FY 2009-10 Appropriation Compared to Staff's FY 2009-10 Expenditure Estimate For Capitation Payments (Includes HB 09-1293 information)

Eligible MH Medicaid Caseload	Current Caseload Appropriation	Estimated Per Capita Rate	Cost Estimate	New Caseload Projection	Estimated Weighted Capitation Rate	New Cost Estimate	Cost Difference
SSI 65+	38,280	\$165.12	\$6,320,794	38,444	\$165.12	\$6,347,873	\$27,079
Disabled Individuals	58,868	\$1,670.84	\$98,359,009	60,005	\$1,670.84	\$100,258,754	\$1,899,745
Non-Disabled Adults (BCCPT)	80,503	\$259.31	\$20,875,233	83,044	\$259.31	\$21,534,140	\$658,907
Children	321	\$260.47	\$83,611	416	\$260.47	\$108,356	\$24,745
Foster Children	259,414	\$192.69	\$49,986,483	276,647	\$192.69	\$53,307,110	\$3,320,627
	<u>18,663</u>	<u>\$2,969.49</u>	<u>\$55,419,591</u>	<u>18,373</u>	<u>\$2,969.49</u>	<u>\$54,558,440</u>	<u>(\$861,151)</u>
Total	456,049	n/a	\$231,044,722	476,929	n/a	\$236,114,673	\$5,069,951
HB 09-1293	12,900	\$259.31	\$3,345,110	2,369	\$259.31	\$614,305	(\$2,730,805)
SB 09-265	<u>0</u>	<u>0</u>	<u>(\$17,671,864)</u>	<u>0</u>	<u>0</u>	<u>(\$19,406,061)</u>	<u>(\$1,734,197)</u>
TOTAL	468,949	n/a	\$216,717,968	479,298	n/a	\$217,322,917	\$604,949

*Dollar off due to rounding errors.

As Table 3 shows, staff forecasts an increase of 20,880 (4.6 percent) in the overall Medicaid caseload *eligible* for mental health services (partial dual eligibles and non-citizens are ineligible for Medicaid

mental health services). However, staff forecasts that caseload eligible under HB 09-1293 will only be 2,369 instead of the 12,900 contained in the fiscal note.

For the purposes of this "placeholder" supplemental, staff has continued to use the original "weighted average per capita" cost (please note ES #2 contains a rate reduction to the costs shown in table 2 above). Therefore, staff has not yet adjusted for the capitation changes that occurred on January 1, 2010. Staff will note, that two of the BHO's would not certify the January rates proposed by the Department. Therefore, these two BHOs continue to operate under the rates in place as of December 2009. Staff recommends that the Department not adjust the rates for these two BHOs through the end of FY 2009-10. Staff will adjust for the January rate changes to the other BHOs in the March Long Bill Add-On supplemental if significant changes need to be made to the appropriation based on the new information that the Department submits in February. Therefore, staff's recommendation for the capitation payment is only a "placeholder" at this time.

Reasonable Test for Staff Recommendation

Expenditures for the Mental Health Capitation Program were \$109.4 million through December 2009. Therefore, expenditures have averaged \$18.2 million per month. Currently, the appropriation only has \$96.1 million remaining. However, that includes the impact of SB 09-265 which delayed the payment of the June capitation payment until July. Therefore, the remaining five months of the fiscal year can average approximately \$19.2 million per month without staff's recommendation and \$20.2 million per month with staff's recommendation. This is a 11.0 percent increase for the average monthly payments for the remainder of the fiscal year. Staff believes that this will adequately account for the increase in the capitation rates and caseload for the remainder of the fiscal year (i.e. staff does not anticipate that her supplemental recommendation will increase in February).

Lastly, the increase for the Mental Health Fee-for-Service payments are based on the actual expenditures through December as described earlier.

Early Supplemental #2 (Medicaid Program Reductions that Impacts Mental Health Programs)

A PORTION OF THIS RECOMMENDATION NEEDS LAW CHANGE

Mental Health Division	Request	Recommendation	Difference
<u>Total</u>	<u>(\$8,520,268)</u>	<u>(\$8,513,668)</u>	<u>\$6,600</u>
General Fund	(4,259,696)	(4,250,059)	9,637
Cash Funds	0	(6,256)	(6,256)
Reappropriated Funds	(192)	(214)	(22)
Federal Funds	(4,260,380)	(4,257,139)	3,241

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

- 1) A reduction of \$4.4 million total funds (\$2.0 million General Fund) related to implementing a 2.5 percent rate reduction to the BHO capitation rates beginning September 2009.
- 2) A reduction of \$4.1 million total funds (\$2.0 million General Fund) related to payment recoupments from the BHO. These recoupments are for the time period of FY 2004-05 through FY 2006-07.
- 3) A reduction of \$175,709 General Fund and a corresponding increase to cash funds from allowing the General Fund to receive the full impact of rate reduction savings instead of spreading the savings across all fund sources.

Staff Recommendation: Staff recommends the Department's request with technical difference due to her based on her calculations for supplemental #2. Please note that all BHOs have certified the rate reduction that occurred in September as actuarially sound. It is only the rates that were proposed in January (the normal rate adjustment trend) that is being challenged by the two BHOs at this time.

In order offset General Fund with the Health Care Expansion Fund, the Committee will need to carry a bill to authorize the use of the Health Care Expansion Fund for this purpose. The Committee voted on January 11, 2010 to carry this legislation. Staff recommends a General Fund offset of \$179,357 for this issue.

Early Supplemental #5 (Appropriate ARRA)

Staff is pending this recommendation until the Long Bill Supplemental Add-On.

Early Supplemental #7 (Additional Week of Payment Delay)

Staff is pending this recommendation until March Figure Setting. This request requires legislation.

Early Supplemental - Non-Prioritized #5 (Closing Beds at Fort Logan)

When the adult beds at Fort Logan are closed, it is anticipated that there will be additional costs for the BHOs to serve these clients in the community or in community-beds. Therefore, the Department's request reflected an increase of \$582,420 total funds (\$291,210 General Fund) for additional costs to the Mental Health Capitation Program. Staff has reflected the recommendation made by the DHS JBC analyst for the DHS mental health program. Staff will update this recommendation to reflect the Committee vote if different.

**Department Priority #1
Early Supplemental #1 - Refinance General Fund with Hospital Provider Fee**

The discussion for this supplemental was included in the discussion for the Medical Services Premiums line item.

**Department Priority #3
Early Supplemental #2 Medicaid Program Reductions**
(for supplemental issues not included in Medical Services Premiums or Mental Health discussion)

Executive Director's Office	Request	Recommendation	Difference
<u>Total</u>	<u>\$146,900</u>	<u>\$146,900</u>	<u>\$0</u>
General Fund	73,450	73,450	0
Federal Funds	73,450	73,450	0

See Department Priority #1 & #2 for impacts to Medical Services Premiums and Mental Health.

Department Request: The Department requests \$146,900 (\$73,450 General Fund) for administrative costs associated with implementing the Medicaid program reductions that were discussed in the Medical Services Premium and Medicaid Mental Health section of this supplemental packet. Of this amount, \$20,000 is an increase to the Executive Director's Office (A) General Administration, General Professional Services and Special Projects line item and \$126,900 is an increase to the Executive Director's Office (C) Information Technology Contracts, Information Technology Contracts.

Staff Recommendation: Staff recommends the Department's request. The Department's request is for the administrative costs associated with including additional drug classes to the preferred drug list. If more drug classes are included, there will be additional prior authorization needed when clients request a drug not on the list.

**Department Priority #4
Early Supplemental #3 Department Administrative Reductions**

A PORTION OF THIS REQUEST REQUIRES LEGISLATION

Non-HB 09-1293 Related Issues	Request	Recommendation	Difference
Total	<u>(\$1,166,768)</u>	<u>(\$1,166,768)</u>	<u>\$0</u>
General Fund	(276,446)	(276,446)	0
Cash Funds	(138,849)	(138,849)	0
Federal Funds	(751,473)	(751,473)	0

*Includes adjusted impact to S.B. 09-265. This appropriation adjustment will be in the supplemental bill.

Change to Conditional HB 09-1293 Appropriation	Request	Recommendation	Difference
Total	\$0	\$0	\$0
General Fund	(1,877,337)	0	1,877,337
Cash Funds	1,877,337	0	(1,877,337)

*Includes adjusted impact to S.B. 09-265. This appropriation adjustment will be in the supplemental bill as an "add-on adjustment" to the current appropriation clause in H.B. 09-1293. It will remain "conditional".

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

1. A reduction of \$150,000 total funds (\$54,248 General Fund) for lower billed legal services from the Attorney General's Office.
2. A reduction of \$40,093 total funds (\$17,000 General Fund) for operating efficiencies within the Department. This proposal includes several budget reduction actions such as limiting a state-paid parking spot, reducing telephone costs, limiting in-state and out-state travel, and conserving office supplies, etc.
3. A reduction of \$510,000 total fund (\$127,500 General Fund) for changes to the MMIS contract. The changes included eliminating a regional provider education class in Denver, a reduction in Provider Call Center Hours, a reduction of customer service request enhancement hours, and using electronic records more in order saving printing and postage costs.
4. A reduction of \$250,000 total funds (no General Fund directly) to eliminate the uncommitted outreach funding for the Children's Basic Health Plan as of August 2009. The state fund source is the Health Care Expansion Fund. Under the Department's proposal, the savings from Health Care Expansion Fund could be used to offset General Fund elsewhere. However, legislation is needed for this provision.
5. A reduction of \$216,675 total funds (\$75,566 General Fund) to eliminate the School-Based Medical Assistance Sites Pilot Project contracts. The proposal also saves \$24,647 from the Health Care Expansion Fund. Under the Department's proposal, the savings from the Health Care Expansion Fund could be used to offset General Fund elsewhere. However, legislation is needed for both the elimination of the pilot program and to allow the Health Care Expansion Fund to offset General Fund.
6. The Department's request includes refinancing the General Fund costs for HB 09-1293 with the hospital provider fee. The appropriation clause for HB 09-1293 includes a section that provides General Fund appropriations to the Department for administrative costs until the hospital provider fee is approved by the Centers of Medicaid and Medicare Services. Once approval is provided, the General Fund appropriation clause is repealed and a new appropriation clause uses the hospital provider fee for all

administrative costs. The Department proposes eliminating the first appropriation clause that relies on the General Fund.

Staff Recommendation: Staff recommends the Department's request except for issue #6. The Committee does not need to take any additional action for item #6. The current law already refinances the General Fund administrative costs once the hospital provider fee is approved. However, if the Committee eliminated the General Fund appropriation clause and then CMS did not approve the fee in time to collect revenue in FY 2009-10, then the Department would have to absorb the administrative costs that have already occurred or ask for an emergency supplemental. Because CMS has not yet approved the waiver, staff recommends no changes to the current appropriation for administrative costs.

Legislation Explanation #1: On January 11, 2010 the Committee voted to carry a bill that allows the General Assembly to appropriate moneys from the Health Care Expansion Fund to offset General Fund expenditures (several supplemental issues discuss this bill). Staff recommends the Department's request for the General Fund offset.

Legislation Explanation #2: Staff recommends the Department's request to sponsor legislation to eliminate the school-based medical assistance sites pilot program. The Committee has not yet taken action on this issue.

Department Priority #5

Early Supplemental #4 Indigent Care Program Reductions

(See Medical Services Premiums discussion for impacts to MSP from this request)

A PORTION OF THIS REQUEST REQUIRES LEGISLATION

	Request	Recommendation	Difference
Total	<u>(\$62,205,816)</u>	<u>(\$33,224,816)</u>	<u>\$28,981,000</u>
FTE	(0.2)	(0.2)	0.0
General Fund	(19,773,987)	(19,773,987)	0
General Fund Exempt	13,827	13,827	0
Cash Funds	(2,648,566)	(2,648,566)	0
Reappropriated Funds	(11,956,827)	(13,827)	11,943,000
Federal Funds	(27,840,263)	(10,802,263)	17,038,000

*Includes adjusted impact to S.B. 09-265. This appropriation adjustment will be in the supplemental bill.

Department Request: The Department's request eliminates certain supplemental payments made to providers participating in the Colorado Indigent Care Program (CICP) and the associated administrative expenses. Some of these reductions would save cash fund appropriations that would then be used to offset General Fund expenditures in the Medical Services Premiums line item (see Department Priority #1 for MSP impacts). In addition, the Department's request eliminates payments to privately-owned

hospital providers and to indigent care clinics in order to achieve the General Fund savings needed to balance the state budget.

Staff Recommendation: Staff recommends the Department's request with the exception of the reduction to the Health Care Services Fund. However, in order to achieve the same General Fund budget savings, staff recommends that the Primary Care Fund appropriation be reduced. Staff recommendation will require legislation. The table below summarizes the differences between the Department's request and the staff recommendation.

Table 1 -- Early Supplemental #4 Components			
	Department Request Total Funds	Staff Recommendation Total Funds	Staff - Department
Non-Law Changes			
Administrative Cost Reduction (0.2 FTE)	(\$8,971)	(\$8,971)	\$0
Safety Net Provider Program	(\$15,634,320)	(\$15,634,320)	\$0
Eliminate the Colorado Health Care Services Fund	(\$41,943,000)	\$0	\$41,943,000
Pediatric Speciality Hospital	\$557	\$557	\$0
Law Changes			\$0
Reduce Primary Care Fund	\$0	(\$11,943,000)	(\$11,943,000)
Eliminate Funding for Comprehensive Primary Care Grants Program	(\$639,082)	(\$639,082)	\$0
Eliminate Funding for the Comprehensive Primary and Preventative Care Rural Hospital Grant Program	(\$3,981,000)	(\$5,000,000)	(\$1,019,000)
TOTAL	(\$62,205,816)	(\$33,224,816)	\$28,981,000

Non Law Changes

Administrative Cost Reduction: The Department requests that 0.2 FTE and associated costs be reduced from their budget in FY 2009-10. Staff recommends the Department's request.

Safety Net Provider Payment: The Department requests that \$15.6 million total funds (\$7.8 million General Fund) be reduced from the Safety Net Provider Payment line item. The General Fund appropriation in this line is used to make supplemental payments to the private hospitals that participate in the Indigent Care Program. With the reimbursement increases under HB 09-1293, the out-year impact of the General Fund reduction to private hospitals will be mitigated.

Eliminate the Colorado Health Care Services Fund: The Department originally requested that the Health Care Services Fund be eliminated. Staff does not recommend the Department's request. As discussed during briefing and hearing, this fund draws a federal match. Therefore, staff recommended that this fund be retained but that a similar General Fund savings be taken from the Health Care Services Fund.

Pediatric Speciality Hospital Fund: The Department requests a technical adjustment to the appropriation for this line item. Staff recommends the Department's request.

Law Changes

Reduce Primary Care Fund: Staff recommends that the Primary Care Fund be reduced in order to offset the same amount of General Fund saving achieved by reducing the Health Care Services Fund. This recommendation require legislation. The Committee voted to carry this bill on January 11, 2010.

Eliminate Funding for Comprehensive Primary Care Grant Program: The Department requests and staff recommends that all uncommitted funding for the Comprehensive Primary Care Grant Program be eliminated in FY 2009-10 and FY 2010-11. Staff recommends that the funding be allowed to come back in FY 2011-12 if the budget situation approves. A change in law is necessary to implement this request. The Committee voted to carry this bill on January 11, 2010. The funding will be used to offset General Fund appropriation in the Medical Services Premiums line item. The Committee voted to carry this bill on January 11, 2010. Staff does seek clarification if this is to be a permanent change or a temporary change for FY 2009-10 and FY 2010-11 only.

Eliminate Funding for the Comprehensive Primary and Preventative Care Rural Hospital Grant Program: The Department requests and staff recommends that all uncommitted funding for the Comprehensive Primary Care Grant Program be eliminated in FY 2009-10 and FY 2010-11. Staff recommends the FY 2009-10 be used to offset funding in the Medical Services Premiums line item in FY 2009-10. Staff recommends that after FY 2009-10, the funding be added to the amount of the Master Tobacco Settlement that goes to the Children's Basic Health Plan. A change in law is necessary to implement this request. The Committee voted to carry this bill on January 11, 2010 (same bill as above). However, staff seeks clarification on whether this change should be permanent or temporary. Staff recommends permanent.

Department Priority #6 Early Supplemental #5 Appropriate ARRA Funding

Staff recommends pending this request until March when final Medicaid estimates are completed.

**Department Priority #7
Supplemental #3 Changes to the Children's Basic Health Plan**

The Department did not submit a supplemental for the Children's Basic Health Plan. Rather, the Department's request stated that they will wait until February to update caseload and cost estimates for the Children's Basic Health Plan.

While the Department did not submit a supplemental request in January (not even a placeholder schedule), the Department's budget request in November indicated a FY 2009-10 supplemental need of \$21.1 million for the Children's Basic Health Plan. Of this amount, \$7.4 million is cash funds (CBHP Trust Fund and Health Care Expansion Fund) and \$13.6 million is federal funds.

Staff is pending this supplemental until staff receives the Department's updated estimates in February. However, staff would remind the Executive that the February supplementals should only be used for Medicaid caseload and cost issues (MSP, MH, & MMA payments) and perhaps unforeseen events. The General Assembly has deadlines that must be met (such as the 120 day session) and the longer the Committee has to wait on making supplemental decisions that help balance the budget the harder it is to complete figure setting and submit the budget package.

**Department Priority #8
Supplemental #4 Medicare Modernization Act State Contribution Payment Supplemental Adjustments**

Total MMA Requests	Request	Recommendation	Difference
Total	(\$1,987,584)	(\$2,238,409)	(\$250,825)
General Fund	(1,987,584)	(2,238,409)	(250,825)

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

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

Department Request: The Department request a negative supplemental of approximately \$2.0 million General Fund as a placeholder decrease to the MMA State Contribution Payment. The Department will submit new information based on updated Medicaid caseload forecasts in February.

Staff Recommendation: Based on the first six months of actual expenditure data and the information that the Department submitted in their November 2009 budget request, staff recommends a negative

supplemental adjustment of \$2.2 million (General Fund). Staff does not anticipate major changes to her supplemental recommendation. Therefore, staff recommends that this supplemental be included in the January supplemental bill.

Discussion:

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

The current FY 2009-10 appropriation assumed an average dual eligible caseload of 57,434 clients at an average cost of approximately \$128.86 per month. Based on these assumptions, the total current FY 2009-10 appropriation is \$88.8 million General Fund.

Based on current expenditure and caseload data through December 2009, staff now forecasts that the average caseload will be approximately 55,628 clients for FY 2009-10. Additionally, staff forecasts that the average monthly expenditure for FY 2009-10 will be \$129.69 per client. Based on these assumptions, staff forecasts total expenditures of \$86,570,177 -- a decrease of \$2,238,409 from the current appropriation.

Staff's recommendation uses the Department's model. Staff has slightly lower costs than the Department because staff has incorporated a full six months of actual expenditure data into the model rather than the two months of actual data that was available when the Department submitted their November budget request.

**Department Priority #9
Supplemental #5 -- FY 2008-09 Medicaid Programs Over Expenditures**

This supplemental request is discussed after the FY 2009-10 supplementals.

**Department Priority #10
Supplemental #6 -- Accountable Care Collaborative**

	Request	Recommendation	Difference
Total	<u>(\$677,636)</u>	<u>(\$677,636)</u>	<u>\$0</u>
General Fund	(200,659)	(200,659)	0
Federal Funds	(476,977)	(476,977)	0

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

Department Request: The Department has revised the time line for implementing the Accountable Care Collaborative. As such, some of the administrative funding in the current FY 2009-10 appropriation will not be used by the end of the fiscal year and will revert. Therefore, the Department requests their administrative appropriations be reduced by a total of \$677,636 (\$200,659 General Fund). Specifically, the Department requests the following funding be removed:

- 1) A reduction of \$125,000 (\$62,500 General Fund) to eliminate funding for an actuary contract to develop the pay-for-performance calculation for the Administrative Services Organization. This funding was provided assuming that clients would enroll in the pilot program beginning July 2010. Now that the timing of the pilot has been delayed to November 1, 2010, this funding is not necessary in FY 2009-10.
- 2) A reduction of \$522,636 (\$138,159 General Fund) to reduce the funding provided to the MMIS contract to make system changes in advance of the pilot program's start-up. Again, the delay in the time line for the project makes this funding unnecessary in FY 2009-10.

