

Medicaid Enrollment Projection for SFY 2016-2019

Month-Year	Medicaid Base Population & CHIP										Medicaid Expansion			All Medicaid & CHIP	Estimated MM in Managed Care Organization			
	Full Benefit					Partial Benefit					Reported ^{1,2}	Estimated ³	Estimated ³		Physical Health	Long Term Services and Supports	Medicaid Expansion	Total MCO
	Reported ^{1,2}	Estimated ³	Change from Sept. 2017 Projection	Month Over Month Change	Family Planning	QMBs	SLIMBS & QHIs	Total Base Population (D+G+H+I)	Estimated ³	Estimated ³								
SFY 2016	Jul-15	506,368	506,472	(294)	2,821	59,107	23,648	10,192	599,419	225,383	225,471	824,880	384,849	47,585	205,515	647,949		
	Aug-15	509,212	509,293	(271)	1,821	60,155	23,825	10,343	603,616	228,014	230,069	831,715	397,497	47,682	207,788	652,967		
	Sep-15	510,415	510,485	(256)	1,192	61,456	23,810	10,490	606,241	230,249	232,821	836,562	47,542	210,178	656,468			
	Oct-15	510,849	510,909	(236)	424	62,557	23,881	10,683	608,010	231,628	231,668	839,678	388,866	48,095	211,564	658,515		
	Nov-15	511,899	511,751	(190)	842	64,184	23,943	10,791	610,689	234,472	234,496	845,165	399,451	48,328	214,078	661,857		
	Dec-15	513,787	513,820	(152)	2,069	66,223	23,946	10,966	614,955	238,733	238,745	853,700	48,348	216,758	662,611			
SFY 2017	Jan-16	513,464	513,454	(366)	(366)	66,822	23,931	11,120	615,327	241,967	241,939	857,266	48,464	220,590	669,331			
	Feb-16	515,695	515,636	(122)	2,182	68,027	24,002	11,227	618,892	244,842	244,822	863,714	48,479	223,170	673,957			
	Mar-16	516,823	516,828	(143)	1,190	69,331	23,930	11,324	621,411	246,692	246,681	868,082	48,479	223,608	676,667			
	Apr-16	516,001	515,866	(181)	(960)	70,642	24,174	11,210	621,892	246,589	246,589	868,481	48,486	222,278	675,502			
	May-16	516,543	516,390	(213)	524	71,917	24,241	11,294	623,842	249,009	249,013	872,855	48,486	222,742	678,293			
	Jun-16	517,227	517,062	(236)	672	73,664	24,298	11,450	626,474	251,231	251,242	877,716	48,486	222,742	680,796			
SFY 2017	Jul-16	518,891	518,668	(306)	1,606	74,859	24,233	11,367	629,127	253,253	253,270	882,397	48,486	222,634	684,034			
	Aug-16	520,790	520,748	(124)	2,080	76,571	24,257	11,463	633,039	255,775	255,789	888,838	48,486	222,634	688,351			
	Sep-16	519,949	519,906	(136)	(942)	77,954	24,314	11,493	633,667	257,560	257,591	891,258	48,486	222,634	690,694			
	Oct-16	519,875	519,917	(164)	11	79,025	24,318	11,580	634,840	259,414	259,451	894,291	48,486	222,634	693,123			
	Nov-16	520,649	520,578	(183)	661	80,579	24,708	11,667	637,532	261,314	261,358	898,890	48,486	222,634	696,582			
	Dec-16	520,895	520,832	(217)	254	82,339	25,058	11,703	639,932	264,267	264,318	904,256	48,486	222,634	699,966			
SFY 2018	Jan-17	522,841	522,787	(273)	1,955	83,459	24,920	11,843	643,009	268,243	268,243	911,252	48,486	222,634	704,749			
	Feb-17	523,187	523,125	(405)	338	84,069	24,990	11,861	644,045	269,860	269,860	913,905	48,486	222,634	706,764			
	Mar-17	523,920	523,905	(491)	780	84,696	25,079	11,890	645,572	270,702	270,783	916,355	48,486	222,634	708,619			
	Apr-17	521,907	521,983	(600)	(1,922)	84,117	25,040	10,723	642,863	270,543	270,642	915,505	48,486	222,634	707,356			
	May-17	519,934	520,122	(672)	(1,861)	84,787	26,749	10,013	641,671	268,973	269,088	910,759	48,486	222,634	704,272			
	Jun-17	516,941	517,156	(800)	(2,966)	84,527	25,488	10,740	637,911	266,822	266,953	904,854	48,486	222,634	700,279			
SFY 2018	Jul-17	514,060	514,207	(1,140)	(2,949)	83,829	25,340	10,334	633,710	263,880	264,044	897,754	48,486	222,634	695,728			
	Aug-17	507,438	507,717	(1,280)	(6,490)	82,398	24,993	10,175	625,283	259,843	259,843	885,126	48,486	222,634	686,920			
	Sep-17	496,505	497,189	(1,140)	(10,528)	76,831	25,403	10,165	609,608	252,896	253,175	862,783	48,486	222,634	673,751			
	Oct-17	495,578	496,815	(1,330)	(374)	76,470	25,273	10,311	608,869	253,685	254,194	863,063	48,486	222,634	673,221			
	Nov-17	493,320	495,552	(347)	(1,263)	75,718	24,893	10,229	606,392	254,351	255,271	861,663	48,486	222,634	673,867			
	Dec-17	497,086	497,086	(1,146)	1,534	75,525	24,569	10,381	607,561	256,682	256,682	864,243	48,486	222,634	678,992			
SFY 2019	Jan-18	489,338	498,038	(2,517)	952	75,611	24,616	10,481	608,746	258,741	258,741	867,487	48,486	222,634	678,828			
	Feb-18	498,977	498,977	(3,918)	939	75,624	24,686	10,560	609,847	259,584	259,584	869,431	48,486	222,634	680,236			
	Mar-18	499,960	499,960	(5,051)	983	75,756	24,806	10,665	611,187	260,240	260,240	871,427	48,486	222,634	681,450			
	Apr-18	501,029	501,029	(5,993)	1,069	75,949	24,940	10,772	612,690	260,759	260,759	873,449	48,486	222,634	682,570			
	May-18	502,004	502,004	(6,436)	975	76,734	25,046	10,879	614,663	261,213	261,213	875,876	48,486	222,634	683,622			
	Jun-18	502,931	502,931	(6,058)	927	76,979	25,151	10,934	615,995	261,599	261,599	877,594	48,486	222,634	684,626			
SFY 2019	Jul-18	503,734	503,734	(5,657)	803	77,253	25,189	10,989	617,165	261,751	261,751	878,916	48,486	222,634	685,410			
	Aug-18	504,508	504,508	(5,360)	774	77,445	25,219	11,043	618,215	262,196	262,196	880,411	48,486	222,634	686,469			
	Sep-18	505,173	505,173	(5,096)	665	77,710	25,232	11,099	619,214	262,643	262,643	881,857	48,486	222,634	687,528			
	Oct-18	505,837	505,837	(4,754)	764	77,948	25,240	11,154	620,279	263,089	263,089	883,368	48,486	222,634	688,579			
	Nov-18	506,627	506,627	(4,392)	690	78,229	25,280	11,210	621,346	263,561	263,561	884,927	48,486	222,634	689,632			
	Dec-18	507,360	507,360	(4,037)	733	78,436	25,329	11,266	622,391	264,008	264,008	886,399	48,486	222,634	690,717			
SFY 2019	Jan-19	508,169	508,169	(3,674)	809	78,593	25,345	11,322	623,429	264,432	264,432	887,861	48,486	222,634	691,761			
	Feb-19	508,885	508,885	(3,260)	716	78,879	25,360	11,379	624,503	264,882	264,882	889,365	48,486	222,634	692,829			
	Mar-19	509,705	509,705	(2,755)	820	79,147	25,366	11,436	625,654	265,332	265,332	890,966	48,486	222,634	693,870			
	Apr-19	510,448	510,448	(2,202)	743	79,531	25,367	11,493	626,839	265,783	265,783	892,622	48,486	222,634	694,941			
	May-19	511,149	511,149	(1,766)	701	79,795	25,399	11,550	627,939	266,236	266,236	894,129	48,486	222,634	696,005			
	Jun-19	511,883	511,883	(1,258)	734	80,091	25,424	11,608	629,006	266,688	266,688	895,694	48,486	222,634	697,078			

Notes:

1. From July 2014 to December 2017 the reported enrollments for the full benefit base and expansion populations are based on the December 2017 Monthly Eligibility Report, adjusting for the estimated number of clients with duplicate COEs (COE 100 and other COEs) and anticipated retroactive enrollment.
2. From December 2017 to June 2019 estimated enrollments are based on recent enrollment trends and prospective changes in enrollment/recertification processes, including SSI-driven closures, modified court orders and take-up of eligible uninsured individuals.
3. From July 2014 to December 2017 the estimated enrollments of Specified Low-Income Medicare Beneficiaries (SLIMBs) and Qualified Individuals (QIs) are based on December 2017 reports created by the data warehouse of the Medical Assistance Division, adjusted for expected retroactive enrollments. From December 2017 to June 2019 enrollment estimates for these populations are based on recent trends.

