Medicaid Enrollment Projection for SFY 2018 - SFY 2020

				Medicaid Base Pop	ulation & CHIP			Medicaid Expans	ion (FFS & MCO)	All Me	edicaid & CHIP	
		Full B		Family Planning	QMBs	SLIMBs &QI1s	Estimated Total Base Population				Change from	Month Over Month
	nth-Year	Reported 1	Estimated ²	Estimated ¹	Estimated 1	Estimated 1	(D+E+F+G)	Reported 1	Estimated ²	Estimated (H+J)	Prior Projection	Change
Α	В	С	D	E	F	G	Н	I	J	K	L	M
	Jul-17	515,182	515,146	83,601	25,565	10,334	634,646	263,538	263,560	898,206	(244)	(6,855)
	Aug-17	508,802	508,686	82,209	25,199	10,175	626,269	259,264	259,287	885,556	(336)	(12,651)
	Sep-17	498,398	498,383	76,648	25,536	10,185	610,752	252,614	252,635	863,387	(403)	(22,169)
	Oct-17	498,083	498,084	76,286	25,347	10,311	610,028	253,594	253,612	863,639	(548)	253
2018	Nov-17	496,830	496,838	75,632	24,963	10,229	607,662	254,644	254,655	862,317	(668)	(1,323)
	Dec-17	495,910	496,102	75,775	24,648	10,381	606,906	256,532	256,529	863,435	(778)	1,118
SFY	Jan-18	497,176	497,343	75,853	24,148	10,479	607,823	258,577	258,561	866,384	(792)	2,949
တ	Feb-18	494,787	495,097	75,374	23,669	10,425	604,565	258,075	258,048	862,613	(779)	(3,770)
	Mar-18	493,807	494,196	75,105	23,435	10,546	603,282	257,883	257,855	861,137	(743)	(1,476)
	Apr-18	492,454	492,940	73,922	22,722	10,672	600,256	258,605	258,577	858,833	(777)	(2,304)
	May-18	489,276	489,868	73,109	22,367	10,734	596,077	256,310	256,279	852,356	(1,060)	(6,477)
	Jun-18	485,596	486,456	72,611	21,944	10,662	591,673	254,268	254,265	845,937	(1,858)	(6,419)
	Jul-18	482,990	484,276	71,977	21,342	10,694	588,289	252,288	252,484	840,773	(3,031)	(5,164)
	Aug-18	480,648	482,834	71,899	21,065	10,778	586,577	251,258	251,796	838,372	(10,437)	(2,401)
	Sep-18	475,162	480,421	71,037	20,817	10,765	583,040	248,777	250,571	833,611	(17,650)	(4,761)
_	Oct-18		487,630	71,099	20,825	10,788	590,342		254,138	844,480	(8,546)	10,869
13	Nov-18		488,558	71,148	20,865	10,831	591,402		254,350	845,752	(8,798)	1,272
SFY 2019	Dec-18		489,544	71,210	20,914	10,884	592,552		254,568	847,120	(9,144)	1,368 (338)
Έ	Jan-19		490,496	69,638	20,930	10,937	592,001		254,781	846,782	(11,006)	
0,	Feb-19		491,346	67,668	20,945	10,990	590,949		254,970	845,919	(13,348)	(863) 120
	Mar-19		492,252	66,568	20,951	11,043 11,096	590,814		255,225	846,039	(14,751)	(591)
	Apr-19		493,269	64,674	20,952		589,991		255,457	845,448	(17,032)	(484)
	May-19 Jun-19		494,097 494,879	63,100 62,045	20,984 21,009	11,149 11,202	589,330 589,135		255,634 255,832	844,964 844,967	(18,979)	(404)
	Jun-19 Jul-19		494,879	62,045	21,009	11,202	588,225		255,832	844,967 844,270	(20,313) (21,265)	(697)
	Aug-19		496,591	58,922	21,057	11,134	587,746		256,045 256,257	844,003	(22,285)	(267)
	Sep-19		490,391	57,098	21,139	11,154	586,688		256,473	843,161	(24,136)	(842)
	Oct-19		498,183	55,856	21,139	11,174	586,408		256,672	843,080	(25,021)	(81)
	Nov-19		498,764	54,434	21,195	11,174	585,632		256,938	842,570	(26,390)	(510)
2020	Dec-19		499,700	52,736	21,282	11,189	584,907		257,192	842,099	(27,690)	(471)
7.2	Jan-20		500,252	52,738	21,336	11,169	585,557		257,192 257,534	843,091	(27,583)	992
SFY	Feb-20		500,252	52,700	21,367	11,258	586,297		257,645	843,942	(27,503)	851
"	Mar-20		500,942	52,748	21,424	11,252	587,252		257,769	845,021	(27,218)	1,079
	Apr-20		501,626	52,746	21,424	11,248	587,779		257,769	845,759	(27,242)	738
	May-20		502,326	52,723	21,538	11,250	588,564		258,190	846,754	(27,068)	995
	Jun-20		503,731	52,746 52,771	21,593	11,254	589,349		258,391	847,740	(26,903)	986
igsquare	Jun-20		503,731	52,771	21,593	11,254	509,349		200,391	047,740	(20,903)	900

Updated:10/24/2018

Notes

Data Sources:

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

^{1.} From July 2017 to September 2018 the reported enrollments for the full benefit base, expansion populations and partial benefit populations are based on the September 2018 Monthly Eligibility Report, adjusting for the estimated number of clients with duplicate COEs (COE 100 and other COEs) and anticipated retroactive enrollment.

^{2.} From October 2018 to June 2020 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.