Staff Recommendation: Staff recommends the Department's request.

Comment: The Department has submitted a budget amendment for FY 2010-11 that requests funding to implement the ASO pilot program. Approval of this supplemental request does not indicate approval of the FY 2010-11 ASO budget amendment. The funding for this project will be discussed during the figure setting presentation for the Department.

**Department Priority #11
Supplemental #7 -- Federally Mandated CHP+ Program Changes**

	Request	Recommendation
Total	<u>\$113,527</u>	<u>\$113,527</u>
Cash Funds	39,734	39,734
Federal Funds	73,793	73,793

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

Department Request: The Department requests \$113,527 total funds, including \$39,734 in cash funds and \$73,793 in federal funds, to implement two federally mandated provisions from the Children's Health Insurance Program Preauthorization Act of 2009 (CHIPRA). The funding is requested for the purposes of amending the Department's current External Quality Review contract to comply with expanded requirements for managed care quality review in the CBHP program. The request also fund modifications to the CBMS to comply with requirement regarding guaranteed coverage of newborns born to mothers enrolled in Medicaid or the Children's Basic Health Plan.

Staff Recommendation: Staff recommends the Department's request.

Discussion:

On February 4, 2009, President Obama signed the Children's Health Insurance Program Preauthorization Act of 2009 (CHIPRA) into law. Section 403 of CHIPRA applies certain Medicaid protections and requirements for managed care organization for clients enrolling in a managed care plan under the CBHP program. In order to comply with this requirement, the Department will need to amend their current External Quality Review Contract to ensure that the new federal law is complied with.

The CHIPRA also requires that newborns born to mothers enrolled in either Medicaid or CBHP be deemed eligible for Medicaid or CBHP. Currently, newborns born to teens or mothers covered by the CBHP program do not currently receive twelve months of guaranteed coverage. To comply with this section, modifications to the CBHP program are necessary to ensure guaranteed coverage. The Department assumes that there will be little to no impact to actual caseload as most of these infants are enrolled in the Medicaid or CBHP program now. However, the system changes are necessary to ensure that the 12 months guaranteed coverage is automatically provided.

Department Priority #12
Supplemental Request #8 -- was left intentionally blank.

**Department Priority #13
Supplemental Request #9 -- Public School Health Services Administrative Claiming**

	Request	Recommendation
Total	<u>\$529,968</u>	<u>\$529,968</u>
Cash Funds	264,984	264,984
Federal Funds	264,984	264,984

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

Department Request: The Department requests \$499,780 total funds (\$264,984 cash funds and \$234,796 federal funds) to implement an administrative cost claiming system for the Public School Health Services line item. The Department also requests that the administrative funding transferred to the Department of Education be reduced by \$61,312. Lastly, the Department requests that the appropriation structure for the Public School Health Services program be reorganized to consolidate all funding in the Other Medical Services division.

Staff Recommendation: Staff recommends the Department's supplemental request as it pertains to the Medicaid administrative cost (MAC) claiming system and the reduction to the administrative costs for the Department of Education. Staff also recommends the Department's request to reorganization the appropriation structure so that all administrative funding is one line item.

Discussion

The Public School Health Services program provides reimbursement for eligible medical services provided by school districts to eligible Medicaid clients. The federal reimbursement from this program is then used to provide additional medical services to eligible Medicaid, uninsured or under insured children. On June 30, 2009, the Centers for Medicare and Medicaid Services (CMS) rescinded a federal school-based services rule that prohibited states from receiving federal financial participation on administrative costs incurred by public schools. Because this rule no longer applies, school districts can now be reimbursed for administrative activities that directly support efforts to identify and enroll potentially eligible children and their families into Medicaid. In order to ensure that administrative billing is done correctly, the Department will need a contractor to administer random time study and to monitor quarterly cost reporting. The Department anticipates that contract will cost \$91,500 in FY 2009-10 and will annualize to \$366,000 in FY 2010-11. In addition, the Department estimates that the school districts will be able to certify \$264,984 in additional expenditures in FY 2009-10 and receive additional federal reimbursement of \$234,796. Lastly, to ensure that the MAC contract will not exceed the 10 percent administration limit for the program, the Department has identified \$61,312 in administrative cost savings in the administrative funding transferred to the Department of Education.

Cost Component	FY 2009-10
Certification of School District Expenditures Related to Administrative Cost Claiming	\$264,984
Federal Match Available	\$264,984
-- Deduct Administrative Cost for MAC Contractor	(\$91,500)
-- Add Savings from Department of Education Transfer for Administrative Costs	\$61,312
TOTAL NEW FEDERAL MEDICAID FUNDS AVAILABLE TO SCHOOL DISTRICTS	\$234,796

**Department Priority #14
Supplemental Request #10 -- Acute Care Utilization Review Adjustments**

	Request	Recommendation
Total	<u>\$82,021</u>	<u>\$82,021</u>
General Fund	3,379	3,379
Federal Funds	82,021	82,021

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

Department Request: The Department requests a total fund increase of \$82,021 (\$3,379 General Fund) to their acute care prior authorization review contract based on the increase in Medicaid caseload and claims.

Staff Recommendation: Staff recommends the Department's request.

Discussion

The Department's current contract funds approximately 1,042 prior authorization review each month. During the first four months of FY 2009-10, the average monthly number of prior authorizations were 1,661. The Department attributes most of the increase in prior authorizations to increase in the caseload over the last two years. The Department's request also corrects a fund split issues with the original appropriation due to a change in contracting practice that allows the Department to collect a 75 percent federal match on all acute care prior authorization reviews.

Department Priority #15

Supplemental Request #11 -- Refinance Colorado Benefit Management System Improvements

Department of Health Care Policy and Financing		
	Request	Recommendation
Total	<u>(\$1,749,976)</u>	<u>(\$1,749,976)</u>
General Fund	(814,545)	(814,545)
Cash Funds	5,515	5,515
Federal Funds	(940,946)	(940,946)

Department of Human Services		
	Request	Recommendation
Total	<u>\$3,302,100</u>	<u>\$3,302,100</u>
General Fund	814,545	814,545
Cash Fund	153,795	153,795
Reappropriated Funds	1,242,581	1,242,581
Federal Funds	1,091,179	1,091,179

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

Department Request: Both the Department of Health Care Policy and Financing and the Colorado Department of Human Services request that \$2,995,100 for the Colorado Benefits Management System Medical Assistance Project that is appropriated to HCPF in FY 2009-10 be transferred to a new line item in the Department of Human Services budget. Because once the funding is transferred to DHS additional program funding for project can be leveraged without impacting the General Fund so that the entire appropriation in FY 2009-10 is \$3,302,100.

Staff Recommendation: Staff recommends the Department's request. The Department's request annualizes a FY 2008-09 supplemental that the Committee approved in June 2009. Because the Committee has already approved the funding transfer in a prior fiscal year, staff recommends the transfer for FY 2009-10.

**Department Priority #16
Supplemental Request #12 -- Intentionally Left Blank**

**Department Priority #17
Supplemental Request #13 -- CBMS Client Correspondence Caseload Increase**

Please see the Department of Human Services, CBMS presentation for staff recommendation on this supplemental request.

**Department Priority #18
Supplemental Request #14 -- Intentionally Left Blank**

Non Prioritized Requests with Action Needed

**Department Priority #19
Early Supplemental Non-Prioritized #14 - Reduction to Commission on Family Medicine**

Department of Health Care Policy and Financing		
	Request	Recommendation
Total	<u>(\$193,206)</u>	<u>(\$193,206)</u>
General Fund	(96,603)	(96,603)
Federal Funds	(96,603)	(96,603)

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

Department Request: As part of the Governor's budget balancing action in August, the Department submitted a supplemental request to reduce the Commission on Family Medicine's appropriation by \$193,206 total funds (\$96,603 General Fund). This represents a 10.0 percent appropriation reduction to their line item.

Staff Recommendation: Staff recommends the Department's request. The reduction will decrease the allocation to each of the nine residencies from approximately \$214,672 to \$193,205.

**Department Priority #20
Non-Prioritized Supplemental #2 -Statewide Furlough Impact**

Department of Health Care Policy and Financing		
	Request	Recommendation
Total	<u>(\$239,760)</u>	<u>(\$239,760)</u>
General Fund	(109,884)	(109,884)
Cash Fund	(13,626)	(13,626)
Reappropriated Fund	5,602	5,602
Federal Funds	(121,852)	(121,852)

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

Department Request: The General Assembly included a statewide personal services reduction equivalent to 1.82 percent of each agencies' appropriation in the FY 2009-10 Long Bill (S.B. 09-259). The net FY 2009-10 impact of the one-time reduction was \$26.5 million, of which \$16.1 million was General Fund. The executive branch was given the flexibility to develop and implement a plan to meet the mandated reduction. The Governor requests an adjustment to the personal services reductions within the FY 2009-10 Long Bill to reflect the actual staffing actions taken within each agency to achieve a decrease of 1.82 percent.

Staff Recommendation: Staff recommends the Department's requested adjustment.

Non Prioritized Requests with Action Taken In Other Department Write-Ups

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

Non-Prioritized Supplemental Issues (W/O ARRA Adjustment)	General Fund	Total Fund
ES-NP #1: DHS - Information Technology - Personal Services FTE Reduction	(\$9,000)	(\$18,000)
ES-NP #2: OIT - Personal Services Reduction Initiative	(2,970)	(5,940)

Non-Prioritized Supplemental Issues (W/O ARRA Adjustment)	General Fund	Total Fund
ES-NP #3: DHS - Increase State Capacity to 120% at State Commitment Facilities	(83,123)	(83,123)
ES-NP #4: DHS - Office of Operations Personal Services and Operating	(19,960)	(39,922)
ES-NP #5: DHS - Close Beds at Fort Logan (non-MSP and MH division impacts only)	(128,812)	(128,812)
ES-NP #6: DHS - Reclassification of Licensing Category of Ridgeview Youth Services Center for Medicaid Billing	260,042	206,041
ES -NP #7: DHS - DDD Medicaid Waivers Provider Rate Reductions	(2,933,459)	(5,888,663)
ES - NP #8: DHS - Close Beds at Grand Junction (non-MSP impacts only)	(1,293,862)	(2,820,485)
ES - NP #9: DHS - Reduction to the Child Welfare Services Block	(2,119,361)	(4,238,722)
ES - NP #10: Risk Management Contract Review and Reduction	(258)	(515)
ES - NP #11: Risk Management Reduction of Liability, Property and Workers' Compensation Volatility	(3,103)	(6,207)
ES - NP #12: Building Maintenance Reductions	(2,704)	(5,408)
ES - NP #13: FY 09-10 OIT Management and Administration One Time Adjustment	(34,217)	(68,435)
ES - NP #14: Commission on Family Medicine (see prior section)	0	0
ES - NP #15: DHS - Aid to the Needy Disabled - State Only Program Suspension	5,779	11,683
ES - NP #16: DPHE Cash Fund Refinance - See MSP Division Discussion	0	0
ES - NP #17: DPHE Cash Fund Refinance - See MSP Division Discussion	0	0
ES - NP #18: DPHE Cash Fund Refinance - See MSP Division Discussion	0	0
ES - NP #19: DHS - Risk Management Reduction of Liability, Property and Worker's Compensation Volatility	(67,504)	(67,504)
ES - NP #20: DHS - Risk Management Contract Review and Reduction	(21,355)	(42,710)
ES - NP #21: DHS - FY 2009-10 OIT Management and Administration One-Time Adjustment	(2,843)	(5,686)
ES - NP #22: DHS - State Fleet Rebates - One-Time Refinance	(4,211)	(8,422)
S - NP #1: Left Intentionally Blank	0	0
S - NP #2: Statewide Furlough Impact (see discussion above)	0	0
S - NP #3: DHS - Statewide Furlough Impact	239,275	478,691
S - NP #4: DPHE - Statewide Furlough Impact	3,390	9,970
S - NP #5: Mail Equipment Upgrade Supplemental	(7,721)	(15,442)
S - NP #6: DHS - Annual Fleet Vehicle Replacements Technical True-up	(6,353)	(12,707)

Non-Prioritized Supplemental Issues (W/O ARRA Adjustment)	General Fund	Total Fund
S - NP #7: DHS - Mail Equipment Upgrade Supplemental	(42,261)	(85,215)
Total Non-Prioritized or Other Adjustment not explained elsewhere in this supplemental packet	(\$6,274,591)	(\$12,835,533)

Statewide Common Policy Supplemental Requests

Included in the non-prioritized table above.

FY 2008-09 Supplemental Issues

Department Priority #9: Release FY 2008-09 Overexpenditures

Department of Health Care Policy and Financing Allowable Overexpenditure per CRS 24-75-109 (1) (c)		
	Request	Recommendation
Total	\$147,605	\$147,605
General Fund	147,605	147,605
Cash Fund	0	0
Federal Funds	410,183	410,183

Department of Health Care Policy and Financing* Allowable Overexpenditure per CRS 24-75-109 (1) (a)		
	Request	Recommendation
Total	\$0	\$11,989,030
General Fund	0	11,989,030
Cash Fund	0	228,644

*Excludes overexpenditures for programs administered by the Department of Human Services.

Department Request: The Department requests that the restrictions on FY 2009-10 personal services line item based on a FY 2008-09 overexpenditure be released.

Staff Recommendation: Staff recommends the Department's request to release the restrictions on the Department's personal services line item. Staff also recommends that the restrictions on the

Department's Medical Services Premiums and Mental Health line items from the FY 2008-09 overexpenditures also be removed.

Discussion

In order to close the state books each fiscal year, the State Controller may authorize departments to over-expend their appropriations within certain limits if approved by the Governor (Section 24-75-109, C.R.S.). Because of the entitlement nature of the Medicaid program, the Medicaid line items are provided with unlimited over-expenditure authority as long as the over-expenditure are consistent with the statutory provisions of the Medicaid program. Therefore, most of the Department's line items are allowed unlimited over-expenditure authority.

Whenever an over-expenditure occurs, the State Controller is instructed to "*restrict, in an amount equal to said over-expenditure, the corresponding items or items of appropriation that are made in the general appropriation act for the fiscal year following the fiscal year for which the overexpenditure that is allowed occurs.*" The restriction on the current year appropriation is lifted if the General Assembly approves a supplemental for the prior year over-expenditure during the next Legislative Session. This restriction allows the JBC to review the reasons for over-expenditures and to decide if the over-expenditure could have been avoided with better management of the appropriation or if the over-expenditure occurred as a result of an unforeseen event or forecast error.

Department FY 2008-09 General Fund Over-expenditure

Table 1 below shows the Department's overexpenditures for FY 2008-09 (excludes DHS programs).

Table 1: Department Over-Expenditures and Reversions -- General Fund Only			
Division	General Fund	Cash Funds	Statutory Authority for Over-Expenditure
Executive Director's Office, Personal Services Line Item	\$147,605	\$0	CRS 24-75-109 (1) (c)
Medical Services Premiums	\$11,170,264	\$228,644	CRS 24-75-109 (1) (a)
Mental Health Programs, Fee For Service	\$109,551	\$0	CRS 24-75-109 (1) (a)
<u>Mental Health Programs, Capitation</u>	<u>\$709,215</u>	<u>\$0</u>	<u>CRS 24-75-109 (1) (a)</u>
Total HCPF	\$12,136,635	\$228,644	

Source: State Controller letter to Governor dated December 18, 2009.

Note: Staff generally does not approve over-expenditures in the Department's administrative line items (with the possible exception of the Medicaid Management Information System contract). For the most part, the administrative lines should be managed within the appropriation. If there is a late problem,

the Department can submit a 1331 supplemental in June to correct it. That is the preferred procedure for these issues.

Last year, the Department became aware that their personal services line item would be over expended. This was due to lower employee turn-out than in previous years and higher employee buy-outs. In order to account for this, the Department began restricting spending in their operating line items. Thus, at the end of the fiscal year, the Department reverted funding in other operating line items in order to "pay" for the anticipated over-expenditure in the personal services line item. Rather than submit a 1331 emergency supplemental in June to adjust for this problem, OSPB used part of the statewide \$1.0 million overexpenditure authority provided to Governor for this overexpenditure.

Because the Department was aware of the problem, had adjusted funding elsewhere in their budget to address the issue, and used the authority provided under Section 24-75-109 (1) (c), Colorado Revised Statutes, staff will recommend that the General Fund appropriation restriction on the FY 2009-10 appropriation be lifted.

The other overexpenditures were discussed with the Committee at briefing. These overexpenditures were due to forecast error and were not the result of management issues. Therefore, staff recommends that the restrictions on these appropriation also be lifted.

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

SECTION X. Appropriation. In addition to any other appropriation, there is hereby appropriated, to the department of health care policy and financing, for the fiscal year beginning July 1, 2008, the sum of eleven million three hundred ninety-eight thousand nine hundred eight dollars (\$11,398,908), or so much thereof as may be necessary for the payment of overexpenditures of line item appropriations contained in Part V (2) of section 2 of chapter 474, Session Laws of Colorado 2008, as amended by section 1 of chapter 446 and by section 13 of chapter 464, Session laws of Colorado 2009. Of said sum, eleven million one hundred seventy thousand two hundred sixty-four dollars (\$11,170,264) shall be from the general fund and two hundred twenty-eight thousand six hundred forty-four dollars (\$288,644) shall be from cash funds [staff needs to confirm the source of the cash funds]. In accordance with section 24-75-109 (4) (a), Colorado Revised Statutes, all restrictions on funds for medical services premiums, department of health care policy and financing, for the 2008-09 fiscal year, shall be released.

SECTION X. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of any moneys in the general fund not otherwise appropriated, to the department of health care policy and financing, for the fiscal year beginning July 1, 2009, the sum of seven hundred nine thousand two hundred fifteen dollars (\$709,215), or so much thereof as may be necessary for the payment of overexpenditures of line item appropriations contained in Part V (3) (A) of section 2 of chapter 474, Session Laws of Colorado 2009, as amended by section 1 of chapter 466 and by section 13 of chapter 464, Session Laws of Colorado 2009. In accordance with section 24-75-109 (4) (a), Colorado Revised Statutes, all restrictions on funds for medicaid mental health community programs, department of health care policy and financing, for the 2008-09 fiscal year, shall be released.

SECTION X. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of any moneys in the general fund not otherwise appropriated, to the department of health care policy and financing, for the fiscal year beginning July 1, 2008, the sum of one hundred nine thousand five hundred fifty-one dollars (\$109,551), or so much thereof as may be necessary for the payment of overexpenditures of line item appropriations contained in Part V (3) (B) of section 2 of chapter 474, Session Laws of Colorado 2009, as amended by section 1 of chapter 466 and by section 13 of chapter 464, Session Laws of Colorado 2009. In accordance with section 24-75-109 (4) (2) Colorado Revised Statutes, all restrictions on funds for medicaid mental health payments, department of health care policy and financing, for the 2008-09 fiscal year, shall be released.

SECTION X. Appropriation. In addition to any other appropriation, there is hereby appropriated, out of any moneys in the general fund not otherwise appropriated, to the department of health care policy and financing, for the fiscal year beginning July 1, 2008, the sum of one hundred forty-seven thousand six hundred five dollars (\$147,605), or so much thereof as may be necessary for the payment of overexpenditures of line item appropriations contained in Part V (1) (A) of section 2 of chapter 474, Session Laws of Colorado 2009, as amended by section 1 of chapter 466 and by section 13 of chapter 464, Session Laws of Colorado 2009. In accordance with section 24-75-109 (4) (2) Colorado Revised Statutes, all restrictions on funds for medicaid mental health payments, department of health care policy and financing, for the 2008-09 fiscal year, shall be released.