Data Sources:

Monthly Eligibility Report (MER) is posted on the Internal MAD website on a monthly basis. The MER includes all clients eligible for Medical Assistance, including retroactive and late reported eligibility. Medicaid Eligibility Report is published on the HSD website on monthly basis to show the actual enrollment for the recent month, and it is available to the public. <http://www.hsd.state.nm.us/LookingForInformation/medicaid-eligibility.aspx>

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

Medicaid Children Enrollment Projection for SFY 2016-2019

Month-Year		Reported	Projected	Change from September 2017 Projection	Month Over Month Change
A	B	C	D	E	F
SFY 2016	Jul-15	375,893	376,137	(255)	
	Aug-15	378,258	378,505	(245)	2,368
	Sep-15	379,612	379,823	(249)	1,318
	Oct-15	380,081	380,081	(443)	258
	Nov-15	381,037	381,037	(365)	956
	Dec-15	382,790	382,790	(341)	1,753
	Jan-16	382,720	382,720	(258)	(70)
	Feb-16	384,258	384,258	(278)	1,538
	Mar-16	385,146	385,146	(294)	888
	Apr-16	385,147	385,147	(325)	1
	May-16	386,022	386,022	(351)	875
Jun-16	387,189	387,189	(367)	1,167	
SFY 2017	Jul-16	388,575	388,575	(365)	1,386
	Aug-16	390,259	390,259	(374)	1,684
	Sep-16	390,545	390,545	(373)	286
	Oct-16	390,942	390,923	(405)	378
	Nov-16	391,745	391,707	(422)	784
	Dec-16	392,789	392,732	(451)	1,025
	Jan-17	394,385	394,309	(491)	1,577
	Feb-17	394,483	394,387	(538)	78
	Mar-17	394,876	394,779	(612)	392
	Apr-17	393,433	393,357	(704)	(1,422)
	May-17	391,990	391,938	(794)	(1,419)
Jun-17	389,668	389,647	(914)	(2,291)	
SFY 2018	Jul-17	386,767	386,785	(1,031)	(2,862)
	Aug-17	381,770	381,851	(1,181)	(4,934)
	Sep-17	374,568	374,772	(1,107)	(7,079)
	Oct-17	374,125	374,588	(915)	(184)
	Nov-17	372,736	373,748	(1,642)	(840)
	Dec-17	370,560	374,366	(1,539)	618
	Jan-18		375,072	(1,393)	706
	Feb-18		375,811	(1,520)	739
	Mar-18		376,614	(1,585)	804
	Apr-18		377,347	(1,457)	733
	May-18		378,044	(1,286)	697
Jun-18		378,648	(1,187)	604	
SFY 2019	Jul-18		379,229	(1,100)	582
	Aug-18		379,729	(1,113)	500
	Sep-18		380,304	(1,048)	574
	Oct-18		380,822	(1,030)	519
	Nov-18		381,373	(975)	551
	Dec-18		381,981	(979)	608
	Jan-19		382,519	(1,015)	538
	Feb-19		383,136	(1,012)	616
	Mar-19		383,694	(1,107)	558
	Apr-19		384,221	(1,100)	527
	May-19		384,773	(1,056)	552
Jun-19		385,365	(1,585)	592	

Notes:

1. Medicaid Children are defined as any client less than age 21, regardless of category of eligibility.
2. The reported enrollments for the months from Jul-14 to Dec-17 were based on the Monthly Eligibility Report released in December 2017.
3. The estimated enrollments for the months from Jul-14 to Dec-17 were based on Monthly Eligibility Report released in Dec 2017 and adjusted for expected retroactive enrollments. The estimated enrollments for the months Jan-18 to Jun-19 were based on the regressive analysis of recent enrollment pattern, with consideration of impacts of new policies, modified court orders and the take-up from the eligible uninsured populations in New Mexico.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY 17 Lag Model with Centennial Care and Medicaid Expansion with Actual Data Thru December 2017 (\$000s)

No.	Description	FY 16 Title XIX Projection	FY 17 % Completion	Title XIX Actual	Actual Paid Lump Sum/ Others YTD	Projected Lump Sum	Others	FY 17 Title XIX Projection	% Change from FY 16	CHIP Actual Paid YTD	CHIP Projection	FY 17 TOTAL Medicaid Projection	September 2017 Data Projection	Change from Previous	No.
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Inpatient Hospital	88,428	99.98%	69,240	31,417	31,417	-	73,675	-16.68%	352	375	74,050	77,564	(3,514)	1
2	DSH	31,516	100.00%	31,417	31,417	31,417	-	31,417	-0.32%	-	-	31,417	31,417	-	2
3	GME	10,015	100.00%	18,500	18,500	18,500	-	18,500	84.72%	-	-	18,500	18,500	-	3
4	IME	72,799	100.00%	89,084	89,084	89,084	-	89,084	22.37%	-	-	89,084	89,084	-	4
5	Safety Net Care	68,856	100.00%	68,889	68,889	68,889	-	68,889	0.05%	-	-	68,889	68,889	-	5
6	HQI Pool	2,824	100.00%	7,359	7,359	7,359	-	7,359	160.55%	-	-	7,359	7,359	-	6
7	Physician Services	98,996	99.21%	38,033	5,480	5,525	-	117,968	-1.69%	435	489	36,775	40,073	(1,298)	7
8	IHS Hospital	116,302	99.00%	116,794	-	-	-	117,968	1.43%	-	-	117,968	121,528	(3,560)	8
9	ICF-IID	26,988	97.81%	26,841	-	-	-	27,443	1.69%	-	-	27,443	29,038	(1,595)	9
10	Clinic Services	46,264	36.81%	17,647	-	-	33,000	50,700	9.59%	1,607	1,612	52,312	52,422	(110)	10
11	Federal Qualified Health Centers	3,882	98.45%	3,797	-	-	-	3,855	-0.69%	78	80	3,935	4,320	(385)	11
12	Other Practitioners	28,854	99.55%	30,284	-	-	-	30,421	5.43%	1,046	1,051	31,472	31,527	(55)	12
13	Outpatient Hospital	41,974	99.33%	40,150	-	-	-	40,421	-3.70%	500	503	40,924	42,382	(1,458)	13
14	PACE	12,116	100.00%	11,944	-	-	-	11,944	-1.42%	-	-	11,944	11,945	(1)	14
15	Others	39,438	99.12%	48,942	(2,245)	(4,365)	2,219	49,282	24.96%	1,550	1,556	50,838	51,605	(767)	15
16	BI/FFS	34,370	99.08%	35,576	-	-	-	35,907	4.47%	705	712	36,619	41,932	(5,313)	16
17	Subtotal	663,622	94.18%	654,995	218,484	216,409	35,219	695,201	4.76%	6,275	6,328	701,529	719,584	(18,055)	17
18	Traditional DD and MF Waiver (DOH)	280,516	100.47%	278,282	2,143	2,143	(1,629)	276,987	-1.26%	-	-	276,987	277,591	(604)	18
19	MI Via DD and MF Waiver (DOH)	69,617	100.42%	90,589	4,936	4,936	(732)	90,208	29.58%	-	-	90,208	89,840	368	19
20	Subtotal	350,133	100.46%	368,870	7,079	7,079	(2,361)	367,195	4.87%	-	-	367,195	367,431	(236)	20
21	Centennial Care-Physical Health	1,420,772	98.03%	1,396,911	(14,752)	33,897	(19,278)	1,426,634	0.41%	82,206	82,206	1,508,840	1,509,122	(282)	21
22	Centennial Care-LTSS	1,069,101	101.31%	1,054,109	2,632	12,235	(24,754)	1,040,467	-2.68%	1,112	1,112	1,041,579	1,042,049	(470)	22
23	Centennial Care-Behavioral Health	318,520	99.30%	323,806	851	3,142	-	326,206	2.41%	18,995	18,995	345,200	345,220	(20)	23
24	Subtotal	2,808,393	99.36%	2,774,826	(11,268)	49,274	(44,032)	2,793,307	-0.54%	102,312	102,312	2,895,619	2,896,392	(773)	24
25	Medicare Part A	1,300	100.00%	1,710	-	-	-	1,710	31.55%	-	-	1,710	1,710	0	25
26	Medicare Part B	109,909	100.00%	131,716	-	-	-	131,716	19.84%	-	-	131,716	131,716	0	26
27	Medicare Part D	36,702	100.00%	43,958	-	-	-	43,958	19.77%	-	-	43,958	43,958	0	27
28	Subtotal	147,911	100.00%	177,384	-	-	-	177,384	19.93%	-	-	177,384	177,384	0	28
29	Utilization Review	4,326	96.65%	2,512	2,512	2,512	2,600	2,600	-9.90%	-	-	2,600	5,000	(2,400)	29
30	Health Information Technology	9,100	100.00%	23,733	23,733	23,733	-	23,733	160.80%	-	-	23,733	23,733	-	30
31	Contracts	-	0.00%	-	-	1,970	-	1,970	-	-	-	1,970	1,970	-	31
32	Subtotal	13,427	92.73%	26,246	26,246	25,703	2,600	28,303	110.80%	-	-	28,303	30,703	(2,400)	32
33	Rate Increase for Primary Care Services	12,732	100.00%	234	234	234	-	234	-98.16%	-	-	234	234	-	33
34	Health Insurance Providers Fee	90,219	-	-	-	-	-	-	-100.00%	-	-	-	-	-	34
35	Subtotal	102,951	100.00%	234	234	234	-	234	-99.77%	-	-	234	234	-	35
36	Medicaid Expansion - Physical Health	1,027,441	98.56%	1,268,491	(53,003)	23,268	(58,512)	1,286,812	25.24%	-	-	1,286,812	1,269,696	17,116	36
37	Medicaid Expansion - Behavioral Health	101,098	98.69%	111,106	391	1,821	-	112,582	11.36%	-	-	112,582	112,607	(25)	37
38	Subtotal	1,128,539	98.59%	1,379,596	(52,612)	25,089	(58,512)	1,399,394	24.00%	-	-	1,399,394	1,382,303	17,091	38
39	Prior Years Charged to Current Year	113,467	na	-	-	-	43,502	43,502	-61.66%	-	-	43,502	43,502	-	39
40	Current Year Charged to Future Year	(83,502)	na	-	-	-	-	-	-100.00%	-	-	-	-	-	40
41															41
42															42
43	Grand Total	5,284,942	97.81%	5,381,550	188,162	323,789	(23,584)	5,504,520	4.15%	108,587	108,640	5,613,160	5,617,533	(4,373)	43