Medicaid Enrollment Projection for SFY 2018 - SFY 2020

				Е	stimated Mem	ber Months i	n Centennial (Care Manage	d Care Organ	izations (CC I	MCO)		
		P	hysical Healt		Long Term	Services and	l Supports	Med	dicaid Expans		-	Total CC MCO	
				Change			Change			Change			Change from
Мо	onth-Year	(Prior)	(Current)	from Prior	(Prior)	(Current)	from Prior	(Prior)	(Current)	from Prior	(Prior)	(Current)	
	Jul-17	410,210	410,261	51	49,837	49,885	48	235,783	235,812	29	695,830	695,958	128
	Aug-17	405,163	405,233	70	49,534	49,590	56	232,265	232,302	37	686,962	687,125	163
	Sep-17	398,633	398,657	24	49,282	49,354	72	225,829	225,864	35	673,744	673,874	130
	Oct-17	397,540	397,557	17	48,465	48,554	89	227,071	227,074	3	673,076	673,185	109
	Nov-17	396,790	396,772	(18)	48,368	48,459	91	228,189	228,140	(49)	673,347	673,372	25
SFY 2018	Dec-17	396,323	396,283	(40)	48,281	48,377	96	230,018	229,959	(59)	674,622	674,619	(4)
7.2	Jan-18	398,548	400,542	1,994	48,274	48,092	(182)	232,124	229,114	(3,010)	678,946	677,748	(1,198)
Ϋ́	Feb-18	397,421	399,076	1,655	48,252	48,162	(90)	231,591	228,882	(2,709)	677,264	676,119	(1,145)
"	Mar-18	397,111	398,663	1,552	48,149	48,325	176	231,838	228,950	(2,888)	677,098	675,938	(1,160)
	Apr-18	396,361	398,710	2,349	48,389	48,460	71	232,814	230,151	(2,663)	677,564	677,321	(243)
	May-18	394,192	396,485	2,293	48,339	48,427	88	230,978	228,312	(2,666)	673,509	673,224	(285)
	Jun-18	391,787	393,914	2,127	48,390	48,272	(118)	229,660	226,673	(2,987)	669,837	668,859	(978)
	Total MM	4,780,079	4,792,153	12,074	583,560	583,956	396	2,768,160	2,751,232	(16,928)	8,131,799	8,127,341	(4,458)
	Jul-18	388,440	389,989	1,549	48,491	48,457	(34)	228,043	227,408	(634)	664,974	665,854	881
	Aug-18	391,087	389,561	(1,527)	48,592	48,634	42	229,423	227,297	(2,126)	669,102	665,492	(3,610)
	Sep-18	392,739	388,561	(4,178)	48,693	48,849	156	230,305	226,617	(3,688)	671,737	664,027	(7,710)
	Oct-18	393,894	392,253	(1,641)	48,795	48,914	120	230,689	230,040	(649)	673,377	671,207	(2,170)
	Nov-18	394,550	392,743	(1,807)	48,896	48,996	100	231,074	230,328	(746)	674,520	672,066	(2,453)
2019	Dec-18	395,208	393,234	(1,974)	48,998	49,077	79	231,459	230,616	(843)	675,665	672,927	(2,738)
۲ 2	Jan-19	395,867	393,725	(2,141)	49,100	49,159	59	231,844	230,904	(941)	676,811	673,789	(3,022)
SFY	Feb-19	396,526	394,218	(2,309)	49,202	49,241	39	232,231	231,192	(1,038)	677,960	674,651	(3,308)
"	Mar-19	397,187	394,710	(2,477)	49,305	49,323	18	232,618	231,481	(1,136)	679,110	675,515	(3,595)
	Apr-19	397,849	395,204	(2,645)	49,408	49,405	(2)	233,006	231,771	(1,235)	680,262	676,380	(3,882)
	May-19	398,512	395,698	(2,814)	49,511	49,488	(23)	233,394	232,061	(1,333)	681,417	677,246	(4,171)
	Jun-19	399,176	396,192	(2,984)	49,614	49,570	(43)	233,783	232,351	(1,432)	682,573	678,113	(4,460)
	Total MM	4,741,036	4,716,088	(24,948)	588,604	589,115	511	2,777,868	2,762,066	(15,802)	8,107,507	8,067,269	(40,239)
	Jul-19	399,509	396,440	(3,069)	49,717	49,653	(64)	233,978	232,496	(1,482)	683,204	678,589	(4,615)
	Aug-19	399,842	396,688	(3,154)	49,821	49,736	(85)	234,173	232,641	(1,532)	683,835	679,065	(4,771)
	Sep-19	400,175	396,936	(3,239)	49,924	49,819	(106)	234,368	232,787	(1,581)	684,467	679,541	(4,927)
	Oct-19	400,509	397,184	(3,325)	50,028	49,902	(127)	234,563	232,932	(1,631)	685,100	680,017	(5,083)
0	Nov-19	400,842	397,432	(3,410)	50,133	49,985	(148)	234,759	233,078	(1,681)	685,734	680,494	(5,239)
2020	Dec-19	401,176	397,680	(3,496)	50,237	50,068	(169)	234,954	233,223	(1,731)	686,368	680,972	(5,396)
Υ 2	Jan-20	401,511	397,929	(3,582)	50,342	50,152	(190)	235,150	233,369	(1,781)	687,003	681,450	(5,553)
SFY	Feb-20	401,845	398,178	(3,668)	50,447	50,235	(212)	235,346	233,515	(1,831)	687,638	681,928	(5,710)
"	Mar-20	402,180	398,427	(3,754)	50,552	50,319	(233)	235,542	233,661	(1,881)	688,274	682,406	(5,868)
	Apr-20	402,515	398,676	(3,840)	50,657	50,403	(254)	235,738	233,807	(1,932)	688,911	682,885	(6,026)
	May-20	402,851	398,925	(3,926)	50,763	50,487	(276)	235,935	233,953	(1,982)	689,548	683,364	(6,184)
	Jun-20	403,187	399,174	(4,012)	50,868	50,571	(298)	236,131	234,099	(2,032)	690,186	683,844	(6,342)
	Total MM	4,816,143	4,773,668	(42,475)	603,489	601,327	(2,161)	2,820,637	2,799,561	(21,077)	8,240,269	8,174,555	(65,713)