Supplemental Request, Previously Approved 1331 Supplemental

FY 2008-09 Emergency Supplemental #1 -- DPHE Facility Survey and Certification (Approved June 22, 2009)

FY 2008-09	Request	Recommendation
Total	<u>\$0</u>	<u>\$0</u>
General Fund	0	0

Description of the Supplemental: This supplemental transferred \$313,036 General Fund from the Medicare Modernization Act State Contribution Payment line item to the Department of Public Health and Environment (DPHE) for the Facility Survey and Certification line item. This supplemental corrected an over-expenditure that was anticipated for the DPHE Facility Survey and Certification line item while eliminating a reversion from the MMA State Contribution Payment line item.

FY 2008-09 Emergency Supplemental #2 - DPHE Nurse Home Visitor Program Federal Funds Repayment (Approved June 22, 2009)

FY 2008-09	Request	Recommendation
Total	<u>\$0</u>	<u>\$0</u>
Reappropriated Funds*	889,708	889,708
Federal Funds	(889,708)	(889,708)

*Transfer from Department of Public Health and Environment Nurse Home Visitor Cash Fund.

Description of the Supplemental: This supplemental increased the transfer of Nurse Home Visitor cash funds by \$889,708 to the Nurse Home Visitor Program line item. This increase in reappropriated funds helped the Department avoid a recoupment of \$889,708 from providers due to charging Medicaid for Nurse Home Visitor Program services in FY 2007-08 without an approved state plan amendment from the Centers for Medicare and Medicaid Services (CMS). Under the supplemental, the federal fund appropriation for the line item was reduced by \$889,708. The net total fund impact to the Nurse Home Visitor Program Medicaid program line item was zero.

FY 2008-09 Emergency Supplemental #3 - CBMS Realignment Project Refinance and Transfer (Approved June 22, 2009)

Department of Health Care Policy and Financing		
FY 2008-09	Request	Recommendation
Total	<u>(\$1,236,393)</u>	<u>(\$1,236,393)</u>
General Fund	(396,886)	(396,886)
Reappropriated Funds	3,781	3,781
Federal Funds	(446,402)	(446,402)

Department of Human Services		
FY 2008-09	Request	Recommendation
Total	<u>\$1,623,982</u>	<u>\$1,623,982</u>
General Fund	390,145	390,145
Cash Funds	68,285	68,285
Reappropriated Funds	621,098	621,098
Federal Funds	544,454	544,454

Description of Supplemental: The Committee approved the Department of Health Care Policy and Financing (HCPF) and the Department of Human Services' (DHS) request that the FY 2008-09

appropriation for the CBMS realignment project be refinanced through the CBMS calculator. As such, funding for the project is transferred from the HCPF Executive Director's Office to a new line item in the DHS-Medicaid Funded Program Division. In addition, a new line item in the Department of Human Services is created to receive the Medicaid funding as well appropriate funding for the project from programs administered by DHS. The total net General Fund impact between the two Departments was a reduction of \$6,741.

The Committee also approved providing roll forward authority so that any unexpended or unencumbered balance in FY 2008-09 could be used for expenditure in FY 2009-10.

In the 2008 Legislative Session, the General Assembly approved the Department of Health Care Policy and Financing's (HCPF) request to begin an IT project to improve the Colorado Benefits Management System (CBMS) in order to process medical applications more timely. Originally, this project was envisioned as part of a larger effort to modernize eligibility functions for medical assistance programs only. In FY 2008-09, the CBMS portion of this project received a revised appropriation of \$1,561,000. Of this amount, HCPF has spent \$98,825 on consulting fees regarding system improvements. Based on the initial review of the changes needed to the CBMS system, HCPF and DHS recommended that CBMS be modified to improve eligibility functions for all of the assistance programs that use CBMS. Therefore, HCPF and DHS requested that the project be refinanced through the CBMS calculator (the methodology used to charge all programs their proportionate share of the costs for CBMS) and that a new line item called the "CBMS Client Services Improvement Project" be created in both Departments. The current unexpended balance from the "CBMS Medical Assistance Project" of \$1,462,175 would be transferred to the new project line item. However, running the project funding through the CBMS calculator, allowed an additional \$161,807 from other funding sources to be available for the project. Therefore, the total expenditure costs for the project in FY 2008-09 was anticipated to be \$1,623,982 (does not include double counted appropriations).

See Department priority #15 (supplemental #11) for the impact to FY 2009-10 for this request.

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING					
Executive Director - Joan Henneberry					
Department Priority #1 -- Changes to Medical Services Premiums					
Supplemental #1 -- Medicaid Caseload and Cost Adjustments (Including HB 09-1293) -- Medical Services Premiums					
<i>Medical Services Premiums</i>					
<i>Medical Services Premiums</i>					
			<u>86,404,006</u>	<u>27,054,869</u>	
General Fund			48,486,520	18,659,852	
Cash Funds			(7,272,461)	(8,043,338)	
CFE/Reappropriated Funds			219,526	137,404	
Federal Funds			44,970,421	16,300,951	
<i>Medical Services Premiums -- HB 09-1293 Impact</i>					
<i>Medical Services Premiums</i>					
			<u>(34,133,778)</u>	<u>(41,034,268)</u>	
Cash Funds			(17,066,887)	(20,517,134)	
Federal Funds			(17,066,891)	(20,517,134)	
Subtotal for Supplemental #1			<u>52,270,228</u>	<u>(13,979,399)</u>	
General Fund			48,486,520	18,659,852	
Cash Funds			(24,339,348)	(28,560,472)	
CFE/Reappropriated Funds			219,526	137,404	
Federal Funds			27,903,530	(4,216,183)	

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Early Supplemental #1 - Enhanced Federal Funding Adjustments (as adjusted November 6, 2009)*					
Medical Services Premiums					
<i>Medical Services Premiums</i>			0	0	
General Fund			(41,415,100)	(40,925,000)	
Cash Funds			41,415,100	40,925,000	
*This supplemental requires a bill.					
Early Supplemental #2 -- Medicaid Program Reductions (Medical Service Premiums impacts only -- see below for additional line items)					
Medical Services Premiums					
<i>Medical Services Premiums</i>			(30,217,206)	(30,560,338)	
General Fund			(16,752,293)	(16,914,299)	
Cash Funds			516,393	511,202	
CFE/Reappropriated Funds			(6,810)	(5,595)	
Federal Funds			(13,974,496)	(14,151,646)	
Early Supplemental #4 - Reduce Funding for Indigent Care Programs (Medical Service Premiums impact only)					
Medical Services Premiums					
<i>Medical Services Premiums</i>			0	0	
General Fund			(2,648,030)	(2,648,030)	
Cash Funds			2,648,030	2,648,030	
Early Supplemental #5 -- Appropriate ARRA FMAP -- Found at the end of all supplemental requests -- comprehensive request					

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Early Supplemental #6 - Medicaid Provider Rate Reduction					
Medical Services Premiums					
<i>Medical Services Premiums</i>			(8,332,713)	(9,704,829)	
General Fund			(3,974,214)	(4,830,718)	
Cash Funds			(189,315)	(11,501)	
CFE/Reappropriated Funds			0	(3,688)	
Federal Funds			(4,169,184)	(4,858,922)	
Early Supplemental #7 - Medicaid Payment Timing					
Medical Services Premiums					
<i>Medical Services Premiums</i>			(44,665,147)	pending	
General Fund			(21,198,038)	pending	
Cash Funds			(1,094,276)	pending	
CFE/Reappropriated Funds			(20,388)	pending	
Federal Funds			(22,352,445)	pending	
Non-Prioritized Requests impacting Medical Services Premiums -- Subtotal for ES NP #5, #8, #16, #17, & #18					
Subtotal			<u>1,098,410</u>	<u>226,568</u>	
General Fund			(14,482,686)	(14,886,716)	
Cash Funds			15,031,891	15,000,000	
Federal Funds			549,205	113,284	

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
TOTAL FOR DEPARTMENT PRIORITY #1 -- ALL MEDICAL SERVICES PREMIUMS LINE ITEM IMPACTS					
Medical Services Premiums					
<i>Medical Services Premiums</i>	<u>2,526,991,443</u>	<u>2,899,214,098</u>	<u>(29,846,428)</u>	<u>(54,017,998)</u>	2,845,196,100
General Fund	919,709,958	1,112,661,142	(51,983,841)	(61,544,911)	1,051,116,231
General Fund Exempt	39,251,792	0	0	0	0
Cash Funds	109,633,539	330,682,730	33,988,475	30,512,259	361,194,989
CFE/Reappropriated Funds	2,631,068	2,746,329	192,328	128,121	2,874,450
Federal Funds	1,455,765,086	1,453,123,897	(12,043,390)	(23,113,467)	1,430,010,430

Department Priority #2 -- Changes to Mental Health Program Division

Supplemental #2 -- Medicaid Caseload and Cost Adjustment (Including HB 09-1293) -- Mental Health Programs

Medicaid Mental Health Community Programs

(A) Mental Health Capitation Payments

General Fund	2,843,388	1,316,768
Cash Funds	(956,302)	374,013
CFE/Reappropriated Funds	1,377	1,254
Federal Funds	1,895,394	1,696,125

Medicaid Mental Health Community Programs

(A) Mental Health Capitation Payments HB 09-1293 Impact

Cash Funds	(164,478)	(1,390,518)
CFE/Reappropriated Funds	0	0
Federal Funds	(164,478)	(1,390,518)

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>(B) Medicaid Mental Health Fee for Services</i>					
<i>Payments</i>					
General Fund			267,375	805,540	
Federal Funds			133,687	402,770	
			133,688	402,770	
Total Supplemental #2					
General Fund			3,722,276	1,412,664	
Cash Funds			2,977,075	1,719,538	
CFE/Reappropriated Funds			(1,120,780)	(1,016,505)	
Federal Funds			1,377	1,254	
			1,864,604	708,377	
Early Supplemental #2 -- Medicaid Program Reductions for Mental Health Program					
<i>Medicaid Mental Health Community Programs</i>					
<i>(A) Mental Health Capitation Payments</i>					
General Fund			(8,520,268)	(8,513,668)	
Cash Funds			(4,259,696)	(4,250,059)	
CFE/Reappropriated Funds			0	(6,256)	
Federal Funds			(192)	(214)	
			(4,260,380)	(4,257,139)	
Early Supplemental #5 -- Appropriate ARRA FMAP -- Found at the end of all supplemental requests -- comprehensive request					

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Early Supplemental #7 - Medicaid Payment Timing					
<i>(B) Medicaid Mental Health Fee for Services Payments</i>					
			(39,194)	pending	
General Fund			(19,597)	pending	
Federal Funds			(19,597)	pending	
Non-Prioritized Early Supplemental #5 - Close Beds at Fort Logan					
<i>Medicaid Mental Health Community Programs</i>					
<i>(A) Mental Health Capitation Payments</i>					
			582,420	582,420	
General Fund			291,210	291,210	
Federal Funds			291,210	291,210	
TOTAL FOR DEPARTMENT PRIORITY #2 -- ALL MEDICAID MENTAL HEALTH ISSUES					
Medical Services Premiums					
<i>Medical Services Premiums</i>	<u>217,637,190</u>	<u>218,449,498</u>	<u>(4,254,766)</u>	<u>(6,518,584)</u>	<u>211,930,914</u>
General Fund	88,281,133	99,097,143	(1,011,008)	(2,239,311)	96,857,832
Cash Funds	5,219,083	10,106,609	(1,120,780)	(1,022,761)	9,083,848
CFE/Reappropriated Funds	7,330	9,208	1,185	1,040	10,248
Federal Funds	124,129,644	109,236,538	(2,124,163)	(3,257,552)	105,978,986

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation

The Remaining Supplementals Appear In Order As Received (ES #1 is in Premiums and in the ARRA Calculations.

Early Supplemental #2 -- Medicaid Program Reductions*

Executive Director's Office, General Administration

(A) General Professional Services and Special

<i>Projects</i>	<u>1,298,595</u>	<u>3,711,605</u>	<u>20,000</u>	<u>20,000</u>	<u>3,731,605</u>
General Fund	771,478	1,455,543	10,000	10,000	1,465,543
CFE/Reappropriated Funds	0	0	0	0	0
Federal Funds	527,117	1,929,812	10,000	10,000	1,939,812

Executive Director's Office, Information Technology Contracts

(C) Information Technology Contracts

<i>(C) Information Technology Contracts</i>	<u>22,200,548</u>	<u>27,834,289</u>	<u>126,900</u>	<u>126,900</u>	<u>27,961,189</u>
General Fund	5,299,911	6,708,927	63,450	63,450	6,772,377
Cash Funds	540,118	538,643	0	0	538,643
CFE/Reappropriated Funds	100,328	100,328	0	0	100,328
Federal Funds	16,260,191	20,486,391	63,450	63,450	20,549,841

Total for Supplemental ES #2	<u>23,499,143</u>	<u>31,545,894</u>	<u>146,900</u>	<u>146,900</u>	<u>31,692,794</u>
General Fund	6,071,389	8,164,470	73,450	73,450	8,237,920
Cash Funds	540,118	864,893	0	0	864,893
CFE/Reappropriated Funds	100,328	100,328	0	0	100,328
Federal Funds	16,787,308	22,416,203	73,450	73,450	22,489,653

*All ARRA adjustments are shown in one supplemental issue. Therefore, the request and recommendation above are not adjusted for ARRA impacts.

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Early Supplemental #3 -- Department Administrative Reductions					
Executive Director's Office, General Administration					
(A) <i>Personal Services</i>	<u>19,502,741</u>	<u>20,901,734</u>	(6,093)	(6,093)	<u>20,895,641</u>
FTE	266	287.8	0	0.0	287.8
General Fund	8,010,994	8,645,285	(587,431)	(2,132)	8,643,153
Cash Funds	604,469	618,917	585,299	0	618,917
CFE/Reappropriated Funds	1,501,807	1,579,589	0	0	1,579,589
Federal Funds	9,385,471	10,057,943	(3,961)	(3,961)	10,053,982
(A) <i>Health Life, and Dental</i>	<u>1,278,471</u>	<u>1,496,843</u>	0	0	<u>1,496,843</u>
General Fund	578,598	681,323	(41,076)	0	681,323
Cash Funds	28,315	31,332	41,076	0	31,332
CFE/Reappropriated Funds	35,213	38,965	0	0	38,965
Federal Funds	636,345	745,223	0	0	745,223
(A) <i>SB 04-257 AED</i>	<u>275,961</u>	<u>332,946</u>	0	0	<u>332,946</u>
General Fund	114,941	136,054	(7,522)	0	136,054
Cash Funds	6,983	9,778	7,522	0	9,778
CFE/Reappropriated Funds	22,096	26,026	0	0	26,026
Federal Funds	131,941	161,088	0	0	161,088
(A) <i>SB 06-235 SAED</i>	<u>127,446</u>	<u>204,850</u>	0	0	<u>204,850</u>
General Fund	51,968	82,732	(3,761)	0	82,732
Cash Funds	3,273	6,111	3,761	0	6,111
CFE/Reappropriated Funds	10,358	16,267	0	0	16,267
Federal Funds	61,847	99,740	0	0	99,740

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>(A) Operating Expenses</i>	<u>1,148,096</u>	<u>2,010,111</u>	(34,000)	(34,000)	<u>1,976,111</u>
General Fund	557,186	975,474	(266,068)	(17,000)	958,474
Cash Funds	13,014	17,114	249,068	0	17,114
CFE/Reappropriated Funds	12,337	13,461	0	0	13,461
Federal Funds	565,559	1,004,062	(17,000)	(17,000)	987,062
<i>(A) Legal Services and Third Party Recovery</i>	<u>900,342</u>	<u>986,650</u>	(150,000)	(150,000)	<u>836,650</u>
General Fund	378,142	400,877	(54,248)	(54,248)	346,629
Cash Funds	72,026	87,378	(18,189)	(18,189)	69,189
CFE/Reappropriated Funds	0	0	0	0	0
Federal Funds	450,174	498,395	(77,563)	(77,563)	420,832
<i>(A) Leased Space</i>	<u>394,236</u>	<u>696,564</u>	0	0	<u>696,564</u>
General Fund	191,619	342,783	(151,164)	0	342,783
Cash Funds	5,500	5,500	151,164	0	5,500
CFE/Reappropriated Funds	0	0	0	0	0
Federal Funds	197,117	348,281	0	0	348,281
<i>(A) General Professional Services and Special Projects</i>	<u>1,298,595</u>	<u>3,711,605</u>	0	0	<u>3,711,605</u>
General Fund	771,478	1,455,543	(137,500)	0	1,455,543
Cash Funds	0	326,250	137,500	0	326,250
Federal Funds	527,117	1,929,812	0	0	1,929,812

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Executive Director's Office, Information Technology Contracts					
<i>(C) Information Technology Contracts</i>	<u>22,200,548</u>	<u>27,834,289</u>	<u>(510,000)</u>	<u>(510,000)</u>	<u>27,324,289</u>
General Fund	5,299,911	6,708,927	(765,701)	(127,500)	6,581,427
Cash Funds	540,118	538,643	638,201	0	538,643
CFE/Reappropriated Funds	100,328	100,328	0	0	100,328
Federal Funds	16,260,191	20,486,391	(382,500)	(382,500)	20,103,891
Executive Director's Office, Eligibility Determinations and Client Services					
<i>(D) Contracts for Special Eligibility</i>					
<i>Determinations</i>	<u>2,291,185</u>	<u>2,418,712</u>	<u>(216,675)</u>	<u>(216,675)</u>	<u>2,202,037</u>
General Fund	883,296	918,770	(75,566)	(75,566)	843,204
Cash Funds	30,478	34,576	(24,647)	(24,647)	9,929
Federal Funds	1,377,411	1,465,366	(116,462)	(116,462)	1,348,904
Indigent Care Programs					
<i>Children's Basic Health Plan Administration</i>	<u>6,182,289</u>	<u>5,537,590</u>	<u>(250,000)</u>	<u>(250,000)</u>	<u>5,287,590</u>
Cash Funds	2,708,692	2,473,301	(96,013)	(96,013)	2,377,288
Federal Funds	3,473,597	3,064,289	(153,987)	(153,987)	2,910,302
DHS Medicaid-Funded Programs, Office of Information Technology					
<i>(B) Colorado Benefits Management System</i>	<u>10,062,216</u>	<u>9,080,722</u>	<u>0</u>	<u>0</u>	<u>9,080,722</u>
General Fund	3,886,580	4,489,092	(61,614)	0	4,489,092
Cash Funds	1,109,124	28,758	61,614	0	28,758
CFE/Reappropriated Funds	66,563	31,995	0	0	31,995
Federal Funds	4,999,949	4,530,877	0	0	4,530,877

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Total for ES #3	<u>65,662,126</u>	<u>75,212,616</u>	<u>(1,166,768)</u>	<u>(1,166,768)</u>	<u>74,045,848</u>
FTE	266	287.8	0	0.0	287.8
General Fund	20,724,713	24,836,860	(2,151,651)	(276,446)	24,560,414
Cash Funds	5,121,992	4,177,658	1,736,356	(138,849)	4,038,809
CFE/Reappropriated Funds	1,748,702	1,806,631	0	0	1,806,631
Federal Funds	38,066,719	44,391,467	(751,473)	(751,473)	43,639,994

Early Supplemental #4 - Reduce Funding for Indigent Care Programs (excludes MSP line item impact)