Notes:

- (Line 10) Clinic Services consists primarily of Medicaid School-Based Services (MBSBS) with small amounts also going to clinics providing a variety of services.
- (Line 15) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning.
- (Lines 21-23, 36-37, Columns E and K) Actual YTD payments are from the MCO database, instead of Share Accounting Detailed File (SADF), because SADF doesn't show payments by programs.
- (Lines 21, 36, Column H) Others under the managed care projection lines reflect retrospective eligibility reconciliation and Medicaid Expansion risk corridor for CY16, Hepatitis-C reconciliation.
- (Line 33) Health Home budget has been built into the MCO rates starting from April 2016 for Behavior Health program for both Medicaid Base and Expansion population, so the expenditures on Health Home is not shown in this line.
- (Line 34) Health Insurance Providers Fee is suspended for the 2016 data year, but will be resumed for data year 2017 and forward.

No.	Description	FY 17 Projection	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										
			HIT, IHS, Refugees, Medicaid Expansion (100% FFP) ¹	Medicaid Expansion (95% FFP) ¹	Health Homes, Sterilization & Family Planning Services (90% FFP) ²	Breast & Cervical Cancer (EFMAP) ³	Title XXI CHIP (EFMAP) ⁴	Utilization Review (75% FFP) ⁵	Title XIX Medicaid (FMAP) ⁶	Admin and Fees (50% FFP) ⁷	Non-Federal Financial Participation Expenses (0% FFP) ⁸	% of Composite Federal Share	
A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Inpatient Hospital	74,090	19,250	11,863	129	56	375	-	42,378	-	-	61,188	82.63%
2	OSH	31,417	-	-	-	-	-	-	31,417	-	-	22,347	71.13%
3	GAME	18,500	-	-	-	-	-	-	18,500	-	-	13,159	71.13%
4	IME	89,084	-	-	-	-	-	-	89,084	-	-	63,365	71.13%
5	Safety Net Care	68,889	-	-	-	-	-	-	68,889	-	-	49,001	71.13%
6	HQII Pool	7,359	-	-	-	-	-	-	7,359	-	-	5,235	71.13%
7	Physician Services	38,775	5,945	5,041	-	19	439	-	27,247	-	84	30,543	78.77%
8	IHS Hospital	117,968	117,968	-	-	-	-	-	-	-	-	117,968	100.00%
9	ICF-ID	27,443	73	155	-	-	-	-	27,216	-	-	19,542	71.21%
10	Clinic Services	52,312	112	168	-	-	1,612	-	50,401	-	20	38,062	72.76%
11	Federal Qualified Health Centers	3,935	399	583	(0)	0	80	-	2,873	-	-	3,073	78.09%
12	Other Practitioners	31,472	358	495	-	0	1,051	-	29,567	-	-	22,874	72.68%
13	Outpatient Hospital	40,924	7,672	5,820	-	22	503	-	26,906	-	-	32,827	80.21%
14	PACE	11,944	-	-	-	-	-	-	11,944	-	-	8,472	70.93%
15	Others	50,838	10,893	7,380	2,040	98	1,623	-	28,779	-	25	40,926	80.50%
16	BH FFS	36,619	15,937	1,710	0	3	712	-	18,248	-	9	31,234	85.30%
17	Subtotal	701,529	178,607	33,215	2,169	198	6,394	-	480,808	-	138	559,816	79.80%
18	Traditional DD and MF Waiver (DOH)	276,987	-	-	-	-	-	1,942	274,426	619	-	196,581	70.97%
19	MI Via DD and MF Waiver (DOH)	90,208	-	-	-	-	-	2,880	85,245	2,084	-	63,725	70.64%
20	Subtotal	367,195	-	-	-	-	-	4,822	359,671	2,703	-	260,306	70.89%
21	Centennial Care-Physical Health	1,508,840	33,897	-	15,757	1,177	82,206	-	1,375,597	-	206	1,107,206	73.38%
22	Centennial Care-LTSS	1,041,579	12,235	-	-	720	1,112	-	1,027,512	-	-	741,876	71.23%
23	Centennial Care-Behavioral Health	345,200	3,044	-	1,220	124	18,995	-	321,818	-	-	251,484	72.85%
24	Subtotal	2,895,619	49,176	-	16,977	2,021	102,312	-	2,724,927	-	206	2,100,567	72.54%
25	Medicare Part A	1,710	-	-	-	-	-	-	1,710	-	-	1,234	72.16%
26	Medicare Part B	131,716	5,379	-	-	-	-	-	110,982	-	15,355	84,125	63.87%
27	Medicare Part D	43,958	-	-	-	-	-	-	-	-	43,958	-	0.00%
28	Subtotal	177,384	5,379	-	-	-	-	-	112,691	-	59,313	85,358	48.12%
29	Utilization Review	2,600	-	-	-	-	-	2,600	-	-	-	1,950	75.00%
30	Health Information Technology	23,733	23,733	-	-	-	-	-	-	-	-	23,733	100.00%
31	Contracts	1,970	-	-	-	-	-	-	375	1,595	-	1,068	54.23%
32	Subtotal	28,303	23,733	-	-	-	-	2,600	376	1,595	-	26,752	94.52%
33	Rate Increase for Primary Care Services	234	32	-	-	-	-	-	202	-	-	176	75.02%
34	Subtotal	234	32	-	-	-	-	-	202	-	-	176	75.02%
35	Medicaid Expansion - Physical Health	1,286,812	637,690	649,121	-	-	-	-	-	-	-	1,254,355	97.48%
36	Medicaid Expansion - Behavioral Health	112,582	54,414	58,168	-	-	-	-	-	-	-	109,674	97.42%
37	Subtotal	1,399,394	692,104	707,289	-	-	-	-	-	-	-	1,364,029	97.47%
38													
39	Prior Years Charged to Current Year	43,502	-	-	-	-	-	-	43,502	-	-	30,612	70.37%
40	Current Year Charged to Future Year												
41													
42	Grand Total	5,613,160	949,031	740,504	19,146	2,219	108,706	7,422	3,722,177	4,297	59,657	4,427,616	78.88%