Updated: 10/24/2018

Medicaid Children Enrollment Projection for SFY 2018-2020

- 1	Month-Year	Reported	Projected	Change from Prior Projection	Month Over Month Change
Α	В	С	D	E	F
	Jul-17	387,481	387,509	(152)	(2,807)
	Aug-17	382,575	382,629	(170)	(4,879)
	Sep-17	375,612	375,692	(179)	(6,938)
	Oct-17	375,461	375,564	(192)	(128)
8	Nov-17	374,692	374,815	(220)	(749)
50	Dec-17	374,493	374,652	(252)	(163)
SFY 2018	Jan-18	375,573	375,779	(274)	1,126
S	Feb-18	374,008	374,266	(367)	(1,512)
	Mar-18	373,163	373,477	(444)	(790)
	Apr-18	371,792	372,166	(471)	(1,311)
	May-18	369,014	369,464	(482)	(2,703)
	Jun-18	365,750	366,315	(559)	(3,149)
	Jul-18	362,897	363,723	288	(2,593)
	Aug-18	361,339	362,667	(3,985)	(1,056)
	Sep-18	357,033	360,385	(7,769)	(2,282)
	Oct-18		365,793	(3,346)	5,408
19	Nov-18		366,489	(4,026)	696
SFY 2019	Dec-18		367,229	(4,481)	740
Ŧ	Jan-19		367,943	(5,085)	714
တ	Feb-19		368,581	(5,389)	638
	Mar-19		369,260	(5,669)	680
	Apr-19		370,023	(5,747)	763
	May-19		370,644	(5,900)	621
	Jun-19		371,231	(6,053)	587
	Jul-19		371,880	(5,554)	649
	Aug-19		372,515	(5,679)	635
	Sep-19		373,045	(5,789)	530
	Oct-19		373,709	(5,199)	665
70	Nov-19		374,145	(5,603)	436
SFY 2020	Dec-19		374,847	(5,743)	702
Ŧ	Jan-20		375,261	(6,073)	414
S	Feb-20		375,779	(5,676)	518
	Mar-20		376,444	(5,182)	665
	Apr-20		376,819	(5,017)	375
	May-20		377,345	(4,616)	527
	Jun-20		377,871	(4,282)	526

Updated: 10/24/2018

- 1. Medicaid Children are defined as any client less than age 21, regardless of category of eligibility.
- 2. The reported enrollment from July 2017 to September 2018 is based on the Monthly Eligibility Report released September 2
- 3. The estimated enrollments for the months from July 2017 to September 2018 were based on Monthly Eligibility Report released in September 2018 and adjusted for expected retroactive enrollments. The 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.

Expenditures FY 18 Budget Projection Lag Model with Actual Data Thru September 2018 (\$000s)

				Title XIX &	Title XXI		FY 18 TOTAL				
		FY 17 Title XIX &	FY 18 %	Adj. Actual	Actual Paid		Medicaid	% Change	June 2018 Data	Change from	
No.	Description	XXI Projection	Completion	Paid YTD	YTD	Others	Projection	from FY 17	Projection	Previous	No.
Α	В	С	D	E	F	G	Н	l l	J	K	L
1	Inpatient Hospital	72,789	89.54%	74,205	315	-	83,225	14.34%	87,453	(4,228)	1
2	DSH/GME/IME	139,001	93.38%	130,441	-	139,682	139,682	0.49%	139,311	372	2
3	Safety Net Care Pool/HQII Pool	76,248	100.00%	77,715	-	77,715	77,715	1.92%	77,715	-	3
4	Physician Services	38,566	96.84%	37,430	413	5,820	39,076	1.32%	39,057	20	4
5	IHS Hospital	118,402	95.95%	117,707	-	-	122,673	3.61%	123,487	(814)	5
6	ICF IDD	26,933	99.05%	28,064	-	-	28,334	5.20%	28,489	(155)	6
7	Clinic Services	53,268	36.18%	18,032	1,561	34,500	54,150	1.65%	54,323	(173)	7
8	Federal Qualified Health Centers	3,887	85.04%	3,978	103	678	4,799	23.47%	4,810	(10)	8
9	Other Practitioners	31,530	99.12%	31,935	1,192	-	33,421	6.00%	32,970	451	9
10	Outpatient Hospital	40,808	98.82%	41,942	481	-	42,929	5.20%	43,051	(122)	10
11	BH FFS	36,626	97.52%	36,943	622	-	38,522	5.18%	38,815	(293)	11
12	Others	54,860	98.52%	55,599	1,423	(4,379)	57,880	5.51%	59,011	(1,131)	
13	Fee-For-Service Subtotal	692,919	91.37%	653,989	6,110	254,017	722,406	4.26%	728,490	(6,084)	13
14	DD & MF Traditional, and Mi Via Waivers	365,794	98.58%	379,675	-	3,734	385,162	5.29%	385,173	(11)	14
15	Waivers Subtotal	365,794	98.58%	379,675	-	3,734	385,162	5.29%	385,173	(11)	15
16	CC - Physical Health	1,504,506	98.46%	1,383,444	75,895	22,985	1,482,165	-1.48%	1,489,909	(7,744)	16
17	CC - LTSS	1,077,421	98.32%	1,027,987	1,202	14,619	1,046,779	-2.84%	1,044,432	2,347	17
18	CC - Behavioral Health	346,273	98.65%	304,548	16,034	3,972	324,956	-6.16%	329,599	(4,643)	18
19	CC Medicaid Expansion-Physical Health	1,258,426	97.36%	1,230,948	-	19,342	1,264,328	0.47%	1,276,811	(12,483)	19
20	CC Medicaid Expansion-Behavioral Health	112,623	97.83%	117,376	-	2,503	119,985	6.54%	119,355	630	20
21	Rate Increase for Primary Care Services	234		-	-	-	-	-100.00%	-	-	21
22	Health Insurance Providers Fee	-	0.00%	-	-	88,338	91,187		91,187	-	22
23	Centennial Care MCO Subtotal	4,299,483	96.03%	4,064,304	93,131	151,759	4,329,400	0.70%	4,351,293	(21,893)	23
24	Medicare Part A	1,710	100.00%	1,461	-	-	1,461	-14.57%	1,461	-	24
25	Medicare Part B	131,716	100.00%	140,536	-	-	140,536	6.70%	140,536	-	25
26	Medicare Part D	43,958	100.00%	48,819	-	-	48,819	11.06%	48,819	-	26
27	Medicare Subtotal	177,384	100.00%	190,815	-	-	190,815	7.57%	190,815	-	27
28	Health Information Technology	23,733	100.00%	13,422	-	13,422	13,422	-43.45%	20,000	(6,578)	28
29	Utilization Review & Contracts	4,268	82.06%	3,485	-	4,247	4,247	-0.50%	4,247	-	29
30	Prior Year Charged to Current	43,502		-	-	-	-	-100.00%	-	-	30
	Current Year Charged to Future	-		-	-	-	-		-	-	31
32				-							32
33	Grand Total	5,607,083	95.74%	5,305,690	99,241	427,178	5,645,452	0.68%	5,680,018	(34,566)	33