Executive Director's Office, General Administration

<i>(A) Personal Services</i>	<u>19,502,741</u>	<u>20,901,734</u>	<u>(8,205)</u>	<u>(8,205)</u>	<u>20,893,529</u>
FTE	266	287.8	(0)	(0.2)	287.6
General Fund	8,010,994	8,645,285	0	0	8,645,285
Cash Funds	604,469	618,917	(8,205)	(8,205)	610,712
CFE/Reappropriated Funds	1,501,807	1,579,589	0	0	1,579,589
Federal Funds	9,385,471	10,057,943	0	0	10,057,943
<i>(A) Health Life, and Dental</i>	<u>1,278,471</u>	<u>1,496,843</u>	<u>(465)</u>	<u>(465)</u>	<u>1,496,378</u>
General Fund	578,598	681,323	0	0	681,323
Cash Funds	28,315	31,332	(465)	(465)	30,867
CFE/Reappropriated Funds	35,213	38,965	0	0	38,965
Federal Funds	636,345	745,223	0	0	745,223

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>(A) Short-Term Disability</i>	<u>22,621</u>	<u>23,588</u>	<u>(10)</u>	<u>(10)</u>	<u>23,578</u>
General Fund	9,538	9,630	0	0	9,630
Cash Funds	568	722	(10)	(10)	712
CFE/Reappropriated Funds	1,795	1,917	0	0	1,917
Federal Funds	10,720	11,319	0	0	11,319
<i>(A) SB 04-257 AED</i>	<u>275,961</u>	<u>332,946</u>	<u>(135)</u>	<u>(135)</u>	<u>332,811</u>
General Fund	114,941	136,054	0	0	136,054
Cash Funds	6,983	9,778	(135)	(135)	9,643
CFE/Reappropriated Funds	22,096	26,026	0	0	26,026
Federal Funds	131,941	161,088	0	0	161,088
<i>(A) SB 06-235 SAED</i>	<u>127,446</u>	<u>204,850</u>	<u>(85)</u>	<u>(85)</u>	<u>204,765</u>
General Fund	51,968	82,732	0	0	82,732
Cash Funds	3,273	6,111	(85)	(85)	6,026
CFE/Reappropriated Funds	10,358	16,267	0	0	16,267
Federal Funds	61,847	99,740	0	0	99,740
<i>(A) Operating Expenses</i>	<u>1,148,096</u>	<u>2,010,111</u>	<u>(71)</u>	<u>(71)</u>	<u>2,010,040</u>
General Fund	557,186	975,474	0	0	975,474
Cash Funds	13,014	17,114	(71)	(71)	17,043
CFE/Reappropriated Funds	12,337	13,461	0	0	13,461
Federal Funds	565,559	1,004,062	0	0	1,004,062

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Indigent Care Programs					
<i>Safety Net Provider Payments</i>	<u>296,092,630</u>	<u>310,715,422</u>	<u>(15,634,320)</u>	<u>(15,634,320)</u>	<u>295,081,102</u>
General Fund	(3,802,995)	13,090,782	(7,817,160)	(7,817,160)	5,273,622
Cash Funds	139,087,821	142,266,929	0	0	142,266,929
CFE/Reappropriated Funds	0	0	0	0	0
Federal Funds	160,807,804	155,357,711	(7,817,160)	(7,817,160)	147,540,551
Indigent Care Programs					
<i>Colorado Health Care Services Fund</i>	<u>12,918,750</u>	<u>11,943,000</u>	<u>(11,943,000)</u>	<u>0</u>	<u>11,943,000</u>
General Fund	12,918,750	11,943,000	(11,943,000)	(11,943,000)	0
Cash Funds	0	0	0	11,943,000	11,943,000
Indigent Care Programs					
<i>The Children's Hospital, Clinic Based</i>					
<i>Indigent Care</i>	<u>27,029,760</u>	<u>27,767,760</u>	<u>(21,648,000)</u>	<u>0</u>	<u>27,767,760</u>
General Fund	2,611,318	3,059,880	0	0	3,059,880
CFE/Reappropriated Funds	9,004,369	8,618,069	(8,618,069)	0	8,618,069
Federal Funds	15,414,073	16,089,811	(13,029,931)	0	16,089,811
Indigent Care Programs					
<i>Health Care Services Fund Programs</i>	<u>9,090,000</u>	<u>8,352,000</u>	<u>(8,352,000)</u>	<u>0</u>	<u>8,352,000</u>
CFE/Reappropriated Funds	3,913,941	3,324,931	(3,324,931)	0	3,324,931
Federal Funds	5,176,059	5,027,069	(5,027,069)	0	5,027,069

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Indigent Care Programs					
<i>Pediatric Speciality Hospital</i>	<u>12,829,721</u>	<u>15,026,796</u>	<u>557</u>	<u>557</u>	<u>15,027,353</u>
General Fund	4,740,633	6,553,997	(13,827)	(13,827)	6,540,170
General Fund Exempt	0	103,000	13,827	13,827	116,827
Cash Funds	317,000	277,641	(10,013)	(10,013)	267,628
CFE/Reappropriated Funds	427,000	401,000	(13,827)	(13,827)	387,173
Federal Funds	7,345,088	7,691,158	24,397	24,397	7,715,555
Indigent Care Programs					
<i>Primary Care Fund</i>	<u>30,273,568</u>	<u>24,520,000</u>	<u>0</u>	<u>(11,943,000)</u>	<u>12,577,000</u>
Cash Funds	30,273,568	24,520,000	0	(11,943,000)	12,577,000
Indigent Care Programs					
<i>Comprehensive Primary and Preventative Care Grants Program</i>	<u>3,082,680</u>	<u>766,898</u>	<u>(639,082)</u>	<u>(639,082)</u>	<u>127,816</u>
Cash Funds	3,082,680	766,898	(639,082)	(639,082)	127,816

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Indigent Care Programs <i>Comprehensive Primary and Preventative Care Rural and Public Hospital Grant Program</i>	5,000,000	5,000,000	(3,981,000)	(5,000,000)	0
Cash Funds	2,164,398	1,990,500	(1,990,500)	(1,990,500)	0
Federal Funds	2,835,602	3,009,500	(1,990,500)	(3,009,500)	0
Total for ES #4	<u>388,398,877</u>	<u>404,541,948</u>	<u>(62,205,816)</u>	<u>(33,224,816)</u>	<u>371,317,132</u>
General Fund	25,790,931	45,178,157	(19,773,987)	(19,773,987)	25,404,170
General Fund Exempt	0	103,000	13,827	13,827	116,827
Cash Funds	145,308,521	145,985,942	(2,648,566)	(2,648,566)	155,280,376
CFE/Reappropriated Funds	14,928,916	14,020,225	(11,956,827)	(13,827)	14,006,398
Federal Funds	202,370,509	199,254,624	(27,840,263)	(10,802,263)	188,452,361
Early Supplemental #5 -- Appropriate ARRA FMAP -- Found at the end of all supplemental requests -- comprehensive request					
Supplemental #3 -- Children's Basic Health Plan					
The Department does not plan to submit this supplemental until February 15, 2010.					

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Supplemental #4 -- Medicare Modernization Act State Contribution Payment					
Other Medical Services					
<i>Medicare Modernization Act of 2003 State Contribution Payment</i>					
	<u>73,720,837</u>	<u>88,808,586</u>	<u>(1,987,584)</u>	<u>(2,238,409)</u>	<u>86,570,177</u>
General Fund	73,720,837	88,808,586	(1,987,584)	(2,238,409)	86,570,177
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Supplemental #5 -- Release of Overexpenditure -- SEE FY 2008-09 NUMBER PAGES					
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Supplemental #6 -- Accountable Care Collaborative					
<i>Executive Director's Office</i>					
<i>(A) General Administration</i>					
<i>General Professional Services and Special Projects</i>					
	<u>1,298,595</u>	<u>3,911,605</u>	<u>(125,000)</u>	<u>(125,000)</u>	<u>3,786,605</u>
General Fund	771,478	1,455,543	(62,500)	(62,500)	1,393,043
Cash Funds	0	526,250	0	0	526,250
Federal Funds	527,117	1,929,812	(62,500)	(62,500)	1,867,312

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>Executive Director's Office</i>					
<i>(C) Information Technology Contracts and Projects</i>					
<i>Information Technology Contracts</i>	<u>22,200,548</u>	<u>27,834,289</u>	<u>(552,636)</u>	<u>(552,636)</u>	<u>27,281,653</u>
General Fund	5,299,911	6,708,927	(138,159)	(138,159)	6,570,768
Cash Funds	540,118	538,643	0	0	538,643
CFE/Reappropriated Funds	100,328	100,328	0	0	100,328
Federal Funds	16,260,191	20,486,391	(414,477)	(414,477)	20,071,914
Total Supplemental #6	<u>23,499,143</u>	<u>31,745,894</u>	<u>(677,636)</u>	<u>(677,636)</u>	<u>31,068,258</u>
General Fund	6,071,389	8,164,470	(200,659)	(200,659)	7,963,811
General Fund Exempt	0	0	0	0	0
Cash Funds	540,118	1,064,893	0	0	1,064,893
CFE/Reappropriated Funds	100,328	100,328	0	0	100,328
Federal Funds	16,787,308	22,416,203	(476,977)	(476,977)	21,939,226
Supplemental #7 -- Federally Mandated CHP+ Program Changes					
<i>Indigent Care Program</i>					
<i>Children's Basic Health Plan Administration</i>	<u>6,182,289</u>	<u>5,537,590</u>	<u>113,527</u>	<u>113,527</u>	<u>5,651,117</u>
General Fund	0	0	0	0	0
General Fund Exempt	0	0	0	0	0
Cash Funds	2,708,692	2,473,301	39,734	39,734	2,513,035
CFE/Reappropriated Funds	0	0	0	0	0
Federal Funds	3,473,597	3,064,289	73,793	73,793	3,138,082

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Supplemental #8 -- Left Blank					
Supplemental #9 -- Public School Health Services Administrative Claiming					
<i>Executive Director's Office</i>					
<i>Transfer to Other Departments</i>					
<i>Transfer to Department of Education for</i>					
<i>Public School Health Services</i>	<u>337,833</u>	<u>211,312</u>	<u>(61,312)</u>	<u>(61,312)</u>	<u>150,000</u>
General Fund	0	0	0	0	0
General Fund Exempt	0	0	0	0	0
Cash Funds	0	0	0	0	0
CFE/Reappropriated Funds	0	0	0	0	0
Federal Funds	337,833	211,312	(61,312)	(61,312)	150,000
 <i>Executive Director's Office</i>					
<i>(F) Provider Audits and Services</i>					
<i>Professional Audit Contracts</i>	<u>1,817,491</u>	<u>2,272,266</u>	<u>(433,700)</u>	<u>(433,700)</u>	<u>1,838,566</u>
General Fund	836,446	919,283	0	0	919,283
General Fund Exempt	0	0	0	0	0
Cash Funds	72,300	0	0	0	0
CFE/Reappropriated Funds	0	0	0	0	0
Federal Funds	908,745	1,352,983	(433,700)	(433,700)	919,283

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>Other Medical Services</i>					
<i>Public School Health Services</i>	<u>18,918,568</u>	<u>20,004,856</u>	<u>499,780</u>	<u>499,780</u>	<u>20,504,636</u>
General Fund	(1,580,054)	0	0	0	0
Cash Funds	10,249,311	10,472,200	264,984	264,984	10,737,184
Federal Funds	10,249,311	9,532,656	234,796	234,796	9,767,452
<i>Other Medical Services</i>					
<i>Public School Health Services Contract</i>					
<i>Administration (new line item)</i>	<u>0</u>	<u>0</u>	<u>525,200</u>	<u>525,200</u>	<u>525,200</u>
Federal Funds	0	0	525,200	525,200	525,200
Total for Supplemental #9	<u>21,073,892</u>	<u>22,488,434</u>	<u>529,968</u>	<u>529,968</u>	<u>23,018,402</u>
General Fund	(743,608)	919,283	0	0	919,283
Cash Funds	10,321,611	10,472,200	264,984	264,984	10,737,184
CFE/Reappropriated Funds	0	0	0	0	0
Federal Funds	11,495,889	11,096,951	264,984	264,984	11,361,935

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Supplemental #10 -- Acute Care Utilization Review Adjustments					
<i>Executive Director's Office</i>					
<i>(E) Utilization and Quality Review Contracts</i>					
<i>Professional Services Contracts</i>	<u>4,586,288</u>	<u>4,576,355</u>	<u>85,400</u>	<u>85,400</u>	<u>4,661,755</u>
General Fund	1,142,390	1,359,148	3,379	3,379	1,362,527
Cash Funds	54,949	54,949	0	0	54,949
CFE/Reappropriated Funds	0	0	0	0	0
Federal Funds	3,388,949	3,162,258	82,021	82,021	3,244,279
Supplemental #11 -- Refinance Colorado Benefit Management System Improvements					
<i>Executive Director's Office</i>					
<i>(C') Information Technology Contracts & Projects</i>					
<i>CBMS Medical Assistance Project</i>	<u>98,825</u>	<u>2,995,100</u>	<u>(2,995,100)</u>	<u>(2,995,100)</u>	<u>0</u>
General Fund	42,122	1,433,260	(1,433,260)	(1,433,260)	0
Federal Funds	56,703	1,561,840	(1,561,840)	(1,561,840)	0
<i>Indigent Care Program</i>					
<i>Children's Basic Health Plan Trust</i>	<u>513,604</u>	<u>2,500,000</u>	<u>2,543</u>	<u>2,543</u>	<u>2,502,543</u>
General Fund	4,525,182	2,500,000	2,543	2,543	2,502,543
Cash Funds	(4,011,578)	0	0	0	0

	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
<i>Department of Human Services Medicaid-Funded Programs</i>					
<i>Office of Information</i>					
<i>CBMSClient Service Improvement Project</i>	<u>572,628</u>	<u>0</u>	<u>1,242,581</u>	<u>1,242,581</u>	<u>1,242,581</u>
General Fund	283,656	0	616,172	616,172	616,172
CFE/Reappropriated Funds	3,822	0	5,515	5,515	5,515
Federal Funds	285,150	0	620,894	620,894	620,894
<hr/>					
Total for Supplemental #11	<u>1,185,057</u>	<u>5,495,100</u>	<u>(1,749,976)</u>	<u>(1,749,976)</u>	<u>3,745,124</u>
General Fund	4,850,960	3,933,260	(814,545)	(814,545)	3,118,715
General Fund Exempt	0	0	0	0	0
Cash Funds	(4,011,578)	0	0	0	0
CFE/Reappropriated Funds	3,822	0	5,515	5,515	5,515
Federal Funds	341,853	1,561,840	(940,946)	(940,946)	620,894
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Supplemental #12 -- Intentionally Left Blank					
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Supplemental #13 -- SEE DHS SUPPLEMENTAL PACKAGE ON CBMS CHANGES					
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Supplemental #14 -- Intentionally Left Blank					
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	FY 2008-09	FY 2009-10	Fiscal Year 2009-10 Supplemental		
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
SUBTOTAL HCPF Prioritized Supplemental Requests FY 2009-10					
SUBTOTAL -- Department Prioritized Supplemental Request	<u>3,895,994,795</u>	<u>4,015,789,931</u>	<u>(101,013,179)</u>	<u>(98,718,392)</u>	<u>3,917,071,539</u>
FTE	266	287.8	(0.2)	(0.2)	287.6
General Fund	1,306,252,231	1,587,399,164	(77,846,446)	(87,011,439)	1,500,387,725
General Fund Exempt	39,678,792	504,000	13,827	13,827	517,827
Cash Funds	357,700,455	430,809,756	32,260,203	27,006,801	457,816,557
CFE/Reappropriated Funds	32,198,582	25,546,139	(11,757,799)	120,849	25,666,988
Federal Funds	2,160,164,735	1,971,530,872	(43,682,964)	(38,848,430)	1,932,682,442
ARRA IMPACT -- Early Supplemental #5			<u>0</u>	<u>Pending</u>	
General Fund			(351,230,107)	Pending	
General Fund Exempt			0	Pending	
Cash Funds			(82,477,626)	Pending	
CFE/Reappropriated Funds			(833,989)	Pending	
Federal Funds			434,541,722	Pending	
SUBTOTAL -- Department Prioritized Supplemental Request -- With ARRA Impact	<u>3,895,994,795</u>	<u>4,015,789,931</u>	<u>(101,013,179)</u>	<u>(98,718,392)</u>	<u>3,917,071,539</u>
FTE	266	287.8	(0.2)	(0.2)	287.6
General Fund	1,306,252,231	1,587,399,164	(429,076,553)	(87,011,439)	1,500,387,725
General Fund Exempt	39,678,792	504,000	13,827	13,827	517,827
Cash Funds	357,700,455	430,809,756	(50,217,423)	27,006,801	457,816,557
CFE/Reappropriated Funds	32,198,582	25,546,139	(12,591,788)	120,849	25,666,988
Federal Funds	2,160,164,735	1,971,530,872	390,858,758	(38,848,430)	1,932,682,442

**Joint Budget Committee - Staff Document
FY 2009-10 Supplemental -- Caseload Comparison Exhibit**

Item	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2008-09 Actuals	37,619	6,447	51,355	49,147	12,727	317	235,129	18,033	6,976	3,987	15,075	436,812
Percent Change	3.68%	4.90%	2.85%	10.31%	42.71%	17.41%	15.25%	5.20%	10.94%	-4.87%	6.06%	11.44%
FY 2009-10 Original Appropriation	38,279	6,614	52,254	57,097	16,015	321	259,414	18,663	7,391	4,255	16,329	476,632
Percent Change	1.75%	2.59%	1.75%	16.18%	25.83%	1.26%	10.33%	3.49%	5.95%	6.72%	8.32%	9.12%
FY 2009-10 Dept. Request	38,556	6,837	52,711	59,581	29,636	424	277,805	18,715	7,448	3,963	15,735	511,411
Percent Change (to FY 08-09 Actual)	2.49%	6.05%	2.64%	21.23%	132.86%	33.75%	18.15%	3.78%	6.77%	-0.60%	4.38%	17.08%
FY 2009-10 Staff Revised Estimate	38,444	6,991	53,014	58,991	19,291	416	276,647	18,373	7,131	3,616	15,940	498,854
Percent Change (to FY 08-09 Actual)	2.19%	8.44%	3.23%	20.03%	51.58%	31.23%	17.66%	1.89%	2.22%	-9.31%	5.74%	14.20%
FY 2009-10 Staff-Dept	(112)	154	303	(590)	(10,345)	(8)	(1,158)	(342)	(317)	(347)	205	(12,557)
Percent Difference	-0.29%	2.25%	0.57%	-0.99%	-34.91%	-1.89%	-0.42%	-1.83%	-4.26%	-8.76%	1.30%	-2.46%

Joint Budget Committee - Staff Document
Supplemental Presentation -- FY 2009-10 Department Estimate By Service Area And Aid Category