State Share Revenues:	FY 17				
	Op. Budget	Billed Amount	Collection YTD	HSD Projection	Change from Prior Projection
47 Department of Health (Line 18 & 19) ^{9,16}	103,360	105,103	105,103	105,103	-
48 Department of Health Additional Need / (Surplus)	-	388	388	388	(75)
49 Department of Health for Early Intervention	8,062	7,873	7,873	7,873	-
50 Department of Health for FQHCs	462	462	462	463	-
51 Department of Health for EC	1	-	-	1	-
52 Children, Youth and Families	-	-	-	-	-
53 County Supported Medicaid Fund	33,533	31,835	31,447	31,835	-
54 Tobacco Settlement Revenue, Base	27,319	27,319	27,319	27,319	-
55 Tobacco Settlement Revenue	-	-	-	-	-
56 UNM IGT	43,007	40,600	40,600	40,600	-
57 Total Operating Transfers In	215,744	213,580	213,192	213,581	(75)
59 School Based Health Services	-	-	2	2	-
60 Physician UPL UNM	1,993	1,160	1,616	1,616	-
61 Safety Net Care ¹¹	-	-	-	-	-
62 County Supported Hospital Payments ¹¹	26,618	23,259	23,259	23,259	-
63 Additional County Supported Hospital Payments ¹²	-	-	-	-	-
64 Miner's Colfax ¹⁴	771	-	-	-	-
65 County Contribution for Incarcerated Population ¹⁵	-	-	-	-	-
66 Drug Rebates	20,434	-	28,413	28,413	-
67 Fraud	872	-	322	322	-
68 Income Diversion Trust	486	-	639	639	-
69 Buy-In Recovery	215	-	15	15	-
70 Cost Settlement	500	-	180	180	-
71 Estate Recovery	9	-	9	9	-
72 Misc. Revenue	-	-	313	313	313
73 HMS-RAC-TPL/Subrogation	500	-	-	-	-
74 Total Other Revenues	52,398	24,419	54,767	54,768	313
75					
76 General Fund Need				903,451	(4,631)
77					
78 HB 2 / SFC				913,637	-
79 DSH Settlement				16,806	-
80 BHSD Previous Year Reversion				500	-
81 Transfer to support MMISR				(5,000)	-
82 State Revenue Surplus / (Shortfall)				22,491	4,631
83 Reversion				(13,699)	-
84 State Revenue Surplus / (Shortfall) After Reversion				8,792	-

PROJECTED REVENUES	
Federal Revenues	4,427,616
Federal Disallowance ¹⁰	(11,607)
MSBS CPE ¹³	13,744
IHS Referral 100% FFP	11,607
All State Revenues	1,171,800

- Notes:**
- HIT, IHS, QI-1 Medicare Part B premiums, Refugees, Medicaid Expansion are eligible for 100% FFP. Under ACA, the Medicaid Expansion population will be federally funded 100% in CY2016 and 95% in CY2017.
 - Health Homes, sterilization and family planning service costs are eligible for 90% FFP.
 - Breast and cervical cancer (BCC) program with enhanced FMAP.
 - CHIP is a Title XXI program with enhanced FMAP. FY17 will have 100% FFP. Under the ACA beginning Oct. 2015, Medicaid will receive 100% match for CHIP kids through FFY2019.
 - Utilization review is federally matched at 75%; admin. expenses.
 - Title XIX expenditures with regular FMAP. The FFY 2017 FMAP is from FFIS, released September 2015, based on revised income data.
 - Administration expenditures are eligible for 50% FFP.
 - Pregnancy termination, special needs, state only buy-in for Medicare Part B and all Medicaid Part D buy-ins (Claw back) expenditures are not eligible for federal financial participation.
 - DOH for Medicaid DD traditional and MI Via waiver services; projected revenue is without the 3% for admin. MF GF appropriation is under HSD.
 - Includes potential disallowance for 100% IHS referral.
 - The sum of lines 61 and 62 is the 1/12% of the gross receipts tax contributed by the counties to support the Safety Net Care Pool and Hospital Payments.
 - Line 63 represents the additional county support to fully fund the Safety Net Care Pool.
 - Starting from FY16, school districts will contribute the state share of Medicaid School Based Services through Certified Public Expenditures.
 - Miner's Colfax hospital will contribute the state share of Safety Net Care Pool supplemental payments. The current estimate is for payments issued in CY2016.
 - Senate Bill 42 stated that counties will contribute the state share of payments for fee-for-service inpatient services for their respective incarcerated populations.
 - DOH Budget request is for Developmental Disabled waiver only, budget request for Medically Fragile waiver is through HSD.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY 18 Lag Model with Centennial Care and Medicaid Expansion with Actual Data Thru December 2017 (\$000s)