Expenditures
FY 18 Budget Projection Lag Model with Actual Data Thru September 2018 (\$000s)

FY18

- 1. (Line 7) Clinic Services consists primarily of Medicaid School-Based Services (MSBS) with small amounts also going to clinics providing a variety of services.
- 2. (Line 12) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning, Ambulance, and PACE.
- 3. (Line 14) DD, Mi Via, and MF Waivers includes expenditures from FY17 that exceed the budget.
- 4. (Lines 16-22, Column E) Actual YTD payments are from the MCO database, instead of Share Accounting Detailed File (SADF), because SADF doesn't show payments by programs.
- 5. (Lines 16-22, Column G) Others under the managed care projection lines reflect retroactive eligibility reconciliation and Medicaid Expansion risk corridor for CY16, Hepatitis-C reconciliation and other adjustments.
- 6. (Lines 18 and 20) Health Home budget has been built into the MCO rates starting from April 2016 for the Behavior Health program for both Medicaid Traditional and Expansion population, so the expenditures on Health Home is not separately stated.
- 7. (Line 22) Health Insurance Providers Fee was suspended for the 2016 data year, but was resumed for data year 2017.

STATE OF NEW MEXICO

HUMAN SERVICES DEPARTMENT **Revenue Sources** FY 18 Budget Projection Lag Model with Actual Data Thru September 2018 (\$000s) **Medical Assistance Division**

			Federal M	edicaid Exp	enditure Type	and Fede	eral Financi	al Partici	pation (FFP) I	Rates					
No. Description	FY 18 Projection	HIT, IHS, Refugees, Medicaid Expansion (100% FFP) ¹	Medicaid Expansion (95% FFP) ¹	Medicaid Expansion (94% FFP)²	Health Homes, Sterilization & Family Planning Services (90% FFP) ²	Breast & Cervical Cancer (EFMAP) ³	Title XXI CHIP (EFMAP) ⁴	Utilization Review and Other Admin. (75% FFP) ⁵	Title XIX Medicaid (FMAP) ⁶	Admin and Fees (50% FFP) 7	Non-FFP Expenses (0% FFP) ⁸	Federal Revenues	State Revenues	% of Composite Federal Share	No.
АВ	С	D	E	F	G	Н	l l	J	K	L	М	N	0	P	Q
1 Inpatient Hospital	83,225	12,158	8,745	15,865	191	-	352	-	45,915	-	-	68,985	14,241	82.89%	1
2 Safety Net Care Pool/HQII Pool	77,715	-	-	-	-	-	-	-	77,715	-	-	56,079	21,636	72.16%	2
3 DSH/GME/IME	139,682	-	-	-	-	-	-	-	139,601	-	82	100,736	38,946	72.12%	3
4 Physician Services	39,076	2,238	3,427	5,625	-	20	429	-	27,273	-	65	30,872	8,205	79.00%	4
5 IHS Hospital	122,673	122,673	-	-	-	-	-	-	-	-	-	122,673	-	100.00%	5
6 ICF IDD	28,334	-	196	402	-	-	-	-	27,736	-	-	20,521	7,813	72.42%	6
7 Clinic Services	54,150	-	195	186	-	-	1,566	-	52,182	-	21	39,566	14,583	73.07%	7
8 Federal Qualified Health Centers	4,799	2	431	555	-	0	104	-	3,706	-	-	3,707	1,092	77.25%	
9 Other Practitioners	33,421	23	360	506	-	0	1,202	-	31,329	-	-	24,598	8,823	73.60%	
10 Outpatient Hospital	42,929	3,059	4,399	7,274	-	118	487	-	27,592	-	-	34,524	8,405	80.42%	10
11 BH FFS	38,522	15,158	1,621	2,067	1	1	629	-	19,040	-	7	32,978	5,544	85.61%	11
12 Others	57,880	3,314	6,205	7,823	1,582	8	1,430	-	37,488	-	30	46,378	11,502	80.13%	12
13 Fee-For-Service Subtotal	722,406	158,625	25,579	40,303	1,773	147	6,198	-	489,578	-	204	581,617	140,789	80.51%	13
14 DD & MF Traditional, and Mi Via Waiver	385,162	-	-	-	-	-	-	5,471	377,239	2,453	-	276,758	108,404	71.85%	14
15 Waivers Subtotal	385,162	-	-	-	-	-	-	5,471	377,239	2,453	-	276,758	108,404	71.85%	15
16 CC - Physical Health	1,482,165	43,619	-	-	15,757	706	75,895	-	1,346,188	-	-	1,102,241	379,925	74.37%	16
17 CC - LTSS	1,046,779	12,991	-	-	-	222	1,205	-	1,032,361	-	-	756,694	290,085	72.29%	17
18 CC - Behavioral Health	324,956	3,972	-	-	1,220	81	16,034	-	303,649	-	-	239,508	85,448	73.70%	18
19 CC Medicaid Expansion-Physical Health	1,264,328	30,554	608,905	624,868	-	-	-	-	-	-	-	1,196,390	67,937	94.63%	19
20 CC Medicaid Expansion-Behavioral Healt	119,985	2,503	55,011	62,471	-	-	-	-	-	-	-	113,486	6,499	94.58%	20
21 Rate Increase for Primary Care Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21
22 Health Insurance Providers Fee	91,187	-	35,782	-	-	-	2,849	-	52,556	-	-	74,191	16,996	81.36%	-
23 Centennial Care MCO Subtotal	4,329,400	93,639	699,698	687,339	16,977	1,009	95,983	-	2,734,754	-	-	3,482,510	846,890	80.44%	- 1
24 Medicare Part A	1,461	-	-	-	-	-	-	-	1,461	-	-	1,050	410	71.91%	
25 Medicare Part B	140,536	4,802	-	-	-	-	-	-	118,332	-	17,401	89,888	50,647	63.96%	
26 Medicare Part D	48,819	-	-	-	-	-	-	-	-	-	48,819	-	48,819	0.00%	
27 Medicare Subtotal	190,815	4,802	-	-	-	-	-	-	119,792	-	66,220	90,939	99,876	47.66%	-
28 Health Information Technology	13,422	13,422	-	-	-	-	-	-	-	-	-	13,422	-	100.00%	28
29 Utilization Review & Contracts	4,247	-	-	-	-	-	-	2,088	-	2,159	-	2,645	1,601	62.29%	
30 Prior Year Charged to Current	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30
31 Current Year Charged to Future	-	-	-	-	-	-	-	-	-	-	-	-	-	-	31
32															32
33 Grand Total	5,645,452	270,489	725,277	727,642	18,750	1,155	102,182	7,559	3,721,362	4,612	66,424	4,447,891	1,197,561	78.79%	33