FY 2009-10 Department Revised Request	Disabled Adults 60 to		Categorically Eligible Low- Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	
	Adults 65 and Older	64										Disabled Individuals to 59
Appropriated Caseload	38,279	6,614	52,254	57,097	16,015	321	259,414	18,663	7,391	4,255	16,329	476,632
Department November Estimate	38,556	6,837	52,711	59,581	16,736	424	277,805	18,715	7,448	3,963	15,735	498,511
Department HB 09-1293 Estimate	0	0	0	0	12,900	0	0	0	0	0	0	12,900
Total FY 2009-10 Dept Estimate	38,556	6,837	52,711	59,581	29,636	424	277,805	18,715	7,448	3,963	15,735	511,411
Acute Care Appropriation Est.	98,767,995	54,961,274	499,139,560	229,449,382	40,153,138	7,101,235	433,044,479	62,019,711	64,328,699	63,721,345	3,798,192	1,556,485,010
Payment Delay SB 09-265	(2,178,821)	(1,212,338)	(11,007,832)	(5,061,154)	(885,695)	(156,639)	(9,551,602)	(1,368,018)	(1,418,924)	(1,405,561)	(83,782)	(34,330,366)
Estimated FY 2009-10 Adjusted App.	96,589,174	53,748,936	488,131,728	224,388,228	39,267,443	6,944,596	423,492,877	60,651,693	62,909,775	62,315,784	3,714,410	1,522,154,644
Acute Care Department Nov Estimate	101,958,419	55,996,808	497,548,727	224,961,104	43,591,801	9,148,142	464,693,196	63,474,220	64,383,826	58,635,547	4,271,372	1,588,663,162
Add - Back Emergency Sup Impacts	1,382,398	759,230	6,745,990	3,050,124	591,037	124,035	6,300,519	860,612	872,945	795,007	57,913	21,539,810
Department Estimated BASE	103,340,817	56,756,038	504,294,717	228,011,228	44,182,838	9,272,177	470,993,715	64,334,832	65,256,771	59,430,554	4,329,285	1,610,202,972
ACUTE CARE BASE SUPPLEMENTAL	6,751,643	3,007,102	16,162,989	3,623,000	4,915,395	2,327,581	47,500,838	3,683,139	2,346,996	(2,885,230)	614,875	88,048,328
Community LTC Appropriation Est.	138,736,499	19,903,170	125,881,808	58,483	(40)	0	335,455	6,421,908	0	0	340,164	291,677,447
Payment Delay SB 09-265	(3,051,445)	(438,264)	(2,774,758)	(1,266)	4	0	(7,369)	(141,644)	0	0	(7,420)	(6,422,162)
Estimated FY 2009-10 Adjusted App.	135,685,054	19,464,906	123,107,050	57,217	(36)	0	328,086	6,280,264	0	0	332,744	285,255,285
Community LTC Department Nov Estimate	140,711,098	20,566,241	127,573,519	27,018	5,593	0	335,597	5,981,894	(107)	0	252,122	295,452,975
Add - Back Emergency Sup Impacts	2,082,267	304,343	1,887,854	400	83	0	4,966	88,521	(21)	0	3,721	4,372,163
Department Estimated BASE	142,793,365	20,870,584	129,461,373	27,418	5,676	0	340,563	6,070,415	(109)	0	255,853	299,825,138
Community LTC BASE SUPPLEMENTAL	7,108,311	1,405,678	6,354,323	(29,799)	5,712	0	12,477	(209,849)	(109)	0	(76,891)	14,569,853
Class I Nursing Facility Appropriation Est.	432,974,998	29,575,062	77,262,750	112,361	0	0	0	0	0	0	114,040	540,099,211
Payment Delay SB 09-265	(9,569,731)	(653,617)	(1,707,705)	(2,479)	0	0	0	0	0	0	(2,605)	(11,936,137)
Estimated FY 2009-10 Adjusted App.	423,405,267	28,921,445	75,555,045	109,882	0	0	0	0	0	0	111,435	528,103,074
Class I NF Department Nov Estimate	417,683,793	29,529,005	75,913,896	21,880	0	0	0	0	0	0	253,249	523,401,823
Add - Back Emergency Sup Impacts	1,522,241	107,618	276,667	80	0	0	0	0	0	0	923	1,907,528
Department Estimated BASE	419,206,034	29,636,623	76,190,563	21,960	0	0	0	0	0	0	254,172	525,309,351
Class I NF BASE SUPPLEMENTAL	(4,199,233)	715,178	635,518	(87,922)	0	0	0	0	0	0	142,737	(2,793,723)
Class II Nursing Facility Appropriation Est.	0	366,883	1,872,527	0	0	0	0	0	0	0	0	2,239,410
Payment Delay SB 09-265	0	(8,093)	(41,304)	0	0	0	0	0	0	0	0	(49,397)
Estimated FY 2009-10 Adjusted App.	0	358,790	1,831,223	0	0	0	0	0	0	0	0	2,190,013
Class II NF Department Nov Estimate	0	341,160	1,967,129	0	0	0	0	0	0	0	0	2,308,289
Add - Back Emergency Sup Impacts	0	0	0	0	0	0	0	0	0	0	0	0
Department Estimated BASE	0	341,160	1,967,129	0	0	0	0	0	0	0	0	2,308,289
Class II NF BASE SUPPLEMENTAL	0	(17,630)	135,906	0	0	0	0	0	0	0	0	118,276

Joint Budget Committee - Staff Document
Supplemental Presentation -- FY 2009-10 Department Estimate By Service Area And Aid Category

FY 2009-10 Department Revised Request	Categorically Eligible Low-Income Adults			Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	
	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59									
PACE Appropriation Estimate	68,798,107	5,938,677	2,640,376	0	0	0	0	0	0	0	77,377,160	
Payment Delay SB 09-265	(1,517,544)	(130,995)	(58,241)	0	0	0	0	0	0	0	(1,706,780)	
Estimated FY 2009-10 Adjusted App.	67,280,563	5,807,682	2,582,135	0	0	0	0	0	0	0	75,670,380	
PACE Department Nov Estimate	63,472,003	4,810,722	2,418,397	0	0	0	0	0	0	0	70,701,122	
Add - Back Emergency Sup Impacts	581,260	44,055	22,147	0	0	0	0	0	0	0	647,462	
Department Estimated BASE	64,053,263	4,854,777	2,440,544	0	0	0	0	0	0	0	71,348,584	
PACE BASE SUPPLEMENTAL	(3,227,300)	(952,905)	(141,591)	0	0	0	0	0	0	0	(4,321,796)	
Sup Medicaid Insurance App. Est.	52,831,542	3,131,464	27,732,251	210,927	0	0	0	0	0	16,429,034	100,335,218	
Payment Delay SB 09-265	(1,165,354)	(69,074)	(611,716)	(4,653)	0	0	0	0	0	(362,390)	(2,213,187)	
Estimated FY 2009-10 Adjusted App.	51,666,188	3,062,390	27,120,535	206,274	0	0	0	0	0	16,066,644	98,122,031	
SMI Department Nov Estimate	51,987,681	3,136,925	27,291,083	201,623	0	0	0	0	0	15,320,743	97,938,055	
SMI BASE SUPPLEMENTAL	(843,861)	5,461	(441,168)	(9,304)	0	0	0	0	0	0	(1,108,291)	
Health Insurance Buy-In Appropriation Est.	1,147	708	307,267	865	0	0	7,956	441	993	0	319,377	
Payment Delay SB 09-265	(75)	(42)	(20,153)	(44)	0	0	(433)	(28)	(56)	0	(20,831)	
Estimated FY 2009-10 Adjusted App.	1,072	666	287,114	821	0	0	7,523	413	937	0	298,546	
HIBI Department Nov Estimate	0	4,475	1,282,660	6,622	0	0	21,782	0	739	0	1,316,278	
HIBI BASE SUPPLEMENTAL	(1,072)	3,809	995,546	5,801	0	0	14,259	(413)	(198)	0	1,017,732	
Single Entry Point Appropriation Est.	11,782,415	2,011,004	10,313,527	2,300	(105)	0	1,235	5,114	0	0	136,341	24,251,831
Payment Delay SB 09-265	(260,004)	(44,377)	(227,590)	(51)	2	0	(27)	(113)	0	0	(3,009)	(535,169)
Estimated FY 2009-10 Adjusted App.	11,522,411	1,966,627	10,085,937	2,249	(103)	0	1,208	5,001	0	0	133,332	23,716,662
SEP Department Nov Estimate	11,761,589	1,996,117	10,055,821	3,344	0	0	1,560	7,356	0	58,850	7,022	23,891,659
Add - Back Emergency Sup Impacts	133,823	22,712	114,415	38	0	0	18	84	0	670	80	271,839
Department Estimated BASE	11,895,412	2,018,829	10,170,236	3,382	0	0	1,578	7,440	0	59,520	7,102	24,163,498
SEP BASE SUPPLEMENTAL	373,001	52,202	84,299	1,133	103	0	370	2,439	0	59,520	(126,230)	446,836
Disease Management	358,004	202,555	2,293,072	826,419	0	27,533	1,406,170	245,619	189,138	0	0	5,548,510
Payment Delay SB 09-265	(7,900)	(4,470)	(50,602)	(18,237)	0	(608)	(31,030)	(5,420)	(4,174)	0	0	(122,440)
Estimated FY 2009-10 Adjusted App.	350,104	198,085	2,242,470	808,182	0	26,925	1,375,140	240,199	184,964	0	0	5,426,070
DM Department Nov Estimate	4,438	2,482	21,942	10,510	0	299	18,399	2,903	2,515	0	0	63,488
Add - Back Emergency Sup Impacts	22,194	12,412	109,731	52,560	0	1,495	92,012	14,518	12,577	0	0	317,500
Department Estimated BASE	26,632	14,894	131,673	63,070	0	1,794	110,411	17,421	15,092	0	0	380,988
DM BASE SUPPLEMENTAL	(323,472)	(183,191)	(2,110,798)	(745,112)	0	(25,131)	(1,264,728)	(222,778)	(169,872)	0	0	(5,045,082)

Joint Budget Committee - Staff Document
Supplemental Presentation -- FY 2009-10 Department Estimate By Service Area And Aid Category

FY 2009-10 Department Revised Request	Categorically											TOTAL
	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	
Prepaid Inpatient Health Plan App. Est.	448,416	92,173	688,536	620,333	173,425	0	2,704,723	231,099	96,309	0	0	5,055,014
Payment Delay SB 09-265	(9,895)	(2,034)	(15,194)	(13,689)	(3,827)	0	(59,686)	(5,100)	(2,125)	0	0	(111,550)
Estimated FY 2009-10 Adjusted App.	438,521	90,139	673,342	606,644	169,598	0	2,645,037	225,999	94,184	0	0	4,943,464
PHIP Department Nov Estimate	439,405	93,970	1,166,112	566,923	60,604	0	2,432,462	222,460	103,744	0	0	5,085,680
Add - Back Emergency Sup Impacts	5,400	1,155	14,329	6,966	745	0	29,891	2,734	1,275	0	0	62,494
Department Estimated BASE	444,805	95,125	1,180,441	573,889	61,349	0	2,462,353	225,194	105,019	0	0	5,148,174
PHIP BASE SUPPLEMENTAL	(9,011)	1,797	477,576	(53,410)	(112,821)	0	(272,261)	(8,639)	7,435	0	0	30,666
Upper Payment Limit Appropriation Est.	8,695,690	1,173,124	7,398,513	2,191,021	380,549	67,381	4,163,820	662,480	621,395	607,808	200,687	26,162,468
UPL Department Nov Estimate	6,815,407	919,458	5,798,721	1,717,253	298,262	52,811	3,263,471	519,231	487,030	476,381	157,292	20,505,317
UPL BASE SUPPLEMENTAL	(1,880,283)	(253,666)	(1,599,792)	(473,768)	(82,287)	(14,570)	(900,349)	(143,249)	(134,365)	(131,427)	(43,395)	(5,657,151)
Total FY 2009-10 Appropriation	813,394,813	117,356,094	755,530,187	233,472,091	40,706,967	7,196,149	441,663,838	69,586,372	65,236,534	64,329,153	21,018,458	2,629,490,656
Estimated FY 2009-10 Adjusted App.	(17,760,770)	(2,563,304)	(16,515,095)	(5,101,572)	(889,516)	(157,247)	(9,650,147)	(1,520,323)	(1,425,279)	(1,405,561)	(459,206)	(57,448,018)
TOTAL FY 2009-10 Original Appropriation	795,634,043	114,792,790	739,015,092	228,370,519	39,817,451	7,038,902	432,013,691	68,066,049	63,811,255	62,923,592	20,559,252	2,572,042,638
Total Department Estimate	794,833,833	117,397,363	751,038,007	227,516,277	43,956,260	9,201,252	470,766,467	70,208,064	64,977,747	59,170,778	20,261,800	2,629,327,848
Add Back ES Supplemental Impacts	5,729,582	1,251,525	9,171,133	3,110,168	591,865	125,530	6,427,406	966,468	886,796	795,677	62,647	29,118,796
TOTAL BASE	800,563,415	118,648,887	760,209,140	230,626,445	44,548,125	9,326,782	477,193,873	71,174,532	65,864,542	59,966,454	20,324,447	2,658,446,644
BASE SUPPLEMENTAL	4,929,372	3,856,097	21,194,048	2,255,926	4,730,674	2,287,880	45,180,182	3,108,483	2,053,287	(2,957,138)	(234,805)	86,404,006

Joint Budget Committee - Staff Document
Supplemental Presentation -- FY 2009-10 Department Estimate By Service Area And Aid Category

FY 2009-10 Department Revised Request	Categorically											TOTAL
	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	
Department Request With All Supplementals Requested												
Acute Care Services	101,958,419	55,996,808	497,548,727	224,961,104	43,591,801	9,148,142	464,693,196	63,474,220	64,383,826	58,635,547	4,271,372	1,588,663,162
HB 09-1293 AC Impacts	0	0	0	0	33,600,277	0	0	0	0	0	0	33,600,277
HB 09-1293 AC Impacts	16,647,094	9,142,787	81,236,455	36,730,156	7,117,380	1,493,648	75,872,022	10,363,649	10,512,164	9,573,623	697,401	259,386,380
Dec Provider Rate Reduction	(431,895)	(237,202)	(2,107,610)	(952,932)	(184,654)	(38,751)	(1,968,434)	(268,876)	(272,729)	(248,379)	(18,093)	(6,729,557)
Delay Extra Week of Payments	<u>(2,623,632)</u>	<u>(996,248)</u>	<u>(8,863,542)</u>	<u>(3,785,112)</u>	<u>(732,753)</u>	<u>(153,775)</u>	<u>(7,811,608)</u>	<u>(1,066,965)</u>	<u>(1,082,268)</u>	<u>(985,630)</u>	<u>(339,908)</u>	<u>(28,441,444)</u>
	115,549,987	63,906,145	567,814,030	256,953,216	83,392,050	10,449,263	530,785,175	72,502,028	73,540,992	66,975,161	4,610,771	1,846,478,819
Community Long-Term Care	140,711,098	20,566,241	127,573,519	27,018	5,593	0	335,597	5,981,894	(107)	0	252,122	295,452,975
HB 09-1293 CC Impacts	0	0	0	0	4,311	0	0	0	0	0	0	4,311
Dec Provider Rate Reduction	(603,484)	(88,205)	(547,139)	(116)	(24)	0	(1,439)	(25,655)	0	0	(1,081)	(1,267,143)
Delay Extra Week of Payment	<u>(2,383,322)</u>	<u>(348,345)</u>	<u>(2,160,801)</u>	<u>(458)</u>	<u>(95)</u>	<u>0</u>	<u>(5,684)</u>	<u>(101,320)</u>	<u>2</u>	<u>0</u>	<u>(4,270)</u>	<u>(5,004,293)</u>
	137,724,292	20,129,691	124,865,578	26,445	9,785	0	328,473	5,854,919	(105)	0	246,770	289,185,850
Institutional Long-Term Care	481,155,796	34,680,887	80,299,422	21,880	0	0	0	0	0	0	253,249	596,411,234
Dec Provider Rate Reduction	(154,003)	(11,100)	(25,701)	(7)	0	0	0	0	0	0	(81)	(190,893)
Delay Extra Week of Payment	<u>(8,576,898)</u>	<u>(618,208)</u>	<u>(1,431,387)</u>	<u>(390)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(4,514)</u>	<u>(10,631,397)</u>
	472,424,894	34,051,579	78,842,334	21,483	0	0	0	0	0	0	248,654	585,588,944
Insurance	51,987,681	3,141,400	28,573,743	208,245	0	0	21,782	0	739	0	15,320,743	99,254,333
Delay Extra Week of Payment	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	51,987,681	3,141,400	28,573,743	208,245	0	0	21,782	0	739	0	15,320,743	99,254,333
Administration	12,205,432	2,092,569	11,243,875	580,777	60,604	299	2,452,421	232,719	106,259	58,850	7,022	29,040,827
HB 09-1293 ADMIN Costs	0	0	0	0	46,714	0	0	0	0	0	0	46,714
Dec Provider Rate Reduction	(60,992)	(10,457)	(56,187)	(2,902)	(303)	(1)	(12,255)	(1,163)	(531)	(294)	(35)	(145,120)
Delay Extra Week of Payment	<u>(251,335)</u>	<u>(43,090)</u>	<u>(231,535)</u>	<u>(11,959)</u>	<u>(1,248)</u>	<u>(6)</u>	<u>(50,500)</u>	<u>(4,792)</u>	<u>(2,188)</u>	<u>(1,212)</u>	<u>(145)</u>	<u>(598,011)</u>
	11,893,105	2,039,022	10,956,153	565,915	105,767	291	2,389,666	226,764	103,540	57,344	6,842	28,344,410
UPL	6,815,407	919,458	5,798,721	1,717,253	298,262	52,811	3,263,471	519,231	487,030	476,381	157,292	20,505,317
SERVICE COSTS	788,018,426	116,477,905	745,239,286	225,799,024	43,657,998	9,148,441	467,502,996	69,688,833	64,490,717	58,694,397	20,104,508	2,608,822,531
HB 09-1293 IMPACTS	16,647,094	9,142,787	81,236,455	36,730,156	40,768,682	1,493,648	75,872,022	10,363,649	10,512,164	9,573,623	697,401	293,037,682
DEC PROVIDER RATE REDUCTION	(1,250,373)	(346,964)	(2,736,637)	(955,957)	(184,981)	(38,753)	(1,982,129)	(295,694)	(273,260)	(248,674)	(19,291)	(8,332,713)
DELAY EXTRA WEEK OF PAYMENT	(13,835,187)	(2,005,892)	(12,687,265)	(3,797,919)	(734,096)	(153,781)	(7,867,793)	(1,173,077)	(1,084,455)	(986,842)	(348,838)	(44,675,144)
UPL	<u>6,815,407</u>	<u>919,458</u>	<u>5,798,721</u>	<u>1,717,253</u>	<u>298,262</u>	<u>52,811</u>	<u>3,263,471</u>	<u>519,231</u>	<u>487,030</u>	<u>476,381</u>	<u>157,292</u>	<u>20,505,317</u>
TOTAL DEPARTMENT FY 09-10 REQUEST	796,395,367	124,187,295	816,850,559	259,492,557	83,805,865	10,502,366	536,788,567	79,102,942	74,132,196	67,508,885	20,591,073	2,869,357,673

Joint Budget Committee - Staff Document
Supplemental Presentation -- FY 2009-10 JBC Staff Estimate By Service Area And Aid Category - BASE SUPPLEMENTAL