No.	Description	FY 17 Title XIX		FY 18 Title XIX		Actual Paid		FY 18 Title XIX		FY 17		FY 18 TOTAL		September 2017		Change from	
		Projection	Completion	Title XIX Actual YTD	Title XIX Lump Sum/ Others YTD	Projected Lump Sum	Others	Projection	% Change from	CHIP Actual Paid YTD	CHIP Projection	Medicaid Projection	Data Projection	Previous	O	P	
1	Inpatient Hospital	73,675	35.32%	30,909	-	-	-	87,511	18.78%	38	107	87,618	77,893	9,725	1		
2	DSH	31,417	25.10%	7,851	7,851	31,275	-	31,275	-0.45%	-	-	31,275	31,275	-	2		
3	GME	18,500	48.88%	9,250	9,250	18,926	2,300	18,926	2.30%	-	-	18,926	18,926	(1)	3		
4	IME	89,084	22.20%	19,773	19,773	89,084	-	89,084	0.00%	-	-	89,084	89,084	-	4		
5	Safety Net Care	68,889	25.00%	17,222	17,222	68,889	-	68,889	0.00%	-	-	68,889	68,889	-	5		
6	HQI Pool	7,359	0.00%	-	8,826	8,826	-	8,826	19.93%	-	-	8,826	8,826	-	6		
7	Physician Services	38,336	36.34%	14,192	1,301	5,525	-	39,077	1.93%	169	440	39,517	39,766	(249)	7		
8	IHS Hospital	117,968	40.37%	50,738	-	-	-	125,683	6.54%	-	-	125,683	125,184	499	8		
9	ICF-IID	27,443	43.43%	12,467	-	-	-	28,705	4.60%	-	-	28,705	29,041	(336)	9		
10	Clinic Services	50,700	13.97%	6,592	-	-	33,000	49,717	-1.94%	549	1,391	51,109	51,593	(484)	10		
11	Federal Qualified Health Centers	3,855	32.40%	1,688	-	-	678	5,230	35.66%	53	142	5,372	4,763	609	11		
12	Other Practitioners	30,421	41.00%	13,161	-	-	-	32,101	5.52%	480	1,171	33,271	31,493	1,778	12		
13	Outpatient Hospital	40,421	41.12%	17,151	-	-	-	41,709	3.19%	181	440	42,149	42,353	(204)	13		
14	PACE	11,944	49.87%	5,605	-	-	-	11,238	-5.91%	-	-	11,238	11,323	(85)	14		
15	Others	49,282	48.30%	22,283	0	(4,115)	100	46,067	-6.52%	716	1,551	47,618	49,592	(1,974)	15		
16	BH FFS	35,907	39.89%	15,505	(7)	-	-	38,886	8.30%	235	569	39,455	39,096	359	16		
17	Subtotal	695,201	33.87%	244,386	55,390	218,410	33,778	722,925	3.99%	2,420	5,811	728,736	719,097	9,639	17		
18	Traditional DD and MF Waiver (DOH)	276,987	44.37%	125,512	51	1,991	1,629	282,857	2.12%	-	-	282,857	276,798	6,059	18		
19	MI Via DD and MF Waiver (DOH)	90,208	39.69%	40,715	24	5,149	732	102,574	13.71%	-	-	102,574	94,325	8,249	19		
20	Subtotal	367,195	43.13%	166,227	75	7,140	2,361	385,430	4.97%	-	-	385,430	371,122	14,308	20		
21	Centennial Care-Physical Health	1,426,694	48.61%	678,062	-	41,455	(12,695)	1,393,776	-2.30%	38,278	79,817	1,473,594	1,518,964	(45,370)	21		
22	Centennial Care-LTSS	1,040,467	49.40%	510,356	-	12,076	(8,954)	1,033,900	-0.63%	673	673	1,034,573	1,057,592	(23,019)	22		
23	Centennial Care-Behavioral Health	326,206	48.34%	149,158	-	2,963	5,341	309,334	-5.17%	7,940	15,662	324,996	331,207	(6,211)	23		
24	Subtotal	2,793,307	48.87%	1,337,577	-	56,494	(16,307)	2,737,010	-2.02%	46,891	96,152	2,833,162	2,907,763	(74,601)	24		
25	Medicare Part A	1,710	49.35%	690	-	-	-	1,399	-18.19%	-	-	1,399	1,443	(44)	25		
26	Medicare Part B	131,716	58.25%	81,408	-	-	-	139,748	6.10%	-	-	139,748	138,076	1,673	26		
27	Medicare Part D	43,958	41.40%	19,702	-	8,266	-	47,587	47.60%	(18)	27	47,587	47,606	(18)	27		
28	Subtotal	177,384	53.94%	101,801	-	-	-	188,734	6.40%	-	-	188,734	187,124	1,610	28		
29	Utilization Review	2,600	0.00%	-	-	-	2,500	2,500	-3.85%	-	-	2,500	5,000	(2,500)	29		
30	Health Information Technology	23,733	42.30%	8,460	8,460	20,000	-	20,000	-15.73%	-	-	20,000	20,000	-	30		
31	Contracts	1,970	0.00%	-	1,970	1,970	-	1,970	0.00%	-	-	1,970	1,970	-	31		
32	Subtotal	28,303	34.57%	8,460	8,460	21,970	2,500	24,470	-13.54%	-	-	24,470	26,970	(2,500)	32		
33	Rate Increase for Primary Care Services	234	-	-	-	-	88,338	88,338	-100.00%	-	-	-	-	-	33		
34	Health Insurance Providers Fee	234	0.00%	-	-	-	88,338	88,338	-	-	2,849	91,187	91,187	-	34		
35	Subtotal	468	0.00%	-	-	-	88,338	88,338	-	-	2,849	91,187	91,187	-	35		
36	Medicaid Expansion - Physical Health	1,286,812	48.43%	614,511	-	24,685	970	1,268,801	-1.40%	36	-	1,268,801	1,266,099	2,702	36		
37	Medicaid Expansion - Behavioral Health	112,582	46.05%	55,011	-	1,689	1,650	119,448	6.10%	37	-	119,448	115,152	4,296	37		
38	Subtotal	1,399,394	48.23%	669,522	-	26,375	2,620	1,388,249	-0.80%	-	-	1,388,249	1,381,251	6,998	38		
39	Prior Years Charged to Current Year	43,502	na	-	-	-	-	-	-100.00%	-	-	-	-	-	39		
40	Current Year Charged to Future Year	-	na	-	-	-	-	-	-	-	-	-	-	-	40		
41	Grand Total	5,504,520	45.70%	2,527,973	63,925	330,388	113,290	5,535,157	0.56%	49,311	104,812	5,639,969	5,684,515	(44,546)	41		
42															42		
43															43		

Notes:

- (Line 10) Clinic Services consists primarily of Medicaid School-Based Services (MSBS) with small amounts also going to clinics providing a variety of services.
- (Line 15) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning.
- (Lines 21-23, 36-37, Columns E and K) Actual YTD payments are from the MCO database, instead of Share Accounting Detailed File (SADF), because SADF doesn't show payments by programs.
- (Lines 21, 38, Column H) Others under the managed care projection lines reflect retroactive eligibility reconciliation and Medicaid Expansion risk corridor for CY16; Hepatitis-C reconciliation.
- (Line 33) Health Home budget has been built into the MCO rates starting from April 2016 for Behavior Health program for both Medicaid Base and Expansion population, so the expenditures on Health Home is not shown in this line.
- (Line 34) Health Insurance Providers Fee was suspended for the 2016 data year, but was resumed for data year 2017 and forward.
- (Line 18) Traditional DD and MF Waiver includes expenditures from FY17 that exceed the budget.

STATE OF NEW MEXICO

HUMAN SERVICES DEPARTMENT

FY 18 Lag Model with Centennial Care and Medicaid Expansion with Actual Data Thru December 2017 (\$000s)