Revenue Sources FY 18 Budget Projection Lag Model with Actual Data Thru September 2018 (\$000s)

NI -	Shake Chara Barrara	FY 18 Op.	Billed	Collection	UCD Duningtion	Change from	DDOLECTED DEVENUES
	State Share Revenues:	Budget	Amount	YTD	HSD Projection	Previous	PROJECTED REVENUES
	Department of Health (Line 14 $\&$ 15) 9	104,216	107,004	107,004	107,004	-	Medicaid Projection 5,
35	Department of Health Additional Need /(Surplus)	16			-	-	Federal Revenues 4,
36	Department of Health for Early Intervention	8,292	8,100	8,100	8,100	(192)	Federal Disallowance ¹⁰
37	Department of Health for FQHCs	560	462	462	462	(98)	MSBS CPE ¹³
38	Department of Health for EC	1			-	-	IHS Referral 100% FFP
39	County Supported Medicaid Fund	28,515	28,420	28,420	28,420	(95)	All State Revenues 1,
40	Tobacco Settlement Revenue, Base	29,319	26,818	26,818	26,818	-	
41	Tobacco Settlement Revenue	-			-	-	Notes:
42	UNM IGT	44,482	40,600	40,600	40,600	-	1. HIT, IHS, QI-1 Medicare Part B premiums, Refugees,
43	Total Operating Transfers In	215,386	211,404	211,404	211,404	(386)	FFP. Under ACA, the Medicaid Expansion population v
44							CY2017, and 94% in CY2018.
45							2. Health Homes, sterilization and family planning serv
46	Physician UPL UNM	1,681	1,634	1,634	1,634	28	3. Breast and cervical cancer (BCC) program receives en
47	Safety Net Care Pool (SNCP) 11	22,790	23,670	23,670	23,670	-	4. CHIP is a Title XXI program with enhanced FMAP. FY
48	SNCP (Additional Hospital Payments) 12	-		-	-	-	as authorized by the ACA.
49	Miner's Colfax 14	500		-	-	-	5. Utilization review and some other admin. Expenses
50	County Contribution for Incarcerated Population	15		-	-	_	6. Title XIX expenditures with regular FMAP. The FFY 2
	Drug Rebates	28,867		34,822	34,822	(4,977)	published on November 15, 2016.
52	Fraud	872		937	937	0	7. Administration expenditures are eligible for 50% FFF
53	Income Diversion Trust	486		486	486	0	8. Pregnancy termination, special needs, state only buy
54	Buy-In Recovery	215		15	15	(200)	D buy-ins (Claw back) expenditures are not eligible for
55	Cost Settlement	500		705	705	(0)	9. DOH appropriation is for Medicaid DD traditional an
56	Estate Recovery	9		237	237	(0)	revenue is without the 3% for admin. Medically Fragile
57	Miscellaneous Revenue	-		219	219	12	HSD budget in FY18.
58	HMS-RAC-TPL/Subrogation	500		-	-	-	10. Includes potential disallowance for 100% IHS referr
59	Total Other Revenues	56,420	25,304	62,724	62,724	(5,136)	11. This is 1/12 th % of the gross receipts tax contribut
60							Net Care Pool and Hospital Payments.
61	General Fund Need				912,518	4,684	12. This line represents the additional county support
62							13. Starting from FY16, school districts will contribute t
63	FY 2018 Appropriation	915,637			915,637	-	Services (MSBS) through Certified Public Expenditures
64							14. Miner's Colfax hospital will contribute the state sha
65	State Revenue Surplus / (Shortfall)				3,119	(4,684)	15. Senate Bill 42 stated that counties will contribute t
66	Reversion				(2,315)		inpatient services for their respective incarcerated pop
67	State Revenue Surplus / (Shortfall) After Reversi	on			804		16. The DOH shortfall includes \$3.3 million in expendit

PROJECTED REVENUES	i	Change from Previous
Medicaid Projection	5,645,452	(34,566)
Federal Revenues	4,447,891	(30,587)
Federal Disallowance 10	(3,100)	(3,100)
MSBS CPE 13	14,015	(40)
IHS Referral 100% FFP	-	-
All State Revenues	1,186,646	(838)

- s, and Medicaid Expansion are eligible for 100% will be federally funded 100% in CY2016, 95% in
- rvice costs are eligible for 90% FFP.
- enhanced FMAP.
- FY17 will have 100% FFP with the 23% increase
- es are federally matched at 75%.
- 2018 FMAP is from the Federal Register
- uy-in for Medicare Part B and all Medicare Part
- and Mi Via waiver services only; projected ile waiver appropriation of \$1.4 million is in the
- uted by the counties to support the Safety
- t to fully fund the Safety Net Care Pool.
- the state share of Medicaid School Based es (CPE).
- hare of SNCP supplemental payments.
- the state share of payments for fee-for-service opulations.

litures (\$0.95 million GF) from FY2017. DOH received a supplemental of \$2 million. DOH also transferred \$2.4 million from fund balance to cover their shortfall. SFY2016 GF surplus of \$387,670 is transferred into SFY2018 instead of SFY2017.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