FY 2009-10 Staff Revised Recommendation	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Appropriated Caseload	38,279	6,614	52,254	57,097	16,015	321	259,414	18,663	7,391	4,255	16,329	476,632
Staff's Jan Revised Estimate	37,896	6,898	51,514	51,550	0	291	246,572	17,001	6,389	3,616	15,640	437,367
Estimated Health Care Expansion Caseload	548	93	1,500	7,441	16,922	125	30,075	1,372	742	0	300	59,118
BASE CASELOAD FORECAST	38,444	6,991	53,014	58,991	16,922	416	276,647	18,373	7,131	3,616	15,940	496,485
Staff's Jan Revised Estimate (HB 09-1293)	0	0	0	0	2,369	0	0	0	0	0	0	2,369
Total FY 2009-10 Staff Estimate	38,444	6,991	53,014	58,991	19,291	416	276,647	18,373	7,131	3,616	15,940	498,854
Acute Care App Est. w/o SB 09-265	98,767,995	54,961,274	499,139,560	229,449,382	40,153,138	7,101,235	433,044,479	62,019,711	64,328,699	63,721,345	3,798,192	1,556,485,010
Acute Care Staff January Est w/o SB 09-265	97,586,328	56,312,243	502,204,335	226,748,894	41,114,222	8,538,174	471,636,900	63,641,995	63,016,459	59,760,354	3,818,476	1,594,378,380
ACUTE CARE BASE SUPPLEMENTAL	(1,181,667)	1,350,969	3,064,775	(2,700,488)	961,084	1,436,939	38,592,421	1,622,284	(1,312,240)	(3,960,991)	20,284	37,893,370
Estimated Per Capita (w/o Rate Cuts & 1293)	\$2,538.40	\$8,054.96	\$9,473.05	\$3,843.79	\$2,429.63	\$20,514.59	\$1,704.83	\$3,463.89	\$8,836.97	\$16,526.65	\$239.55	\$3,211.33
Health Care Expansion Estimate	1,391,044	749,112	14,209,577	28,601,626	41,114,222	2,564,324	51,272,849	4,752,453	6,557,034	0	71,866	151,284,107
Community LTC Appropriation Est.	138,736,499	19,903,170	125,881,808	58,483	(40)	0	335,455	6,421,908	0	0	340,164	291,677,447
Comm. LTC Staff Jan Est w/o SB 09-265	148,712,045	21,158,035	128,118,682	166,270	9,738	0	534,334	6,681,266	0	2,642	343,376	305,726,388
Community LTC BASE SUPPLEMENTAL	9,975,546	1,254,865	2,236,874	107,787	9,778	0	198,879	259,358	0	2,642	3,212	14,048,941
Estimated Per Capita	\$3,868.28	\$3,026.47	\$2,416.70	\$2.82	\$0.58	\$0.00	\$1.93	\$363.65	\$0.00	\$0.73	\$21.54	\$615.78
Health Care Expansion Estimate	2,119,816	281,461	3,625,043	20,973	9,738	0	58,089	498,922	0	0	6,463	6,620,505

Joint Budget Committee - Staff Document
Supplemental Presentation -- FY 2009-10 JBC Staff Estimate By Service Area And Aid Category - BASE SUPPLEMENTAL

FY 2009-10 Staff Revised Recommendation	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Class I Nursing Facility Appropriation Est.	432,974,998	29,575,062	77,262,750	112,361	0	0	0	0	0	0	114,040	540,039,211
Class I NF Staff Jan Est. w/o SB 09-265	427,174,538	31,313,612	77,144,556	0	0	0	0	0	0	0	253,126	535,885,832
Class I NF BASE SUPPLEMENTAL	(5,800,460)	1,738,550	(118,194)	(112,361)	0	0	0	0	0	0	139,086	(4,153,379)
Estimated Per Capita	\$11,111.60	\$4,479.13	\$1,455.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.88	\$1,079.36
Health Care Expansion Estimate	6,089,159	416,559	2,182,760	0	0	0	0	0	0	0	4,764	8,693,243
Class II Nursing Facility Appropriation Est.	0	366,883	1,872,527	0	0	0	0	0	0	0	0	2,239,410
Class II NF Staff Jan Est. w/o SB 09-265	0	371,669	1,896,954	0	0	0	0	0	0	0	0	2,268,623
Class II NF BASE SUPPLEMENTAL	0	4,786	24,427	0	0	0	0	0	0	0	0	29,213
PACE Appropriation Estimate	68,798,107	5,938,677	2,640,376	0	0	0	0	0	0	0	0	77,377,160
PACE Staff Jan Est. w/o SB 09-265	65,552,670	5,604,608	3,644,724	0	0	0	0	0	0	0	0	74,802,002
PACE BASE SUPPLEMENTAL	(3,245,437)	(334,069)	1,004,348	0	0	0	0	0	0	0	0	(2,575,158)
Estimated Per Capita	\$1,705.15	\$801.69	\$68.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.66
Health Care Expansion Estimate	934,421	74,557	103,125	0	0	0	0	0	0	0	0	1,112,103
Sup Medicaid Insurance App. Est.	52,831,542	3,131,464	27,732,251	210,927	0	0	0	0	0	0	16,429,034	100,335,218
SMI Staff January Estimate w/o SB 09-265	51,101,087	3,028,895	26,823,903	204,018	0	0	0	0	0	0	15,890,913	97,048,816
SMI BASE SUPPLEMENTAL	(1,730,455)	(102,569)	(908,348)	(6,909)	0	0	0	0	0	0	(538,121)	(3,286,402)
Estimated Per Capita	\$1,329.23	\$433.26	\$505.98	\$3.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$996.92	\$195.47
Health Care Expansion Estimate	728,420	40,293	758,967	25,734	0	0	0	0	0	0	299,076	1,852,490
Health Insurance Buy-In Appropriation Est.	1,147	708	307,267	865	0	0	7,956	441	993	0	0	319,377
HIBI Staff January Estimate w/o SB 09-265	3,685	2,081	987,779	2,133	0	0	21,233	1,363	2,721	0	0	1,020,995
HIBI BASE SUPPLEMENTAL	2,538	1,373	680,512	1,268	0	0	13,277	922	1,728	0	0	701,618
Estimated Per Capita	\$0.10	\$0.30	\$18.63	\$0.04	\$0.00	\$0.00	\$0.08	\$0.07	\$0.38	\$0.00	\$0.00	\$0.00
Health Care Expansion Estimate	53	28	27,949	269	0	0	2,308	102	283	0	0	30,991

Joint Budget Committee - Staff Document
Supplemental Presentation -- FY 2009-10 JBC Staff Estimate By Service Area And Aid Category - BASE SUPPLEMENTAL

FY 2009-10 Staff Revised Recommendation	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Single Entry Point Appropriation Est.	11,782,415	2,011,004	10,313,527	2,300	(105)	0	1,235	5,114	0	0	136,341	24,251,831
SEP Staff January Estimate w/o SB 09-265	11,782,415	2,011,004	10,313,527	2,300	(105)	0	1,235	5,114	0	0	136,341	24,251,831
SEP BASE SUPPLEMENTAL	0	0	0	0	0	0	0	0	0	0	0	0
Estimated Per Capita	\$301.07	\$282.66	\$191.19	\$0.04	(\$0.01)	\$0.00	\$0.00	\$0.27	\$0.00	\$0.00	\$8.40	(\$3.65)
Health Care Expansion Estimate	164,989	26,288	286,792	283	(106)	0	129	375	0	0	2,521	481,271
Disease Management	358,004	202,555	2,293,072	826,419	0	27,533	1,406,170	245,619	189,138	0	0	5,548,510
DM Staff January Estimate w/o SB 09-265	25,107	14,205	160,812	57,956	0	1,931	98,614	17,225	13,264	0	0	389,115
DM BASE SUPPLEMENTAL	(332,897)	(188,350)	(2,132,260)	(768,463)	0	(25,602)	(1,307,556)	(228,394)	(175,874)	0	0	(5,159,395)
Prepaid Inpatient Health Plan App. Est.	448,416	92,173	688,536	620,333	173,425	0	2,704,723	231,099	96,309	0	0	5,055,014
PIHP Staff January Estimate w/o SB 09-265	448,416	92,173	688,536	620,333	173,425	0	2,704,723	231,099	96,309	0	0	5,055,014
PIHP BASE SUPPLEMENTAL	0	0	0	0	0	0	0	0	0	0	0	0
Estimated Per Capita	\$11.46	\$12.96	\$12.77	\$10.34	\$10.07	\$0.00	\$9.61	\$12.36	\$13.27	\$0.00	\$0.00	\$0.00
Health Care Expansion Estimate	6,283	1,205	19,149	76,911	170,462	0	289,014	16,962	9,850	0	0	589,836
Upper Payment Limit Appropriation Est.	8,695,690	1,173,124	7,398,513	2,191,021	380,549	67,381	4,163,820	662,480	621,395	607,808	200,687	26,162,468
UPL USE Department Nov Estimate	6,815,407	919,458	5,798,721	1,717,253	298,262	52,811	3,263,471	519,231	487,030	476,381	157,292	20,505,317
UPL BASE SUPPLEMENTAL	(1,880,283)	(253,666)	(1,599,792)	(473,768)	(82,287)	(14,570)	(900,349)	(143,249)	(134,365)	(131,427)	(43,395)	(5,657,151)
Total FY 2009-10 Appropriation	813,394,813	117,356,094	755,530,187	233,472,091	40,706,967	7,196,149	441,663,838	69,586,372	65,236,534	64,329,153	21,018,458	2,629,490,656
SB 09-265	(19,094,153)	(2,575,967)	(16,245,788)	(4,811,083)	(835,616)	(147,956)	(9,142,991)	(1,454,686)	(1,364,470)	(1,334,636)	(440,672)	(57,448,018)
TOTAL FY 2009-10 Original Appropriation	794,300,660	114,780,127	739,284,399	228,661,008	39,871,351	7,048,193	432,520,847	68,131,686	63,872,064	62,994,517	20,577,786	2,572,042,638
TOTAL STAFF BASE ESTIMATE	809,201,698	120,827,983	757,782,529	229,519,158	41,595,542	8,592,916	478,260,510	71,097,293	63,615,783	60,239,377	20,599,524	2,661,332,313
BASE SUPPLEMENTAL	(4,193,115)	3,471,889	2,252,342	(3,952,933)	888,575	1,396,767	36,596,672	1,510,921	(1,620,751)	(4,089,776)	(418,934)	31,841,657
Deduct Increase to Payment Delay	(1,590,998)	(214,639)	(1,353,661)	(400,878)	(69,627)	(12,328)	(761,829)	(121,210)	(113,693)	(111,207)	(36,718)	(4,786,788)
TOTAL BASE SUPPLEMENTAL	(5,784,112)	3,257,249	898,681	(4,353,811)	818,949	1,384,439	35,834,843	1,389,711	(1,734,444)	(4,200,983)	(455,652)	27,054,869
HARD Enter	(5,784,112)	3,257,249	898,681	(4,353,811)	818,949	1,384,439	35,834,843	1,389,711	(1,734,444)	(4,200,983)	(455,652)	27,054,870

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Supplemental Presentation -- FY 2009-10 JBC Staff Estimate By Service Area And Aid Category - OTHER SUPPLEMENTAL ISSUES

FY 2009-10 Staff Revised Recommendation	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Staff's Jan Revised Estimate	37,896	6,898	51,514	51,550	0	291	246,572	17,001	6,389	3,616	15,640	437,367
Estimated Health Care Expansion Caseload	548	93	1,500	7,441	16,922	125	30,075	1,372	742	0	300	59,118
BASE CASELOAD FORECAST	38,444	6,991	53,014	58,991	16,922	416	276,647	18,373	7,131	3,616	15,940	496,485
Staff's Jan Revised Estimate (HB 09-1293)	0	0	0	0	2,369	0	0	0	0	0	0	2,369
Total FY 2009-10 Staff Estimate	38,444	6,991	53,014	58,991	19,291	416	276,647	18,373	7,131	3,616	15,940	498,854
Staff Recommendation for Other Supplemental Issues												
ACUTE CARE SERVICES CALCULATIONS												
Estimated Per Capita for 1293 Expansion	0	0	0	0	\$2,429.63	0	0	0	0	0	0	0
Acute Care Services (BASE)	97,586,328	56,312,243	502,204,335	226,748,894	41,114,222	8,538,174	471,636,900	63,641,995	63,016,459	59,760,354	3,818,476	1,594,378,380
Estimated Cost for 1293 Expansion Caseload	0	0	0	0	5,755,797	0	0	0	0	0	0	5,755,797
Estimated Inpatient Hospital Rates	2,464,145	1,994,360	14,475,734	8,431,429	800,074	0	12,334,375	958,453	3,975,894	6,858,500	2,742	52,295,706
Finance Rate Reductions												
-- 2.0 Percent July 2009	409,740	331,624	2,407,037	1,401,985	133,037	0	2,050,970	159,372	661,115	1,140,437	456	8,695,773
-- 1.5 Percent September 2009	199,685	161,616	1,173,060	683,252	64,835	0	999,532	77,670	322,192	555,788	222	4,237,851
-- 1.0 Percent December 2009	103,540	83,801	608,253	354,279	33,618	0	518,276	40,273	167,062	288,186	115	2,197,404
Estimated Outpatient Hospital Rates	1,603,294	2,041,978	21,496,086	18,821,758	3,778,208	0	27,841,698	2,919,211	2,753,129	860,507	649	82,116,519
Finance Rate Reductions												
-- 2.0 Percent July 2009	68,882	87,729	923,535	808,638	162,323	0	1,196,161	125,418	118,282	36,970	28	3,527,966
-- 1.5 Percent September 2009	35,712	45,484	478,812	419,243	84,157	0	620,157	65,024	61,324	19,167	14	1,829,096
-- 1.0 Percent December 2009	18,518	23,584	248,273	217,385	43,637	0	321,563	33,716	31,798	9,939	7	948,420
Supplemental Hospital Payments	5,888,714	4,766,040	34,593,521	20,149,087	1,911,985	0	29,476,188	2,290,473	9,501,431	16,390,165	6,552	124,974,155
Total HB 09-1293 Acute Care Impact	10,792,232	9,536,214	76,404,311	51,287,057	12,767,672	0	75,358,919	6,669,609	17,592,228	26,159,659	10,785	286,578,687
ES #1 -- Fund Split Issue Refinement with Fee	0	0	0	0	0	0	0	0	0	0	0	0
ES #2 -- September Rate Reduction	(1,005,675)	(547,718)	(4,838,800)	(2,041,081)	(310,741)	(69,319)	(4,220,172)	(607,155)	(592,092)	(582,461)	(38,250)	(14,853,463)
ES #2 -- FQHC Rate Reduction	(51,097)	(36,655)	(312,976)	(580,284)	(86,782)	0	(2,381,018)	(118,533)	(220,510)	(84,520)	0	(3,872,374)
ES #2 -- Grant Full Eligibility to Prenatal State-Only Clients (Fund Split Issue)	0	0	0	0	0	0	0	0	0	0	0	0
ES #2 -- Reduce Pharmacy Reimbursement	(127,401)	(189,881)	(1,638,936)	(503,266)	(101,160)	(27)	(744,422)	(331,887)	(30,767)	(1,234)	(6)	(3,668,987)
ES #2 -- Preferred Drug List Expansion	(44,838)	(66,828)	(576,815)	(177,122)	(35,603)	(10)	(261,996)	(116,806)	(10,828)	(434)	(2)	(1,291,282)
ES #2 -- Out Stationing Impact	0	0	0	0	0	0	0	0	0	0	0	0
ES #2 -- Cash Fund Adjustment	0	0	0	0	0	0	0	0	0	0	0	0
ES #4 -- Fund Split Issue for Financing	0	0	0	0	0	0	0	0	0	0	0	0
ES #5 -- Pending Until MARCH	0	0	0	0	0	0	0	0	0	0	0	0
NP ES #16 -- Fund Split Issue	0	0	0	0	0	0	0	0	0	0	0	0
NP ES #17 -- Fund Split Issue	0	0	0	0	0	0	0	0	0	0	0	0
NP ES #18 -- Fund Split Issue	0	0	0	0	0	0	0	0	0	0	0	0
ES #6 -- December Rate Reduction	(526,143)	(286,552)	(2,531,533)	(1,067,840)	(162,571)	(36,266)	(2,207,883)	(317,647)	(309,767)	(304,728)	(20,011)	(7,770,942)
ES #7 -- Pending Until MARCH	0	0	0	0	0	0	0	0	0	0	0	0
Sup #1 -- Base Issue -- See BASE Calculations	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Supplemental Issues Impacting AC	(1,755,154)	(1,127,633)	(9,899,059)	(4,369,592)	(696,856)	(105,621)	(9,815,492)	(1,492,029)	(1,163,964)	(973,378)	(58,270)	(31,457,048)
Total FY 2009-10 Acute Care w/o HB 1293	95,831,174	55,184,610	492,305,276	222,379,302	40,417,366	8,432,553	461,821,408	62,149,966	61,852,495	58,786,976	3,760,206	1,562,921,332
TOTAL FY 2009-10 AC WITH HB 09-1293	106,623,406	64,720,824	568,709,587	273,666,359	53,185,038	8,432,553	537,180,327	68,819,575	79,444,723	84,946,634	3,770,992	1,849,500,019

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FY 2009-10 Staff Revised Recommendation	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
COMMUNITY LONG TERM CARE SERVICES CALCULATIONS												
Estimated Per Capita for 1293 Expansion	0	0	0	0	\$0.58	0	0	0	0	0	0	0
Community Long Term Care BASE	148,712,045	21,158,035	128,118,682	166,270	9,738	0	534,334	6,681,266	0	2,642	343,376	305,726,388
Estimated Cost for 1293 Expansion Caseload	0	0	0	0	1,363	0	0	0	0	0	0	1,363
Total HB 09-1293 CLT Care Impact	0	0	0	0	1,363	0	0	0	0	0	0	1,363
ES #2 -- September Rate Reduction	(1,483,792)	(205,516)	(1,310,011)	(578)	(98)	0	(3,590)	(60,722)	(22)	0	(3,304)	(3,067,633)
ES #2 -- HCBS Waiver Transportation Benefit	(233,246)	(32,306)	(205,928)	(91)	(15)	0	(564)	(9,545)	(3)	0	(519)	(482,219)
ES #2 -- HCBS Personal Care Benefit	0	0	0	0	0	0	0	0	0	0	0	0
ES #5 -- Pending Until MARCH	0	0	0	0	0	0	0	0	0	0	0	0
ES #6 -- December Rate Reduction	(738,745)	(102,322)	(652,223)	(288)	(49)	0	(1,787)	(30,232)	(11)	0	(1,645)	(1,527,302)
ES #7 -- Pending Until MARCH	0	0	0	0	0	0	0	0	0	0	0	0
Sup #1 -- Base Issue -- See BASE Calculations	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal Supplemental Issues Impacting CLT	(2,455,783)	(340,144)	(2,168,162)	(957)	(162)	0	(5,941)	(100,500)	(37)	0	(5,469)	(5,077,154)
Total FY 2009-10 CLT w/o HB 1293	146,256,262	20,817,891	125,950,520	165,313	9,576	0	528,393	6,580,766	(37)	2,642	337,907	300,649,234
TOTAL FY 2009-10 CLT WITH HB 09-1293	146,256,262	20,817,891	125,950,520	165,313	10,940	0	528,393	6,580,766	(37)	2,642	337,907	300,650,597
Class 1 Nursing Facility Calculations												
Nursing Facility Base	427,174,538	31,313,612	77,144,556	0	0	0	0	0	0	0	253,126	535,885,832
ES #2 -- Bill to reduce Rate by 1.5%	(1,601,905)	(117,426)	(289,292)	0	0	0	0	0	0	0	(949)	(2,009,572)
Sup #1 -- Base Issue -- See BASE Calculations	0	0	0	0	0	0	0	0	0	0	0	0
ES NP #5 -- Close beds at Fort Logan	200,068	0	0	0	0	0	0	0	0	0	0	200,068
Subtotal Supplemental Issues Impacting NF	(1,401,837)	(117,426)	(289,292)	0	0	0	0	0	0	0	(949)	(1,809,504)
Total FY 2009-10 NF w/o HB 1293	425,772,701	31,196,186	76,855,264	0	0	0	0	0	0	0	252,177	534,076,328
TOTAL FY 2009-10 NF WITH HB 09-1293	425,772,701	31,196,186	76,855,264	0	0	0	0	0	0	0	252,177	534,076,328
Class II Nursing Facility Calculations												
Nursing Facility II Base	0	371,669	1,896,954	0	0	0	0	0	0	0	0	2,268,623
Subtotal Supplemental Issues Impacting NF	0	371,669	1,896,954	0	0	0	0	0	0	0	0	2,268,623
Total FY 2009-10 NF w/o HB 1293	0	371,669	1,896,954	0	0	0	0	0	0	0	0	2,268,623
TOTAL FY 2009-10 NF WITH HB 09-1293	0	371,669	1,896,954	0	0	0	0	0	0	0	0	2,268,623
PACE												
PACE BASE	65,552,670	5,604,608	3,644,724	0	0	0	0	0	0	0	0	74,802,002
ES #2	(585,058)	(50,021)	(32,529)	0	0	0	0	0	0	0	0	(667,608)
ES #6	(206,491)	(17,655)	(11,481)	0	0	0	0	0	0	0	0	(235,626)
Subtotal Supplemental Issues Impacting PACE	(791,549)	(67,676)	(44,010)	0	0	0	0	0	0	0	0	(903,234)
Total FY 2009-10 NF w/o HB 1293	64,761,121	5,536,932	3,600,714	0	0	0	0	0	0	0	0	73,898,768
TOTAL FY 2009-10 NF WITH HB 09-1293	64,761,121	5,536,932	3,600,714	0	0	0	0	0	0	0	0	73,898,768
Supplemental Medicare Insurance Benefit												
SMIB BASE	51,101,087	3,028,895	26,823,903	204,018	0	0	0	0	0	0	15,890,913	97,048,816
No other Supplementals	0	0	0	0	0	0	0	0	0	0	0	0
Total FY 2009-10 NF w/o HB 1293	51,101,087	3,028,895	26,823,903	204,018	0	0	0	0	0	0	15,890,913	97,048,816
TOTAL FY 2009-10 NF WITH HB 09-1293	51,101,087	3,028,895	26,823,903	204,018	0	0	0	0	0	0	15,890,913	97,048,816