Medical Assistance Division

No.	Description	Federal Medicaid Expenditure Type and Federal Financial Participation Rates													
		FY 18 Projection	HIT, IHS, Refugees, (100% FFP) ¹	Medicaid Expansion (95% FFP) ¹	Medicaid Expansion (94% FFP) ²	Planning Services (90% FFP) ³	Breast & Cervical Cancer (EFMAP) ³	Title XXI CHIP (EFMAP) ⁴	Utilization Review (75% FFP) ⁵	Title XIX Medicaid (FMAP) ⁶	Admin and Fees (50% FFP) ⁷	Non-Federal Financial Participation Expenses (0% FFP) ⁸	Federal Share	% of Composite Federal Share	
1	Inpatient Hospital	87,618	27,708	7,830	14,398	137	-	107	-	37,497	-	-	75,864	86.58%	
2	DSH	31,275	-	-	-	-	-	-	-	31,275	-	-	22,568	72.16%	
3	GME	18,926	-	-	-	-	-	-	-	18,926	-	-	13,657	72.16%	
4	IME	89,084	-	-	-	-	-	-	-	89,084	-	-	64,283	72.16%	
5	Safety Net Care	68,889	-	-	-	-	-	-	-	68,889	-	-	49,711	72.16%	
6	HQII Pool	8,826	-	-	-	-	-	-	-	8,826	-	-	6,369	72.16%	
7	Physician Services	39,517	5,016	3,299	5,288	-	29	440	-	25,379	-	65	31,864	80.63%	
8	IHS Hospital	125,683	125,683	-	-	-	-	-	-	-	-	-	125,683	100.00%	
9	ICF-ID	28,705	-	195	253	-	-	-	-	28,258	-	-	20,756	72.31%	
10	Clinic Services	51,109	-	195	299	-	-	1,391	-	49,197	-	26	37,344	73.07%	
11	Federal Qualified Health Centers	5,372	4	427	725	-	-	142	-	4,073	-	-	4,168	77.59%	
12	Other Practitioners	33,271	46	357	513	-	-	1,171	-	31,184	-	-	24,489	73.60%	
13	Outpatient Hospital	42,149	6,627	4,847	6,225	-	23	440	-	24,487	-	-	34,693	82.31%	
14	PACE	11,238	-	-	-	-	-	-	-	11,238	-	-	8,081	71.90%	
15	Others	47,618	3,833	6,019	7,264	1,983	10	1,551	-	26,939	-	19	39,095	82.10%	
16	BH FFS	39,455	15,598	1,604	2,554	0	1	569	-	19,125	-	4	33,862	85.82%	
17	Subtotal	728,736	184,516	24,273	87,461	2,120	62	5,811	-	474,378	-	115	592,485	81.30%	
18	Traditional DD and MF Waiver (DOH)	282,857	-	-	-	-	-	-	1,790	280,715	352	-	203,690	72.01%	
19	Mi Via DD and MF Waiver (DOH)	102,574	-	-	-	-	-	-	2,990	97,397	2,187	-	73,478	71.63%	
20	Subtotal	385,430	-	-	-	-	-	-	4,780	378,112	2,539	-	277,167	71.91%	
21	Centennial Care-Physical Health	1,473,594	41,211	-	-	15,757	1,139	79,817	-	1,335,669	-	-	1,090,389	74.00%	
22	Centennial Care-LTSS	1,094,573	12,076	-	-	-	720	673	-	1,021,105	-	-	742,962	71.81%	
23	Centennial Care-Behavioral Health	324,996	2,963	-	-	1,220	117	15,780	-	304,915	-	-	237,860	73.19%	
24	Subtotal	2,833,162	56,250	-	-	16,977	1,975	96,271	-	2,661,689	-	-	2,071,211	73.11%	
25	Medicare Part A	1,399	-	-	-	-	-	-	-	1,399	-	-	1,009	72.48%	
26	Medicare Part B	139,748	4,588	-	-	-	-	-	-	118,594	-	16,567	89,663	64.90%	
27	Medicare Part D	47,587	-	-	-	-	-	-	-	-	-	47,587	0.00%		
28	Subtotal	188,734	4,588	-	-	-	-	-	-	119,992	-	64,154	90.872	48.15%	
29	Utilization Review	2,500	-	-	-	-	-	-	2,500	-	-	-	1,875	75.00%	
30	Health Information Technology	20,000	-	-	-	-	-	-	-	-	-	-	20,000	100.00%	
31	Contracts	1,970	-	-	-	-	-	-	-	1,970	-	-	1,422	72.16%	
32	Subtotal	24,470	20,000	-	-	-	-	-	2,500	1,970	-	-	23,297	95.20%	
33	Rate Increase for Primary Care Services	-	-	-	-	-	-	-	-	-	-	-	-	-	
34	Health Insurance Provider Fee	91,187	-	35,782	-	-	-	2,849	-	52,556	-	-	74,191	81.36%	
35	Subtotal	91,187	-	35,782	-	-	-	2,849	-	52,556	-	-	74,191	81.36%	
36	Medicaid Expansion - Physical Health	1,268,801	24,685	614,996	629,120	-	-	-	-	-	-	-	1,200,304	94.60%	
37	Medicaid Expansion - Behavioral Health	119,448	1,689	55,836	61,922	-	-	-	-	-	-	-	112,940	94.55%	
38	Subtotal	1,388,249	26,375	670,832	691,042	-	-	-	-	-	-	-	1,313,245	94.60%	
39															
40	Prior Years Charged to Current Year	-	-	-	-	-	-	-	-	-	-	-	-	0.00%	
41	Current Year Charged to Future Year	-	-	-	-	-	-	-	-	-	-	-	-	-	
42															
43	Grand Total	5,639,969	291,729	730,887	728,502	19,097	2,037	104,931	7,280	3,688,698	2,539	64,269	4,442,467	78.77%	

	FY 18 Op. Budget	Billed Amount	Collection YTD	HSD Projection	Changes from Prior Projection
47 State Share Revenues:					
48 Department of Health (Line 18 & 19) ⁹	109,360	-	-	102,216	-
49 Department of Health Additional Need / (Surplus) ¹⁶	-	462	462	4,647	3,399
50 Department of Health for Early Intervention	8,292	2,102	2,102	8,292	-
51 Department of Health for FOHCs	560	-	-	560	-
52 Department of Health for EC	1	-	-	1	-
53 Children, Youth and Families	-	-	-	-	-
54 County Supported Medicaid Fund	28,515	28,347	28,213	28,515	-
55 Tobacco Settlement Revenue, Base	29,319	17,103	17,103	29,319	-
56 Tobacco Settlement Revenue	-	-	-	-	-
57 UNM IGT	44,482	-	-	42,347	-
58 Total Operating Transfers In	214,529	48,015	47,881	215,898	3,393
59					
60 Physician UPL UNM	1,681	375	375	1,605	-
61 Safety Net Care ¹¹	-	-	-	-	-
62 County Supported Hospital Payments ¹²	22,790	22,656	22,549	22,585	-
63 Miner's Colfax ¹⁴	500	-	-	-	-
64 County Contribution for Incarcerated Population ¹⁵	-	-	-	-	-
65 Drug Rebates	28,867	-	8,302	32,326	-
66 Fraud	872	-	865	872	-
67 Income Diversion Trust	486	-	183	486	-
68 Buy-In Recovery	215	-	10	215	-
69 Cost Settlement	500	-	292	500	-
70 Estate Recovery	9	-	23	9	-
71 Miscellaneous Revenue	-	-	64	64	64
72 HMS-RAC-TPL/Subrogation	500	-	-	-	-
73 Total Other Revenues	56,420	23,030	32,662	58,662	64
74					
75					
76 General Fund Need				909,746	(5,701)
77					
78 FY 2018 Appropriation	915,637			915,637	-
79					
80 State Revenue Surplus / (Shortfall)				5,891	5,701
81					
82					

PROJECTED REVENUES	
Federal Revenues	4,442,467
Federal Disallowance ¹⁰	(8,572)
MSBS CPE ¹³	13,196
IHS Referral 100% FFP	3,572
All State Revenues	1,184,306

- Notes:
- HIT, IHS, QI-1 Medicare Part B premiums, Refugees, Medicaid Expansion are eligible for 100% FFP. Under ACA, the Medicaid Expansion population will be federally funded 100% in CY2016 and 95% in CY2017.
 - Health Homes, sterilization and family planning service costs are eligible for 90% FFP.
 - Breast and cervical cancer (BCC) program with enhanced FMAP.
 - CHIP is a Title XXI program with enhanced FMAP. FY2017 will have 100% FFP. Under the ACA beginning Oct. 2015, Medicaid will receive 100% match for CHIP kids through FFY2019.
 - Utilization review is federally matched at 75%; admin. expenses.
 - Title XIX expenditures with regular FMAP. The final FFY2018 FMAP was based on the revised estimates of per capita income, as released by the Bureau of Economic Analysis on September 28, 2016.
 - Administration expenditures are eligible for 50% FFP.
 - Pregnancy termination, special needs, state only buy-in for Medicare Part B and all Medicare Part D buy-ins (Claw back) expenditures are not eligible for federal financial participation.
 - DOH budget for Medicaid DD traditional and Mi Via waiver services; projected revenue is without the 3% for admin. Medically Fragile waiver appropriation is under HSD.
 - Includes potential disallowance for 100% IHS referral.
 - The sum of lines 61 and 62 is the 1/12% of the gross receipts tax contributed by the counties to support the Safety Net Care Pool and Hospital Payments.
 - Line 6 represents the additional county support to fully fund the Safety Net Care Pool.
 - Starting from FY16, school districts will contribute the state share of Medicaid School Based Services (MSBS) through Certified Public Expenditures (CPE).
 - Miner's Colfax hospital will contribute the state share of Safety Net Care Pool supplemental payments. The current estimate is for payments issued in CY2016.
 - Senate Bill 42 stated that counties will contribute the state share of payments for fee-for-service inpatient services for their respective incarcerated populations.
 - The DOH shortfall includes about \$2.4 million in expenditures (\$0.7 GF) from FY2017. DOH has submitted a supplemental request for \$2 million. This leaves an additional \$2.7 million shortfall.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division
FY 19 Trend Model with Centennial Care and Medicaid Expansion (50503)