<u>Expenditures</u> <u>FY 19 Budget Projection Lag Model with Actual Data Thru September 2018 (\$000s)</u>

				Title XIX &	Title XXI		FY 19 TOTAL				
		FY 18 Title XIX &	FY 19 %	Others Actual	Actual Paid	Others	Medicaid	% Change	June 2018 Data	Change from	
No.	Description	XXI Projection	Completion	Paid YTD	YTD	Projection	Projection	from FY 18	Projection	Previous	No.
Α	В	C	D	E	F	G	Н	1	J	K	L
1	Inpatient Hospital	83,225	11.75%	10,218	20	-	87,138	4.70%	88,192	(1,054)	1
2	DSH/GME/IME	139,682	3.41%	4,750	-	139,311	139,311	-0.27%	139,311	-	2
3	Safety Net Care Pool/HQII Pool	77,715	0.00%	-	-	80,901	80,901	4.10%	80,901	-	3
4	Physician Services	39,076	14.24%	5,515	71	5,525	39,217	0.36%	39,347	(130)	4
5	IHS Hospital	122,673	18.83%	23,645	-	-	125,541	2.34%	126,328	(787)	5
6	ICF IDD	28,334	19.39%	5,948	-	-	30,681	8.28%	29,889	791	6
7	Clinic Services	54,150	3.30%	1,684	127	35,000	54,894	1.37%	54,851	43	7
8	Federal Qualified Health Centers	4,799	15.91%	733	19	678	4,725	-1.54%	4,921	(195)	8
9	Other Practitioners	33,421	17.35%	5,543	211	-	33,164	-0.77%	32,991	173	9
10	Outpatient Hospital	42,929	17.53%	7,582	85	-	43,737	1.88%	43,698	39	10
11	BH FFS	38,522	17.65%	6,761	105	-	38,904	0.99%	38,852	53	11
12	Others	57,880	22.91%	13,533	320	(4,000)	60,478	4.49%	59,706	772	12
13	Fee-For-Service Subtotal	722,406	11.76%	85,914	957	257,414	738,691	2.25%	738,987	(295)	13
14	DD & MF Traditional, and Mi Via Waivers	385,162	11.27%	46,072	-	15,198	408,938	6.17%	396,583	12,355	14
15	Waivers Subtotal	385,162	11.27%	46,072	-	15,198	408,938	6.17%	396,583	12,355	15
16	CC - Physical Health	1,482,165	23.22%	325,100	17,281	27,347	1,474,435	-0.52%	1,498,319	(23,884)	16
17	CC - LTSS	1,046,779	23.69%	257,110	255	15,918	1,086,566	3.80%	1,071,367	15,198	17
18	CC - Behavioral Health	324,956	22.88%	75,903	3,725	4,369	348,079	7.12%	342,679	5,400	18
19	CC Medicaid Expansion-Physical Health	1,264,328	22.14%	286,562	-	22,398	1,294,398	2.38%	1,300,793	(6,395)	19
20	CC Medicaid Expansion-Behavioral Health	119,985	21.92%	29,677	-	2,753	135,390	12.84%	129,897	5,493	20
21	Health Insurance Providers Fee	91,187		-	-	-	-	-100.00%	-	-	21
22	Centennial Care MCO Subtotal	4,329,400	22.95%	974,352	21,261	72,785	4,338,868	0.22%	4,343,056	(4,188)	22
23	Medicare Part A	1,461	22.49%	341	-	-	1,516	3.77%	1,571	(55)	23
24	Medicare Part B	140,536	24.64%	35,843	-	-	145,491	3.53%	144,380	1,111	24
25	Medicare Part D	48,819	24.19%	12,288	-	-	50,805	4.07%	51,549	(745)	25
26	Medicare Subtotal	190,815	24.50%	48,472	-	-	197,812	3.67%	197,500	311	26
27	Health Information Technology	13,422	11.56%	1,664	-	14,400	14,400	7.28%	8,000	6,400	27
28	Utilization Review & Contracts	4,247	11.89%	484	-	4,070	4,070	-4.15%	4,770	(700)	28
29	Centennial Care 2.0 Initiatives	-	0.00%	-	-	-	23,905		20,875	3,030	29
30	Provider Fee Increases	-		-	-	-	-		-	-	30
31											31
32	Grand Total	5,645,452	20.59%	1,156,958	22,219	363,867	5,726,685	1.44%	5,709,771	16,913	32

Expenditures
FY 19 Budget Projection Lag Model with Actual Data Thru September 2018 (\$000s)

FY19

- 1. (Line 7) Clinic Services consists primarily of Medicaid School-Based Services (MSBS) with small amounts also going to clinics providing a variety of services.
- 2. (Line 12) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning, Ambulance, PACE, and Case Management.
- 3. (Lines 16-22, Column E) Actual YTD payments are from the MCO database, instead of Share Accounting Detailed File (SADF), because SADF doesn't show payments by programs.
- 4. (Lines 16-22, Column G) Others under the managed care projection lines reflect retroactive eligibility reconciliation and Medicaid Expansion risk corridor, Hepatitis-C reconciliation and other adjustments.
- 5. (Line 21) Health Insurance Providers Fee was suspended for the 2016 data year, but was resumed for data year 2017. It is not included in the FY 19 projection.

Revenue Sources
FY 19 Budget Projection Lag Model with Actual Data Thru September 2018 (\$000s)