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FY 2009-10 Staff Revised Recommendation	Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Categorically Eligible Low-Income Adults	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children	Foster Care	Pregnant-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Medicaid Health Insurance Buy In												
MHIB	3,685	2,081	987,779	2,133	0	0	21,233	1,363	2,721	0	0	1,020,995
No other Supplementals	0	0	0	0	0	0	0	0	0	0	0	0
Total FY 2009-10 NF w/o HB 1293	3,685	2,081	987,779	2,133	0	0	21,233	1,363	2,721	0	0	1,020,995
TOTAL FY 2009-10 NF WITH HB 09-1293	3,685	2,081	987,779	2,133	0	0	21,233	1,363	2,721	0	0	1,020,995
Single Entry Point												
Single Entry Point	11,782,415	2,011,004	10,313,527	2,300	(105)	0	1,235	5,114	0	0	136,341	24,251,831
ES #2 -- September Rate Reduction	(132,552)	(22,624)	(116,027)	(26)	1	0	(14)	(58)	0	0	(1,534)	(272,833)
ES #7 -- December Rate Reduction	(68,731)	(11,731)	(60,162)	(13)	1	0	(7)	(30)	0	0	(795)	(141,469)
Subtotal Supplemental Issues Impacting SEP	(201,283)	(34,355)	(176,189)	(39)	2	0	(21)	(87)	0	0	(2,329)	(414,302)
Total FY 2009-10 SEP w/o HB 1293	11,581,132	1,976,649	10,137,338	2,261	(103)	0	1,214	5,027	0	0	134,012	23,837,529
TOTAL FY 2009-10 SEP WITH HB 09-1293	11,581,132	1,976,649	10,137,338	2,261	(103)	0	1,214	5,027	0	0	134,012	23,837,529
Disease Management												
Disease Management	25,107	14,205	160,812	57,956	0	1,931	98,614	17,225	13,264	0	0	389,115
ES #2 -- Eliminate Telehealth Pilot (Bill)	(20,454)	(11,572)	(131,009)	(47,215)	0	(1,573)	(80,338)	(14,033)	(10,806)	0	0	(317,000)
Subtotal Supplemental Issues Impacting DM	(20,454)	(11,572)	(131,009)	(47,215)	0	(1,573)	(80,338)	(14,033)	(10,806)	0	0	(317,000)
Total FY 2009-10 DM w/o HB 1293	4,653	2,633	29,803	10,741	0	358	18,276	3,192	2,458	0	0	72,115
TOTAL FY 2009-10 DM WITH HB 09-1293	4,653	2,633	29,803	10,741	0	358	18,276	3,192	2,458	0	0	72,115
Prepaid Inpatient Health Plan App. Est.												
PIHP Base	448,416	92,173	688,536	620,333	173,425	0	2,704,723	231,099	96,309	0	0	5,055,014
ES #2 -- September Plan	(5,045)	(1,037)	(7,746)	(6,979)	(1,951)	0	(30,428)	(2,600)	(1,083)	0	0	(56,869)
ES #6 -- December Rate Reduction	(2,616)	(538)	(4,016)	(3,619)	(1,012)	0	(15,778)	(1,348)	(562)	0	0	(29,488)
Subtotal Supplemental Issues Impacting PIHP	(7,660)	(1,575)	(11,762)	(10,597)	(2,963)	0	(46,206)	(3,948)	(1,645)	0	0	(86,356)
Total FY 2009-10 PIHP w/o HB 1293	440,756	90,598	676,774	609,736	170,462	0	2,658,517	227,151	94,664	0	0	4,968,658
TOTAL FY 2009-10 PIHP WITH HB 09-1293	440,756	90,598	676,774	609,736	170,462	0	2,658,517	227,151	94,664	0	0	4,968,658
Bottom Line Financing												
UPL Base	6,815,407	919,458	5,798,721	1,717,253	298,262	52,811	3,263,471	519,231	487,030	476,381	157,292	20,505,317
No Other Supplemental Adjustments	0	0	0	0	0	0	0	0	0	0	0	0
Total FY 2009-10 UPL w/o HB 1293	6,815,407	919,458	5,798,721	1,717,253	298,262	52,811	3,263,471	519,231	487,030	476,381	157,292	20,505,317
TOTAL FY 2009-10 UPL WITH HB 09-1293	6,815,407	919,458	5,798,721	1,717,253	298,262	52,811	3,263,471	519,231	487,030	476,381	157,292	20,505,317

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TOTAL SUPPLEMENTAL ESTIMATES BEFORE PAYMENT DELAY												
Supplemental #1 BASE Calculation	809,201,698	120,827,983	757,782,529	229,519,158	41,595,542	8,592,916	478,260,510	71,097,293	63,615,783	60,239,377	20,599,524	2,661,332,313
Recognize HB 09-1293 App. Sup Adjusted	10,792,232	9,536,214	76,404,311	51,287,057	12,769,035	0	75,358,919	6,669,609	17,592,228	26,159,659	10,785	286,580,050
ES #1 -- Fund Split Issue	0	0	0	0	0	0	0	0	0	0	0	0
ES #2 -- Rate and Benefit Reductions	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
ES #3 -- No Impact to MSP	0	0	0	0	0	0	0	0	0	0	0	0
ES #4 -- Fund Split Issue	0	0	0	0	0	0	0	0	0	0	0	0
ES #5 -- See ARRA Explanation	0	0	0	0	0	0	0	0	0	0	0	0
ES #6 -- Additional Rate Reductions	(1,336,234)	(401,142)	(3,247,935)	(1,071,760)	(163,631)	(36,266)	(2,225,456)	(349,258)	(310,340)	(304,728)	(22,452)	(9,469,201)
ES #7 -- Pending Extra Week Delay	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL BEFORE ANY PAYMENT DELAY	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Exclude HB 09-1293	(10,792,232)	(9,536,214)	(76,404,311)	(51,287,057)	(12,769,035)	0	(75,358,919)	(6,669,609)	(17,592,228)	(26,159,659)	(10,785)	(286,580,050)
TOTAL BEFORE ANY PAYMENT DELAY	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
S.B. 09-265 HMO Delay (Department Est.)	(1,241,634)	(1,141,474)	(8,547,913)	(2,237,966)	(348,962)	0	(4,832,309)	(152,151)	(156,340)	0	0	(18,658,750)
Base for MMIS affected during last week	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Deduct HMO Base	(8,892,302)	(8,174,982)	(61,218,230)	(16,027,813)	(2,499,187)	0	(34,607,914)	(1,089,671)	(1,119,675)	0	0	(133,629,774)
Deduct PACE	(64,761,121)	(5,536,932)	(3,600,714)	0	0	0	0	0	0	0	0	(73,898,768)
Deduct SMIB	(51,101,087)	(3,028,895)	(26,823,903)	(204,018)	0	0	0	0	0	0	(15,890,913)	(97,048,816)
Deduct HIBI	(3,685)	(2,081)	(987,779)	(2,133)	0	0	(21,233)	(1,363)	(2,721)	0	0	(1,020,995)
Deduct SEP	(11,581,132)	(1,976,649)	(10,137,338)	(2,261)	103	0	(1,214)	(5,027)	0	0	(134,012)	(23,837,529)
Deduct DM	(4,653)	(2,633)	(29,803)	(10,741)	0	(358)	(18,276)	(3,192)	(2,458)	0	0	(72,115)
Deduct PHIP	(440,756)	(90,598)	(676,774)	(609,736)	(170,462)	0	(2,658,517)	(227,151)	(94,664)	0	0	(4,968,658)
Deduct UPL	(6,815,407)	(919,458)	(5,798,721)	(1,717,253)	(298,262)	(52,811)	(3,263,471)	(519,231)	(487,030)	(476,381)	(157,292)	(20,505,317)
BASE for SB 09-265 1 week delay	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
S.B. 09-265 MMIS 1 week delay new est.	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
TOTAL PRE HB 09-1293 - SB 09-265	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
TOTAL APPROPRIATION W/O HB 09-1293	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
HB 09-1293 Appropriation Need	10,792,232	9,536,214	76,404,311	51,287,057	12,769,035	0	75,358,919	6,669,609	17,592,228	26,159,659	10,785	286,580,050
Adjust for HB 09-265	0	0	0	0	(442,858)	0	0	0	0	0	0	(442,858)
HB 09-1293 Appropriation Need	10,792,232	9,536,214	76,404,311	51,287,057	12,326,177	0	75,358,919	6,669,609	17,592,228	26,159,659	10,785	286,137,192

Supplemental Base FY 2009-10 -- Staff Fund Split Estimates

	Cash Funds								Re-App.			TOTAL FUNDS
	General Fund	Certified Funds	Hospital Provider Fee	All GF Fund Offsets*	Health Care Expansion Fund	Nursing Facility Fund	Disability Fund	Breast & Cervical Cancer Fund	Autism Fund	Transfer from DPHE	Federal Funds	
Acute Care Services												
Base Acute	\$672,698,471	\$3,210,265	\$0	\$33,400,000	\$75,642,053	\$0	\$0	\$0	\$0	\$0	\$784,950,788	\$1,569,901,577
Family Planning	\$1,417,167	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,754,499	\$14,171,666
Indian Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,766,963	\$1,766,963
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$2,090,848	\$0	\$897,513	\$5,549,813	\$8,538,174	
Acute Care Services Sub-Total	\$674,115,638	\$3,210,265	\$0	\$33,400,000	\$75,642,053	\$0	\$2,090,848	\$0	\$897,513	\$805,022,063	\$1,594,378,380	
Community Based Long Term Care Services												
Base Community Based Long Term Care	\$148,597,824	\$0	\$0	\$0	\$3,310,252	\$0	\$0	\$0	\$0	\$151,908,076	\$303,816,152	
Children with Autism Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$705,118	\$0	\$705,118	\$1,410,236	
Disability Program	\$0	\$0	\$0	\$0	\$0	\$0	\$250,000	\$0	\$0	\$250,000	\$500,000	
Community Based Long Term Care Sub-Total	\$148,597,824	\$0	\$0	\$0	\$3,310,252	\$0	\$250,000	\$0	\$705,118	\$152,863,194	\$305,726,388	
Long Term Care and Insurance												
Nursing Facility -- Class 1	\$244,255,081	\$0	\$0	\$0	\$4,346,621	\$19,341,214	\$0	\$0	\$0	\$267,942,916	\$535,885,832	
Nursing Facility -- Class 2	\$1,134,312	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,134,311	\$2,268,623	
PACE	\$36,844,951	\$0	\$0	\$0	\$556,050	\$0	\$0	\$0	\$0	\$37,401,001	\$74,802,002	
SMIB -- Base that is matched (80%)	\$37,893,281	\$0	\$0	\$0	\$926,245	\$0	\$0	\$0	\$0	\$38,819,526	\$77,639,053	
SMIB -- Amount Not Matched	\$19,409,763	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,409,763	
Health Care Buy-In	\$495,002	\$0	\$0	\$0	\$15,496	\$0	\$0	\$0	\$0	\$510,497	\$1,020,995	
Long Term Care and Insurance Sub-total	\$340,032,390	\$0	\$0	\$0	\$5,844,412	\$19,341,214	\$0	\$0	\$0	\$345,808,251	\$711,026,268	
Service Management												
Disease Management	\$774,255	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000,000	\$2,774,255	\$5,548,510	
-- Offset Disease Management	(\$2,000,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000,000	\$0	\$0	
-- Eliminate Disease Management Program	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,000,000)	(\$3,159,645)	(\$5,159,395)	
Prepaid Health Plan	\$2,232,589	\$0	\$0	\$0	\$294,918	\$0	\$0	\$0	\$0	\$2,527,507	\$5,055,014	
SEP	\$11,880,957	\$0	\$0	\$0	\$244,959	\$0	\$0	\$0	\$0	\$12,125,915	\$24,251,831	
Service Management Sub-total	\$12,888,051	\$0	\$0	\$0	\$539,877	\$0	\$0	\$0	\$2,000,000	\$14,268,032	\$29,695,960	
FY 09-10 Estimate of Total Expenditures for Medical Services to Clients	\$1,175,633,903	\$3,210,265	\$0	\$33,400,000	\$85,336,595	\$19,341,214	\$250,000	\$2,090,848	\$705,118	\$2,897,513	\$1,317,961,541	\$2,640,826,996
Impact of Upper Payment Limit Financing (Estimated)												
Outpatient Hospital UPL	(\$15,503,395)	\$15,503,395	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,503,395	\$15,503,395	
Nursing Facility UPL	(\$1,964,376)	\$1,964,376	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,964,376	\$1,964,376	
Home Health UPL	(\$65,523)	\$65,524	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,523	\$65,524	
Denver Outstationing Costs	\$600,000	\$886,011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,486,011	\$2,972,022	
Total Projected FY 09-10 Expenditures w/o Pay Delay	\$1,158,700,609	\$21,629,571	\$0	\$33,400,000	\$85,336,595	\$19,341,214	\$250,000	\$2,090,848	\$705,118	\$2,897,513	\$1,336,980,846	\$2,661,332,313
Current Appropriation Excluding SB 09-265 & HB 09-1293	\$1,139,985,098	\$22,107,094	\$0	\$33,400,000	\$84,016,715	\$26,330,456	\$250,000	\$1,749,206	\$784,875	\$2,746,329	\$1,318,120,883	\$2,629,490,656
BASE SUPPLEMENTAL w/o payment delay	\$18,715,511	(\$477,523)	\$0	\$0	\$1,319,880	(\$6,989,242)	\$0	\$341,641	(\$79,757)	\$151,184	\$18,859,963	\$31,841,657
Additional Supplementals Current Law Base Adj.												
ES-1 HB 1293 Appropriation Adjustment -- NON ADD TO OTHER AREAS APPROPRIATION CHANGE WILL OCCUR TO APPROPRIATION CLAUSE TO HB 09-1293 CONDITIONAL ON FEDERAL APPROVAL												
Estimated Caseload Increase	\$0	\$0	\$2,878,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,878,580	\$5,757,160
Estimated Inpatient Hospital Rate Adjustment	\$0	\$0	\$26,147,853	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,147,853	\$52,295,706
Estimated Outpatient Hospital Rate Adjustment	\$0	\$0	\$41,058,260	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,058,259	\$82,116,519
Estimated Supplemental Hospital Payments	\$0	\$0	\$62,487,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,487,078	\$124,974,155
Estimated Hold Hospitals Harmless for Rate Cuts	\$0	\$0	\$10,718,255	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,718,255	\$21,436,510
Total estimated cost for HB 09-1293 w/o payment delay	\$0	\$0	\$143,290,025	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$143,290,025	\$286,580,050
Estimated impact of SB 09-265 (on caseload only)	\$0	\$0	(\$221,429)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$221,429)	(\$442,858)
Total with Estimated Payment Delay	\$0	\$0	\$143,068,596	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$143,068,596	\$286,137,192
Adjust for ARRA Impacts	\$0	\$0	\$107,693,970	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$178,443,221	\$286,137,192
ES #1 Bill to Raise Fee to Offset General Fund	(\$35,374,600)	\$0	\$35,374,600	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #1 Increase ARRA from ICP Programs	(\$5,550,400)	\$0	\$5,550,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL Medicaid HB 09-1293 Costs	(\$40,925,000)	\$0	\$148,618,970	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$178,443,221	\$286,137,192
Original Appropriation	\$0	\$0	\$163,585,730	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$163,585,730	\$327,171,460
Supplemental Amount Needed (pre ARRA & Bill)	\$0	\$0	(\$20,517,134)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$20,517,134)	(\$41,034,268)