No.	Description	FY 18 Title XIX Projection	FY 18 Title XIX Projected Claims	Δ Price	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
		C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Inpatient Hospital	87,511	87,511	0.00%	-	0.84%	789	0.00%	-	-	-	88,250	0.84%	107	108	88,357	78,564	9,793
2	DISH	31,275	-	-	-	-	-	-	-	31,275	-	31,275	0.00%	-	-	31,275	31,275	-
3	GAME	18,926	-	-	-	-	-	-	-	18,926	-	18,926	0.00%	-	-	18,926	18,926	-
4	IME	89,084	-	-	-	-	-	-	-	89,084	-	89,084	0.00%	-	-	89,084	89,084	-
5	Safety Net Care	68,889	-	-	-	-	-	-	-	68,889	-	68,889	0.00%	-	-	68,889	68,889	-
6	HQI Pool	8,826	-	-	-	-	-	-	-	12,012	-	12,012	36.10%	-	-	12,012	12,012	-
7	Physician Services	39,077	33,553	0.00%	2,891	0.85%	286	0.00%	-	5,225	-	39,364	0.73%	440	448	39,812	40,065	(253)
8	IHS Hospital	125,683	125,683	2.30%	-	0.00%	-	0.00%	-	-	-	126,574	2.30%	-	-	126,574	128,063	511
9	ICF-ID	28,705	28,705	0.00%	-	0.25%	72	0.00%	-	-	-	28,777	0.25%	-	-	28,777	29,112	(335)
10	Clinic Services	49,717	16,717	0.00%	-	0.00%	-	0.00%	-	-	39,000	49,717	0.00%	1,391	1,416	51,134	51,431	(297)
11	Federal Qualified Health Centers	5,230	4,552	2.69%	122	0.00%	(0)	0.00%	-	678	-	5,352	2.34%	142	146	5,498	4,873	625
12	Other Practitioners	32,101	32,101	0.00%	-	0.00%	-	0.00%	-	-	-	32,101	0.00%	1,171	1,192	33,292	31,695	1,597
13	Outpatient Hospital	41,709	41,709	0.00%	-	0.00%	-	0.00%	-	-	-	41,709	0.00%	440	448	42,157	42,723	(566)
14	PACE	11,238	11,238	0.00%	-	0.00%	-	0.00%	-	-	-	11,238	0.00%	-	-	11,238	11,323	(85)
15	Others	46,067	50,082	0.00%	24	0.63%	315	0.00%	-	(4,100)	100	46,397	0.72%	1,551	1,579	47,978	50,083	(2,107)
16	BH FFS	38,886	38,886	0.00%	-	0.00%	-	0.00%	-	-	-	38,886	0.00%	569	579	39,460	39,131	329
17	Subtotal	722,925	470,738	0.65%	3,037	0.30%	1,412	0.00%	-	221,611	33,778	730,575	1.06%	5,811	5,916	736,491	727,123	9,368
18	Traditional DD and MF Waiver (DOH)	282,857	279,237	0.00%	-	-4.28%	(11,945)	2.17%	5,660	1,991	-	274,943	-2.80%	-	-	274,943	275,547	(604)
19	Mi VA DD and MF Waiver (DOH)	102,574	96,692	0.00%	-	-2.15%	2,078	3.40%	3,361	5,149	-	107,280	4.59%	-	-	107,280	94,384	12,896
20	Subtotal	385,430	375,929	0.00%	-	-2.62%	(9,867)	2.46%	9,020	7,140	-	382,223	-0.83%	-	-	382,223	369,931	12,292
21	Centennial Care-Physical Health	1,393,776	1,365,016	0.00%	-	0.98%	13,353	0.57%	7,850	41,455	(9,582)	1,418,692	1.74%	79,817	80,890	1,499,082	1,558,279	(59,197)
22	Centennial Care-LTSS	1,033,900	1,030,778	0.00%	-	2.94%	30,317	0.34%	3,638	12,076	(3,908)	1,070,521	3.58%	673	257	1,071,178	1,048,021	(23,157)
23	Centennial Care-Behavioral Health	309,334	301,029	0.00%	-	1.19%	3,587	-1.38%	(4,205)	2,963	6,333	309,707	0.12%	15,662	17,340	327,048	340,603	(13,555)
24	Subtotal	2,737,010	2,696,824	0.00%	-	1.75%	47,257	0.27%	7,303	56,494	(9,157)	2,798,720	2.25%	96,152	98,587	2,897,307	3,002,596	(105,596)
25	Medicare Part A	1,399	1,399	0.00%	-	0.85%	12	0.00%	-	-	-	1,411	0.85%	-	-	1,411	1,457	(47)
26	Medicare Part B	139,748	139,748	-0.72%	(1,006)	2.09%	2,906	0.00%	-	-	-	141,648	1.36%	-	-	141,648	140,780	868
27	Medicare Part D	47,587	47,587	4.40%	2,096	2.75%	1,387	0.00%	-	-	-	51,070	7.37%	-	-	51,070	51,140	(70)
28	Subtotal	188,734	188,734	0.58%	1,090	2.27%	4,305	0.00%	-	-	-	194,129	2.88%	-	-	194,129	193,577	552
29	Utilization Review	2,500	-	-	-	-	-	-	-	-	2,800	2,800	12.00%	-	-	2,800	5,000	(2,200)
30	Health Information Technology Contracts	20,000	-	-	-	-	-	-	-	8,000	-	8,000	-60.00%	-	-	8,000	8,000	-
31	Contracts	1,970	-	-	-	-	-	-	-	1,970	-	1,970	0.00%	-	-	1,970	1,970	-
32	Subtotal	24,470	-	-	-	-	-	-	-	9,970	2,800	12,770	-47.81%	-	-	12,770	14,970	(2,200)
33	Health Insurance Providers Fee	88,338	-	-	-	-	-	-	-	-	-	88,338	-100.00%	2,849	-	88,338	89,450	(1,112)
34	Subtotal	88,338	-	-	-	-	-	-	-	-	-	88,338	-100.00%	2,849	-	88,338	89,450	(1,112)
35	Medicaid Expansion - Physical Health	1,268,801	1,243,146	0.00%	(4)	2.19%	27,211	0.16%	2,085	24,685	4,903	1,302,027	2.62%	-	-	1,302,027	1,301,288	739
36	Medicaid Expansion - Behavioral Health	119,448	116,108	0.00%	1	2.19%	2,542	3.87%	4,589	1,689	3,650	126,580	5.97%	-	-	126,580	117,956	8,624
37	Subtotal	1,388,249	1,359,254	(0)	(2)	2.19%	29,753	0.48%	6,674	26,375	6,553	1,428,606	2.91%	-	-	1,428,606	1,419,244	9,362
38	Centennial Care 2.0 Initiatives	-	-	na	-	na	-	na	-	-	-	9,007	-	-	-	9,007	-	-
39	Centennial Care 2.0 Initiatives	-	-	na	-	na	-	na	-	-	-	9,007	-	-	-	9,007	-	-
40	Centennial Care 2.0 Initiatives	-	-	na	-	na	-	na	-	-	-	9,007	-	-	-	9,007	-	-
41	Centennial Care 2.0 Initiatives	-	-	na	-	na	-	na	-	-	-	9,007	-	-	-	9,007	-	-
42	Grand Total	5,535,157	5,091,479	0.08%	4,125	1.43%	72,860	0.44%	22,997	321,590	33,974	5,556,031	0.38%	104,812	104,503	5,660,534	5,817,106	(156,572)

Notes:
1. (Line 40) Clinic Services consists primarily of Medicaid School-Based Services (MSBS) with small amounts also going to clinics providing a variety of services.
2. (Line 15) Others contains: Transportation, Lab/R-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning, PCO.
3. (Lines 21-29, 35-36 - Column L) Others under the managed care projection lines reflect the additional cost of MM/MIP.