				Federal N	ledicaid Exp	penditure Type	and Fede	ral Financi	al Partici	pation (FFP)	Rates					
No.	Description	FY 19 Projection	HIT, IHS, Refugees (100% FFP) ¹	Medicaid Expansion (94% FFP)²	Medicaid Expansion (93% FFP)²	S P E	Breast & Cervical Cancer Program (EFMAP) ⁴		Utilization Review and Other Admin. (75% FFP) ⁶	Title XIX Medicaid (FMAP) ⁷	Admin. and Fees (50% FFP) ⁸	Non-FFP Expenses (0% FFP) ⁹	Federal Revenues	State Revenues	% of Composite Federal Share	No.
Α	В	С	D	E	F	G	Н	I	J	K	L	М	N	0	P	Q
1	Inpatient Hospital	87,138	542	18,824	20,393	265	144	173	-	46,796	-	-	71,540	15,598	82.10%	1
2	DSH/GME/IME	139,311	-	-	-	-	-	-	-	139,311	-	-	100,666	38,645	72.26%	2
3	Safety Net Care Pool/HQII Pool	80,901	-	-	-	-	-	-	-	80,901	-	-	58,459	22,442	72.26%	3
4	Physician Services	39,217	179	5,383	5,832	-	81	427	-	27,278	-	36	30,863	8,354	78.70%	4
5	IHS Hospital	125,541	125,541	-	-	-	-	-	-	-	-	-	125,541	-	100.00%	5
6	ICF IDD	30,681	-	208	225	-	-	-	-	30,248	-	-	22,256	8,425	72.54%	6
7	Clinic Services	54,894	-	240	260	-	-	1,513	-	52,861	-	19	40,177	14,717	73.19%	7
8	Federal Qualified Health Centers	4,725	-	556	602	-	-	103	-	3,464	-	-	3,688	1,037	78.05%	8
9	Other Practitioners	33,164	-	521	565	-	0	1,214	-	30,864	-	-	24,526	8,638	73.95%	9
10	Outpatient Hospital	43,737	232	7,028	7,613	-	146	483	-	28,222	-	13	34,907	8,830	79.81%	10
11	BH FFS	38,904	14,995	1,827	1,980	1	2	588	-	19,504	-	8	33,234	5,670	85.43%	11
12	Others	60,478	3,488	7,371	7,985	1,811	6	1,458	-	38,348	-	10	48,637	11,841	80.42%	12
13	Fee-For-Service Subtotal	738,691	144,977	41,959	45,456	2,077	379	5,959	-	497,797	-	87	594,495	144,196	80.48%	13
14	DD & MF Traditional, and Mi Via Waiver	408,938	-	-	-	-	-	-	5,473	401,002	2,463	-	295,033	113,906	72.15%	14
15	Waivers Subtotal	408,938	-	-	-	-	-	-	5,473	401,002	2,463	-	295,033	113,906	72.15%	15
16	CC - Physical Health	1,474,435	47,981	-	-	15,757	647	73,008	-	1,337,042	-	-	1,101,838	372,597	74.73%	16
17	CC - LTSS	1,086,566	14,290	-	-	-	122	1,060	-	1,071,094	-	-	789,421	297,145	72.65%	17
18	CC - Behavioral Health	348,079	4,369	-	-	1,220	69	14,322	-	328,099	-	-	256,929	91,150	73.81%	18
19	CC Medicaid Expansion-Physical Health	1,294,398	33,610	541,354	719,434	-	-	-	-	-	-	-	1,211,556	82,842	93.60%	19
20	CC Medicaid Expansion-Behavioral Healt	135,390	2,753	57,034	75,603	-	-	-	-	-	-	-	126,676	8,714	93.56%	20
21	Health Insurance Providers Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21
22	Centennial Care MCO Subtotal	4,338,868	103,003	598,388	795,037	16,977	838	88,389	-	2,736,235	-	-	3,486,420	852,448	80.35%	22
23	Medicare Part A	1,516	-	-	-	-	-	-	-	1,516	-	-	1,095	421	72.24%	23
24	Medicare Part B	145,491	5,570	-	-	-	-	-	-	118,566	-	21,355	91,217	54,274	62.70%	24
25	Medicare Part D	50,805	-	-	-	-	-	-	-	-	-	50,805	-	50,805	0.00%	25
26	Medicare Subtotal	197,812	5,570	-	-	=	-	-	-	120,082	-	72,159	92,312	105,500	46.67%	26
27	Health Information Technology	14,400	14,400	-	-	-	-	-	-	-	-	-	14,400	-	100.00%	27
28	Utilization Review & Contracts	4,070	-	-	-	-	-	-	2,100	-	1,970	-	2,560	1,510	62.90%	28
29	Centennial Care 2.0 Initiatives	23,905	-	-	-	-	-	-	-	23,905	-	-	18,878	5,027	78.97%	29
30	Provider Fee Increases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30
31																31
32	Grand Total	5,726,685	267,951	640,347	840,493	19,054	1,217	94,348	7,573	3,779,022	4,433	72,246	4,504,098	1,222,587	78.65%	32

						Change	1
		FY 19 Budget	Billed	Collection	HSD	from	
No.	State Share Revenues:	Appropriation	Amount	YTD	Projection	Previous	
33	Department of Health (Line 14 & 15) 10	109,632	18,741	8,105	111,102	470	
34	Department of Health Allocation Need /(Surplus) 17			(1,124)	111	
35	Department of Health Additional Need /(Surplus				3,927	2,836	
36	Department of Health for Early Intervention	7,662	1,421	736	7,662	-	
37	Department of Health for FQHCs	560	462		560	0	
38	Department of Health for EC	1	116	21	-	-	
39	County Supported Medicaid Fund	26,176	5,740	5,740	26,176	-	
40	Tobacco Settlement Revenue, Base	8,319			8,319	-	Ν
41	Tobacco Settlement Revenue	-			-	-	1
42	UNM IGT	42,347			42,347	-	2
43	Total Operating Transfers In	194,698	26,481	14,603	198,971	3,418	9
44							3
45							4
	Physician UPL UNM	1,605	386	386	1,605	0	8
47	Safety Net Care Pool (SNCP) 12	22,585	27,433	4,738	27,433	663	5
48	SNCP (Additional Hospital Payments) ¹³	-			-	-	N
49	Miner's Colfax 15	1,036			1,036	-	F
50	SB 42 Inpatient Services-Counties ¹⁶	-			-	-	6
51	Drug Rebates	33,265		5,412	33,568	303	7.
52	Fraud	872			872	-	tŀ
53	Income Diversion Trust	486			486	-	9,
54	Buy-In Recovery	215			215	-	8
55	Cost Settlement	500			500	-	9
56	Estate Recovery	9			9	-	N
57	HMS-RAC-TPL/Subrogation	-			-	-	1
58	Total Other Revenues	60,573	27,819	10,536	65,724	966	a
59							1
60	General Fund Need				941,743	(2,845)	
61							Si
	FY 2019 Appropriation				933,625	-	1
63							1
	State Revenue Surplus / (Shortfall)				(8,118)	2,845	Se
65							1