Supplemental Base FY 2009-10 -- Staff Fund Split Estimates

	Cash Funds								Re-App.			
	General Fund	Certified Funds	Hospital Provider Fee	All GF Fund Offsets*	Health Care Expansion Fund	Nursing Facility Fund	Disability Fund	Breast & Cervical Cancer Fund	Autism Fund	Transfer from DPHE	Federal Funds	TOTAL FUNDS
ES #2 -- Medicaid Changes												
Supplementals W/ Long Bill												
ES #2 -- September Rate Reductions -- Acute Care	(\$6,810,238)	\$0	\$0	\$0	(\$583,574)	\$0	\$0	(\$17,449)	\$0	(\$5,595)	(\$7,436,607)	(\$14,853,463)
ES #2 -- FQHC Rate Reduction -- Acute Care	(\$1,908,588)	\$0	\$0	\$0	(\$27,599)	\$0	\$0	\$0	\$0	\$0	(\$1,936,187)	(\$3,872,374)
ES #2 -- Prenatal State-Only Clients -- Acute Care	(\$1,138,404)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,138,404	\$0
ES #2 -- September Pharmacy Reduction -- Acute Care	(\$1,808,330)	\$0	\$0	\$0	(\$26,150)	\$0	\$0	(\$9)	\$0	\$0	(\$1,834,498)	(\$3,668,987)
ES #2 -- Preferred Drug List -- Acute Care	(\$645,641)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$645,641)	(\$1,291,282)
ES #2 -- Denver Health Outstationing	(\$600,000)	\$600,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #2 -- September Rate Reductions -- CLTC	(\$1,492,869)	\$0	\$0	\$0	(\$33,027)	\$0	\$0	\$0	(\$7,920)	\$0	(\$1,533,816)	(\$3,067,632)
ES #2 -- HCBS Waiver Transportation -- CLTC	(\$241,109)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$241,110)	(\$482,219)
ES #2 -- Personal Care Benefit Change -- CLTC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #2 -- Cash Fund Adjustment -- CLTC	(\$7,920)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,920	\$0	\$0	\$0
ES #2 -- PACE Rate Change -- LTC	(\$328,841)	\$0	\$0	\$0	(\$4,963)	\$0	\$0	\$0	\$0	\$0	(\$333,804)	(\$667,608)
ES #2 -- September Rate SEP -- Admin	(\$133,642)	\$0	\$0	\$0	(\$2,774)	\$0	\$0	\$0	\$0	\$0	(\$136,417)	(\$272,833)
ES #2 -- September Rate PIHP -- Admin	(\$25,130)	\$0	\$0	\$0	(\$3,304)	\$0	\$0	\$0	\$0	\$0	(\$28,434)	(\$56,868)
Subtotal Non-Law Changes Early Supp #1	(\$15,140,712)	\$600,000	\$0	\$0	(\$681,391)	\$0	\$0	(\$17,458)	\$0	(\$5,595)	(\$12,988,110)	(\$28,233,266)
ES Law Changes												
JBC HCPF Bill #1 -- HCE Fund to Offset GF												
ES #2 -- GF Gets HCE Fund Savings -- AC	(\$637,323)	\$0	\$0	\$0	\$637,323	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #2 -- GF Gets HCE Fund Savings -- CLTC	(\$33,027)	\$0	\$0	\$0	\$33,027	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #2 -- GF Gets HCE Fund Savings -- LTC	(\$4,963)	\$0	\$0	\$0	\$4,963	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #2 -- GF Gets HCE Fund Savings -- Admin	(\$6,078)	\$0	\$0	\$0	\$6,078	\$0	\$0	\$0	\$0	\$0	\$0	\$0
JBC HCPF Bill #2 -- Eliminate Telehealth Pilot												
ES #2 -- Eliminate Telehealth Pilot -- Admin	(\$158,750)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$158,750)	(\$317,500)
JBC HCPF Bill #3 -- NF Rate Reduction												
ES #2 -- 1.5% Rate Reduction -- LTC	(\$933,446)	\$0	\$0	\$0	\$0	(\$71,340)	\$0	\$0	\$0	\$0	(\$1,004,786)	(\$2,009,572)
TOTAL ES #2 STAFF RECOMMENDATION	(\$16,914,299)	\$600,000	\$0	\$0	\$0	(\$71,340)	\$0	(\$17,458)	\$0	(\$5,595)	(\$14,151,646)	(\$30,560,338)
ES #3 -- No MSP Impact												
ES #4 -- Law Change Only												
JBC HCPF Bill #4 -- Tobacco MS Programs ^												
ES #4 -- Refinance GF with TMS Funds -- SEE CBHP	(\$2,648,030)	\$0	\$0	\$2,648,030	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #5 -- Pending												
ES #5 -- Pending	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #6 -- Rate Reductions												
ES #6 -- December Rate Reductions -- Acute Care	(\$3,558,114)	\$0	\$0	\$0	(\$305,659)	\$0	\$0	(\$11,501)	\$0	(\$3,688)	(\$3,891,980)	(\$7,770,942)
ES #6 -- December Rate Reductions -- CLTC	(\$742,871)	\$0	\$0	\$0	(\$16,674)	\$0	\$0	\$0	(\$4,107)	\$0	(\$763,650)	(\$1,527,302)
ES #6 -- CLTC Fund Split Adjustment	(\$4,107)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,107	\$0	\$0	\$0
ES #6 -- December Rate Reductions -- LTC	(\$116,062)	\$0	\$0	\$0	(\$1,752)	\$0	\$0	\$0	\$0	\$0	(\$117,813)	(\$235,627)
ES #6 -- December Rate PIHP -- Admin	(\$13,031)	\$0	\$0	\$0	(\$1,713)	\$0	\$0	\$0	\$0	\$0	(\$14,744)	(\$29,488)
ES #6 -- December Rate SEP -- Admin	(\$69,296)	\$0	\$0	\$0	(\$1,439)	\$0	\$0	\$0	\$0	\$0	(\$70,735)	(\$141,470)
Subtotal Non-Law Change Needed ES #6	(\$4,503,481)	\$0	\$0	\$0	(\$327,237)	\$0	\$0	(\$11,501)	\$0	(\$3,688)	(\$4,858,922)	(\$9,704,829)
JBC HCPF Bill #1 -- HCE Fund to Offset GF												
ES #6 -- GF Gets HCE Fund Savings -- AC	(\$305,659)	\$0	\$0	\$0	\$305,659	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #6 -- GF Gets HCE Fund Savings -- CLTC	(\$16,674)	\$0	\$0	\$0	\$16,674	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #6 -- GF Gets HCE Fund Savings -- LTC	(\$1,752)	\$0	\$0	\$0	\$1,752	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES #6 -- GF Gets HCE Fund Savings -- Admin	(\$3,152)	\$0	\$0	\$0	\$3,152	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL ES #6 -- Rate Reductions	(\$4,830,718)	\$0	\$0	\$0	\$0	\$0	\$0	(\$11,501)	\$0	(\$3,688)	(\$4,858,922)	(\$9,704,829)
ES # 7 PENDING -- EXTRA PAYMENT DELAY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Supplemental Base FY 2009-10 -- Staff Fund Split Estimates

	Cash Funds								Re-App.			TOTAL FUNDS
	General Fund	Certified Funds	Hospital Provider Fee	All GF Fund Offsets*	Health Care Expansion Fund	Nursing Facility Fund	Disability Fund	Breast & Cervical Cancer Fund	Autism Fund	Transfer from DPHE	Federal Funds	
ES NP #16 -- Refinance GF with Tobacco Ed Fund	(\$7,000,000)	\$0	\$0	\$7,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES NP #18 -- Refinance GF with PTD Fund	(\$7,000,000)	\$0	\$0	\$7,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
JBC HCPF Bill #1												
ES NP #17 -- Refinance GF with HDG Fund	(\$1,000,000)	\$0	\$0	\$1,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ES NP #5 -- Close Beds at Fort Logan -- LTC	\$100,034	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,034	\$200,068
ES NP #8-- Close Beds at Grand Junction -- LTC	\$13,250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,250	\$26,500
Amendment to SB 09-265	(\$55,659)	\$0	\$0	\$0	(\$2,115,360)	\$0	\$0	(\$42,977)	\$0	(\$13,780)	(\$2,559,012)	(\$4,786,788)
Total Supplementals												
-- S 1 - Impact in "Regular Section" of Supplemental Bill	\$18,715,511	(\$477,523)	\$0	\$0	\$1,319,880	(\$6,989,242)	\$0	\$341,641	(\$79,757)	\$151,184	\$18,859,963	\$31,841,657
-- ES 2 -- Impact in Regular Section of Supplemental Bill	(\$15,140,712)	\$600,000	\$0	\$0	(\$681,391)	\$0	\$0	(\$17,458)	\$0	(\$5,595)	(\$12,988,110)	(\$28,233,266)
-- ES 6 -- Impact in "Regular Sec" of Supplemental Bill	(\$4,503,481)	\$0	\$0	\$0	(\$327,237)	\$0	\$0	(\$11,501)	\$0	(\$3,688)	(\$4,858,922)	(\$9,704,829)
-- ES NP #16 Impact in Reg Sec of Supplemental bill	(\$7,000,000)	\$0	\$0	\$7,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
-- ES NP #18 Impact in Reg Sec of Supplemental bill	(\$7,000,000)	\$0	\$0	\$7,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
-- ES NP #5 -- Close Beds at Fort Logan	\$100,034	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,034	\$200,068
-- ES NP #8 -- Close Beds at Grand Junction	<u>\$13,250</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$13,250</u>	<u>\$26,500</u>
TOTAL "Regular Supplemental" Bill Impact	(\$14,815,398)	\$122,477	\$0	\$14,000,000	\$311,252	(\$6,989,242)	\$0	\$312,682	(\$79,757)	\$141,901	\$1,126,215	(\$5,869,870)
Supplemental Amendment to HB 09-1293 App. Clause Includes payment delay	\$0	\$0	(\$20,517,134)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$20,517,134)	(\$41,034,268)
Supplemental Amendment to SB 09-265 excludes HB 09-1293	(\$55,659)	\$0	\$0	\$0	(\$2,115,360)	\$0	\$0	(\$42,977)	\$0	(\$13,780)	(\$2,559,012)	(\$4,786,788)
TOTAL FY 2009-10 MSP Supplemental Bill Impact	(\$14,871,057)	\$122,477	(\$20,517,134)	\$14,000,000	(\$1,804,108)	(\$6,989,242)	\$0	\$269,705	(\$79,757)	\$128,121	(\$21,949,932)	(\$51,690,926)
ES #1 -- Bill (JBC has not voted to carry yet)	(\$40,925,000)	\$0	\$40,925,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
JBC Bill #1 (voted to carry on 1/11/10)	(\$2,008,628)	\$0	\$0	\$1,000,000	\$1,008,628	\$0	\$0	\$0	\$0	\$0	\$0	\$0
JBC Bill #2 (voted to carry on 1/11/10)	(\$158,750)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$158,750)	(\$317,500)
JBC Bill #3 (voted to carry on 1/11/10)	(\$933,446)	\$0	\$0	\$0	\$0	(\$71,340)	\$0	\$0	\$0	\$0	(\$1,004,786)	(\$2,009,572)
JBC Bill #4 (see indigent care program)	(\$2,648,030)	\$0	\$0	\$2,648,030	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total FY 2009-10 MSP Sup Bill Package Impact	(\$46,673,854)	\$0	\$40,925,000	\$3,648,030	\$1,008,628	(\$71,340)	\$0	\$0	\$0	\$0	(\$1,163,536)	(\$2,327,072)
TOTAL MSP SUPPLEMENTAL PACKAGE	(\$61,544,912)	\$122,477	\$20,407,865	\$17,648,030	(\$795,480)	(\$7,060,582)	\$0	\$269,705	(\$79,757)	\$128,121	(\$23,113,468)	(\$54,017,998)
Without ARRA Impacts -- except for ES #1												
Current Appropriation	1,112,661,142	22,107,094	163,585,730	33,400,000	82,475,369	26,330,456	250,000	1,749,206	784,875	2,746,329	1,453,123,897	2,899,214,098
Total Appropriation with Supplemental	1,051,116,230	\$22,229,571	\$183,993,595	\$51,048,030	\$81,679,889	\$19,269,874	\$250,000	\$2,018,912	\$705,118	\$2,874,450	\$1,430,010,429	\$2,845,196,100

JBC Staff FY 2009-10 Supplemental Document -- Mental Health CAPITATION PAYMENT

	SSI 65 >	SSI 60 to 64	SSI Disabled	Adults	Baby Care Adults	BC Cancer Adults	Expansion Adults	Children	Foster Children	TOTAL MEDICAID
Long Bill Appropriation for Mental Health Capitation (Before SB 09-265 & HB 09-1293)										
Traditional Medicaid -- Original Appropriation	37,732	6,521	50,754	49,687	7,292	220	0	230,325	17,534	400,065
Legal Immigrants -- Original Appropriation	548	93	743	1,072	99	0	0	3,097	248	5,900
Expansion Medicaid -- Original Appropriation	0	0	757	6,338	0	101	16,015	25,992	881	50,084
TOTAL ESTIMATED CASELOAD	38,280	6,614	52,254	57,097	7,391	321	16,015	259,414	18,663	456,049
Estimated Per Capita (before changes)	\$165.12	\$1,670.84	\$1,670.84	\$259.31	\$259.31	\$260.47	\$259.31	\$192.69	\$2,969.49	
Cost for Traditional	6,230,308	10,895,548	84,801,813	12,884,336	1,890,889	57,303	0	44,381,324	52,067,038	213,208,559
Cost for Legal Immigrants (estimate)	90,486	155,388	1,241,434	277,980	25,672	0	0	596,761	736,434	3,124,154
Cost for Expansion Medicaid	0	0	1,264,826	1,643,507	0	26,307	4,152,850	5,008,398	2,616,121	14,712,009
	6,320,794	11,050,936	87,308,073	14,805,823	1,916,560	83,611	4,152,850	49,986,484	55,419,592	231,044,722
Fund Splits										
General Fund	3,115,154	5,447,774	42,338,250	6,442,168	945,444	0	0	22,190,662	26,033,519	106,512,971
Health Care Expansion Fund	45,243	77,694	1,253,130	960,744	12,836	0	2,076,425	2,802,580	1,676,277	8,904,928
Autism Fund	0	0	62,657	0	0	0	0	0	0	62,657
Breast and Cervical Cancer Treatment Fund	0	0	0	0	0	20,056	0	0	0	20,056
Transfer from DPHE for BCCT Program	0	0	0	0	0	9,208	0	0	0	9,208
Federal Funds	3,160,397	5,525,468	43,654,037	7,402,912	958,280	54,347	2,076,425	24,993,242	27,709,796	115,534,903
TOTAL FUNDS	6,320,794	11,050,936	87,308,073	14,805,823	1,916,560	83,611	4,152,850	49,986,484	55,419,592	231,044,722
HB 09-1293 Appropriation										
Hospital Provider Fee							1,672,555			1,672,555
Federal Funds							1,672,555			1,672,555
							3,345,110			3,345,110
Total Appropriation W/O Payment Delay										
General Fund	3,115,154	5,447,774	42,338,250	6,442,168	945,444	0	0	22,190,662	26,033,519	106,512,971
Health Care Expansion Fund	45,243	77,694	1,253,130	960,744	12,836	0	2,076,425	2,802,580	1,676,277	8,904,928
Autism Fund	0	0	62,657	0	0	0	0	0	0	62,657
Breast and Cervical Cancer Treatment Fund	0	0	0	0	0	20,056	0	0	0	20,056
Hospital Provider Fee	0	0	0	0	0	0	1,672,555	0	0	1,672,555
Transfer from DPHE for BCCT Program	0	0	0	0	0	9,208	0	0	0	9,208
Federal Funds	3,160,397	5,525,468	43,654,037	7,402,912	958,280	54,347	3,748,980	24,993,242	27,709,796	117,207,458
	6,320,794	11,050,936	87,308,073	14,805,823	1,916,560	83,611	7,497,960	49,986,484	55,419,592	234,389,832

JBC Staff FY 2009-10 Supplemental Document -- Mental Health CAPITATION PAYMENT

	SSI 65 >	SSI 60 to 64	SSI Disabled	Adults	Baby Care Adults	BC Cancer Adults	Expansion Adults	Children	Foster Children	TOTAL MEDICAID
Staff's New Supplemental Estimate										
Traditional Medicaid -- Staff January Forecast	37,896	6,898	51,514	51,550	6,389	291	0	246,572	17,001	418,111
Tobacco Tax Caseload	548	93	1,500	7,441	742	125	16,922	30,075	1,372	58,818
HB 09-1293 Hospital Fee Caseload	0	0	0	0	0	0	2,369	0	0	2,369
TOTAL ESTIMATED CASELOAD	38,444	6,991	53,014	58,991	7,131	416	19,291	276,647	18,373	479,298
Estimated Per Capita (before changes rate changes)	\$165.12	\$1,670.84	\$1,670.84	\$259.31	\$259.31	\$260.47	\$259.31	\$192.69	\$2,969.49	
Cost for Traditional	6,257,388	11,525,454	86,071,652	13,367,431	1,656,732	75,797	0	47,511,959	50,484,299	216,950,711
Cost for Tobacco Tax	90,486	155,388	2,506,260	1,929,526	192,408	32,559	4,388,044	5,795,152	4,074,140	19,163,962
Cost for HB 1293	0	0	0	0	0	0	614,305	0	0	614,305
Total Cost	6,347,873	11,680,842	88,577,912	15,296,956	1,849,140	108,356	5,002,349	53,307,110	54,558,440	236,728,978
PRE - ARRA										
Fund Splits -- Excludes HB 1293										
General Fund	3,128,694	5,762,727	43,035,826	6,683,715	828,366	0	0	23,755,979	25,242,150	108,437,457
Health Care Expansion Fund	45,243	77,694	1,253,130	964,763	96,204	0	2,194,022	2,897,576	2,037,070	9,565,702
Breast and Cervical Cancer Treatment Fund	0	0	0	0	0	26,529	0	0	0	26,529
Transfer from DPHE for BCCT Program	0	0	0	0	0	11,396	0	0	0	11,396
Federal Funds	3,173,937	5,840,421	44,288,956	7,648,478	924,570	70,431	2,194,022	26,653,555	27,279,220	118,073,590
TOTAL FUNDS	6,347,873	11,680,842	88,577,912	15,296,956	1,849,140	108,356	4,388,044	53,307,110	54,558,440	236,114,673
Fund Splits -- HB 09-1293										
Hospital Provider Fee	0	0	0	0	0	0	307,153	0	0	307,153
Federal Funds	0	0	0	0	0	0	307,153	0	0	307,153
TOTAL FUNDS	0	0	0	0	0	0	614,305	0	0	614,305
Rate Reduction 2.5% implemented September										
	0.01875									
Cost for Traditional	(\$3.10)	(\$31.33)	(\$31.33)	(\$4.86)	(\$4.86)	(\$4.88)	(\$4.86)	(\$3.61)	(\$55.68)	
Cost for Tobacco Tax	(117,326)	(216,102)	(1,613,843)	(250,639)	(31,064)	(1,421)	0	(890,849)	(946,581)	(4,067,826)
Cost for HB 1293	(1,697)	(2,914)	(46,992)	(36,179)	(3,608)	(610)	(82,276)	(108,659)	(76,390)	(359,324)
Cost for HB 1293	0	0	0	0	0	0	(11,518)	0	0	(11,518)
Total Cost	(119,023)	(219,016)	(1,660,836)	(286,818)	(34,671)	(2,032)	(93,794)	(999,508)	(1,022,971)	(4,438,668)
ES - 2 rate reduction										
Fund Splits -- Excludes HB 1293										
General Fund	(58,663)	(108,051)	(806,922)	(125,320)	(15,532)	0	0	(445,425)	(473,290)	(2,033,202)
Health Care Expansion Fund	(848)	(1,457)	(23,496)	(18,089)	(1,804)	0	(41,138)	(54,330)	(38,195)	(179,357)
Breast and Cervical Cancer Treatment Fund	0	0	0	0	0	(497)	0	0	0	(497)
Transfer from DPHE for BCCT Program	0	0	0	0	0	(214)	0	0	0	(214)
Federal Funds	(59,511)	(109,508)	(830,418)	(143,409)	(17,336)	(1,321)	(41,138)	(499,754)	(511,485)	(2,213,880)
TOTAL FUNDS	(119,023)	(219,016)	(1,660,836)	(286,818)	(34,671)	(2,032)	(82,276)	(999,508)	(1,022,971)	(4,427,150)
Fund Splits -- HB 09-1293										
Hospital Provider Fee	0	0	0	0	0	0	(5,759)	0	0	(5,759)
Federal Funds	0	0	0	0	0	0	(5,759)	0	0	(5,759)
TOTAL FUNDS	0	0	0	0	0	0	(11,518)	0	0	(11,518)

JBC Staff FY 2009-10 Supplemental Document -- Mental Health CAPITATION PAYMENT

	SSI 65 >	SSI 60 to 64	SSI Disabled	Adults	Baby Care Adults	BC Cancer Adults	Expansion Adults	Children	Foster Children	TOTAL MEDICAID
Estimate for Closing Beds at Fort Logan										
Fund Splits			291,210							291,210
General Fund			0							0
Health Care Expansion Fund			0							0
BCCT Fund			0							0
Transfer from DPHE for BCCT Program			0							0
Federal Funds			291,210							291,210
			582,420							582,420

Impact of SB 09-265 Delay			Non HB 09-1293		
Total Cost for Traditional Medicaid w extra rate reduction	213,465,305	(17,788,775)	(19,355,829)		
Total Cost for Tobacco Tax Expansion	18,804,638	(1,567,053)			
Total Cost for HB 09-1293	<u>602,787</u>	<u>(50,232)</u>			
	232,290,310	(19,406,061)			
Fund Splits For Payment Delay -- Excludes HB 1293			New SB 09-265	Current SB 09-265	New Savings
General Fund		(8,889,311)	(8,281,593)	(607,718)	
Health Care Expansion Fund		(784,162)	(553,587)	(230,575)	
Breast and Cervical Cancer Treatment Fund		(2,175)	0	(2,175)	
Transfer from DPHE for BCCT Program		(934)	0	(934)	
Federal Funds		(9,679,247)	(8,836,684)	(842,563)	
TOTAL FUNDS		(19,355,829)	(17,671,864)	(1,683,965)	
Fund Splits -- HB 09-1293			New SB 09-265	Current SB 09-265	New Savings
Hospital Provider Fee		(25,116)	0	(25,116)	
Federal Funds		(25,116)	0	(25,116)	
TOTAL FUNDS		(50,232)	0	(50,232)	