FY 19 Trend Model with Centennial Care and Medicaid Expansion (\$000s)

No.	Description	FY 19 Projection	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										Federal Share	% of Composite Federal Share
			HIT, IHS, Refugees (100% FFP) ¹	Medicaid Expansion (94% FFP) ²	Medicaid Expansion (93% FFP) ²	Health Homes, Sterilization & Family Planning Services (90% FFP) ³	Breast & Cervical Cancer Program (EFMAP) ⁴	Title XXI CHIP (FMAP) ⁵	Utilization Review (75% FFP) ⁶	Title XIX Medicaid (FMAP) ⁷	Admin and Fees (50% FFP) ⁸	Non-Federal Financial Participation Expenses (0% FFP) ⁹		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Inpatient Hospital	88,357	17,385	15,794	17,110	170	-	108	-	37,791	-	-	75,704	85.68%
2	DSH	31,275	-	-	-	-	-	-	-	31,275	-	-	22,600	72.26%
3	GME	18,926	-	-	-	-	-	-	-	18,926	-	-	18,676	72.26%
4	IME	89,084	-	-	-	-	-	-	-	89,084	-	-	64,372	72.26%
5	Safety Net Care	68,889	-	-	-	-	-	-	-	68,889	-	-	49,779	72.26%
6	HQI Pool	12,012	-	-	-	-	-	-	-	12,012	-	-	8,680	72.26%
7	Physician Services	39,812	3,133	5,083	5,507	-	-	45	448	25,538	-	57	31,965	80.29%
8	IHS Hospital	128,574	128,574	-	-	-	-	-	-	0	-	-	128,574	100.00%
9	ICF-ID	28,777	-	218	236	-	-	-	-	28,323	-	-	20,885	72.58%
10	Clinic Services	51,134	-	240	259	-	-	1,416	-	48,192	-	26	37,429	73.20%
11	Federal Qualified Health Centers	5,498	4	568	615	-	-	146	-	4,165	-	-	4,265	77.57%
12	Other Practitioners	33,292	47	421	456	-	-	1,192	-	31,177	-	-	24,580	73.83%
13	Outpatient Hospital	42,157	4,012	6,395	6,928	-	-	10	448	24,364	-	-	34,523	81.89%
14	PACE	11,238	-	-	-	-	-	-	-	11,238	-	-	8,119	72.24%
15	Others	47,976	4,312	6,504	7,046	2,180	-	2	1,579	26,336	-	18	39,547	82.43%
16	BH FFS	39,490	12,056	3,778	4,092	-	-	1	579	18,984	-	-	33,709	85.36%
17	Subtotal	786,491	169,523	38,999	42,249	2,950	58	5,916	477,294	-	101	598,406	81.25%	
18	Traditional DD and MF Waiver (DOH)	274,943	-	-	-	-	-	-	1,790	272,801	352	-	198,609	72.24%
19	Mi Via DD and MF Waiver (DOH)	107,280	-	-	-	-	-	-	2,990	102,104	2,187	-	77,102	71.87%
20	Subtotal	382,223	-	-	-	-	-	-	4,780	374,905	2,539	-	275,712	72.13%
21	Centennial Care-Physical Health	1,499,082	41,211	-	-	15,757	1,174	80,990	-	1,359,706	-	244	1,119,580	74.68%
22	Centennial Care-LTSS	1,071,178	12,076	-	-	-	-	257	-	1,058,845	-	-	777,242	72.56%
23	Centennial Care-Behavioral Health	327,048	2,963	-	-	1,220	83	17,340	-	305,441	-	-	242,119	74.03%
24	Subtotal	2,897,307	56,250	-	-	16,977	1,257	98,587	-	2,723,992	-	244	2,138,941	73.83%
25	Medicare Part A	1,411	-	-	-	-	-	-	-	1,411	-	-	1,019	72.23%
26	Medicare Part B	141,648	4,332	-	-	-	-	-	-	121,249	-	16,067	91,922	64.89%
27	Medicare Part D	51,070	-	-	-	-	-	-	-	-	-	51,070	-	0.00%
28	Subtotal	194,129	4,332	-	-	-	-	-	-	122,659	-	67,137	92,941	47.88%
29	Utilization Review	2,800	-	-	-	-	-	-	2,800	-	-	-	2,100	75.00%
30	Health Information Technology	8,000	8,000	-	-	-	-	-	-	-	-	-	8,000	100.00%
31	Contracts	1,970	-	-	-	-	-	-	-	376	1,595	-	1,068	54.23%
32	Subtotal	12,770	8,000	-	-	-	-	-	2,800	376	1,595	-	11,168	87.46%
33	Health Insurance Providers Fee	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!
34	Subtotal	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!
34	Medicaid Expansion - Physical Health	1,302,027	24,685	549,600	727,741	-	-	-	-	-	-	-	1,218,109	93.55%
35	Medicaid Expansion - Behavioral Health	126,580	1,689	53,818	71,072	-	-	-	-	-	-	-	118,376	93.52%
36	Subtotal	1,428,606	26,375	603,418	798,813	-	-	-	-	-	-	-	1,336,484	93.55%
37														
38														
39	Centennial Care 2.0 Initiatives	9,007	-	-	-	9,007	-	-	-	-	-	-	8,072	90.00%
40														
41														
42	Grand Total	5,660,534	264,480	642,418	841,063	28,334	1,315	104,503	7,580	3,699,226	4,133	67,482	4,461,725	78.82%

	FY 19	HSD	Changes From
	Budget Request	Projection	Previous
46 State Share Revenues:			
47 Department of Health (Line 18 & 19) ¹⁰	103,616	103,616	-
48 Department of Health Additional Need /Surplus	-	2,895	2,895
49 Department of Health for Early Intervention	7,662	7,662	-
50 Department of Health for FQHCs	560	560	(0)
51 Department of Health for EC	1	1	-
52 Children, Youth and Families	-	-	-
53 County Supported Medicaid Fund	26,176	26,176	(0)
54 Tobacco Settlement Revenue, Base	26,319	8,319	(18,000)
55 Tobacco Settlement Revenue	-	-	-
56 UNM IGT	42,347	42,347	-
57 UNM IGT Additional Revenue	-	-	-
58 Total Operating Transfers In	206,683	191,577	(15,105)
59			
60 Physician UPL UNM	1,605	1,605	(0)
61 Safety Net Care ¹²	-	-	-
62 County Supported Hospital Payments ¹²	22,585	22,585	0
63 Additional County Supported Hospital Payments ¹³	-	-	-
64 Miner's Colfax ¹⁵	1,036	1,036	-
65 SB 42 Inpatient Services-Counties ¹⁶	-	-	-
66 Drug Rebates	33,265	33,265	0
67 Fraud	872	872	-
68 Income Diversions Trust	486	486	-
69 Buy-In Recovery	215	215	-
70 Cost Settlement	500	500	-
71 Estate Recovery	9	9	-
72 HHS-RAC-TPL/Subrogation	-	-	-
73 Total Other Revenues	60,573	60,573	0
74			
75 General Fund Need	-	929,325	(54,613)
76 FY2019 Executive Budget Recommendation	-	953,237	37,600
77 General Fund Over/Under FY2019 Exec. Budget Recommendation	-	23,912	92,213
78 FY2018 Appropriation	-	915,637	-
79 General Fund Over/Under FY2018 Appropriation	-	(13,688)	54,613

PROJECTED REVENUES	
Federal Revenues	4,461,725
Federal Disallowance ¹¹	-
IHS Referrals at 100% FFP	4,197
MSBS CPE ¹⁴	13,137
All State Revenues	1,181,475

- Notes:
- HIT, IHS, QI-1 Medicare Part B premiums, Refugees are eligible for 100% FFP.
 - Under ACA, the Medicaid Expansion population will be federally funded 94% in CY2018 and 93% in CY2019.
 - Health Homes, sterilization and family planning service costs are eligible for 90% FFP.
 - Breast and cervical cancer (BCC) program with enhanced FMAP.
 - CHIP is a Title XXI program with enhanced FMAP. CHIP was reauthorized on 1/22/2018. Medicaid is expected to receive 100% match for CHIP kids through FFY2019.
 - Utilization review is federally matched at 75%; admin. expenses.
 - Title XIX expenditures with regular FMAP. The Final FFY2019 FMAP was based on the revised estimates of per capita income, as released by the Bureau of Economic Analysis on September 26, 2017.
 - Administration expenditures are eligible for 50% FFP.
 - Pregnancy termination, special needs and state only buy-in for Medicare Part B and all Medicare Part D buy-ins (Claw back) expenditures are not eligible for federal financial participation.
 - DOH for Medicaid DD, MF and Mi Via waiver services; projected revenue is without the 3% for admin.
 - There is a placeholder for potential federal disallowances.
 - The sum of lines 61 and 62 is the 1/12th% of the gross receipts tax contributed by the counties to support the Safety Net Care Pool and Hospital Payments.
 - This line represents the additional county support to fully fund the Safety Net Care Pool.
 - Starting from FY16, school districts will contribute the state share of Medicaid School-Based Services through Certified Public Expenditures.
 - Miner's Colfax hospital will contribute the state share of Safety Net Care Pool supplemental payments. The current estimate is for services provided in CY2018.
 - SB 42 stated that counties will contribute the state share of payments for fee-for-service inpatient services for their respective incarcerated populations.