		Change from
PROJECTED REVENUES	3	Previous
Medicaid Projection	5,726,685	16,913
Federal Revenues	4,504,098	15,362
Federal Disallowance 11	-	-
MSBS CPE 14	14,149	12
IHS Referral 100% FFP	2,000	-
All State Revenues	1,206,438	1,539

- . HIT, IHS, QI-1 Medicare Part B premiums, Refugees are eligible for 100% FFP.
- 2. Under ACA, the Medicaid Expansion population will be federally funded 94% in CY2018 and 93% in CY2019.
- 3. Health Homes, sterilization and family planning service costs are eligible for 90% FFP.
- 4. Breast and cervical cancer (BCC) program receives enhanced FMAP. 80.51% in FFY2018 and 80.58% in FFY2019.
- 5. 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 and 92.37% in FFY2020.
- 6. Utilization review and some other admin. Expenses are federally matched at 75%.
- 7. Title XIX expenditures with regular FMAP. The Final FFY2019 FMAP of 72.26% was based on the revised estimates of per capita income, by the Bureau of Economic Analysis (BEA) on 9/26/2017.
- 8. Administration expenditures are eligible for 50% FFP.
- 9. 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 FFP.
- 10. DOH for Medicaid DD, MF and Mi Via waiver services; projected revenue is without the 3% for admin. \$1.47M from DDSD fund balance is barred in FY2019.
- 11. Includes potential disallowance for 100% IHS referral.
- 12. This line is the 1/12th% of the gross receipts tax contributed by the counties to support the Safety Net Care Pool and Hospital Payments.
- 13. This line represents the additional county support to fully fund the Safety Net Care Pool.
- 14. Starting in FY2016, school districts contribute the state share of Medicaid School-Based Services through Certified Public Expenditures.
- 15. 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.
- 16. SB 42 stated that counties will contribute the state share of payments for fee-for-service inpatient services for their respective incarcerated populations.
- 17. DOH surplus from \$2 million appropriation for new allocations.

STATE OF NEW MEXICO HUMAN SERVICES DEPARTMENT

Expenditures Medical Assistance Division FY 20 Budget Projection Trend Model (\$000s) FY20

		FY 19 Title XIX						_		Projected	FY 20 TOTAL		FY20	Change	
		& XXI	Projected			Δ		Δ		Lump Sum	Medicaid	% Change	Budget	from	
No.	Description	Projection	Claims		-	·=	=	Utilization	\$ Impact	& Others	Projection	from FY19	Request	Previous	No.
Α	В	С	D	E	F	G	Н	ı	J	K	L	M	N	N	0
1	Inpatient Hospital	87,138	86,965	0.00%	-	0.83%	724	0.00%	-	-	87,863	0.83%	88,937	(1,074)	1
2	DSH/GME/IME	139,311	-		-		-		-	140,979	140,979	1.20%	140,979	-	2
3	Safety Net Care Pool/HQII Pool	80,901	-		-		-		-	80,901	80,901	0.00%	80,901	-	3
4	Physician Services	39,217	33,265	0.00%	-	0.85%	282	0.00%	-	5,525	39,507	0.74%	39,640	(133)	4
5	IHS Hospital	125,541	125,541	2.40%	3,013	0.00%	-	0.00%	-	-	128,554	2.40%	129,359	(806)	5
6	ICF-IID	30,681	30,681	2.60%	797	0.00%	-	0.00%	-	-	31,477	2.60%	30,661	816	6
7	Clinic Services	54,894	18,381	0.00%	-	0.00%	-	0.00%	-	35,500	55,421	0.96%	55,380	41	7
8	Federal Qualified Health Centers	4,725	3,945	2.40%	95	0.00%	-	0.00%	-	678	4,823	2.06%	5,023	(200)	8
9	Other Practitioners	33,164	31,950	0.00%	-	0.00%	-	0.00%	-	-	33,186	0.07%	33,012	174	9
10	Outpatient Hospital	43,737	43,254	0.00%	-	0.00%	-	0.00%	-	-	43,744	0.02%	43,706	38	10
11	BH FFS	38,904	38,316	0.06%	23	0.00%	-	0.00%	-	-	38,938	0.09%	38,889	49	11
12	Others	60,478	63,020	0.00%	-	0.49%	308	0.00%	-	(4,000)	60,812	0.55%	60,046	766	12
13	Fee-For-Service Subtotal	738,691	475,318	0.83%	3,927	0.27%	1,314	0.00%	-	259,583	746,206	1.02%	746,534	(329)	13
14	DD & MF Traditional, and Mi Via Waivers	408,938	393,740	0.00%	-	1.13%	4,444	1.67%	6,640	7,831	412,656	0.91%	405,128	7,528	14
15	Waivers Subtotal	408,938	393,740	0.00%	-	1.13%	4,444	1.67%	6,640	7,831	412,656	0.91%	405,128	7,528	15
16	CC - Physical Health	1,474,435	1,374,081	0.00%	-	1.22%	16,776	2.02%	28,047	27,347	1,521,640	3.20%	1,551,766	(30,126)	16
17	CC - LTSS	1,086,566	1,069,588	0.00%	-	2.07%	22,173	1.79%	19,565	15,918	1,128,345	3.85%	1,118,140	10,205	17
18	CC - Behavioral Health	348,079	329,388	0.00%	-	1.32%	4,333	1.86%	6,202	4,369	360,972	3.70%	356,626	4,346	18
19	CC Medicaid Expansion-Physical Health	1,294,398	1,272,000	0.00%	-	1.36%	17,267	2.49%	32,050	22,398	1,343,715	3.81%	1,352,795	(9,079)	19
20	CC Medicaid Expansion-Behavioral Health	135,390	132,637	0.00%	-	1.36%	1,801	2.92%	3,931	2,753	141,122	4.23%	135,705	5,417	20
21	Health Insurance Providers Fee	-	-		-		-		-	-	-		-	-	21
22	Centennial Care MCO Subtotal	4,338,868	4,177,694	0.00%	-	1.49%	62,350	2.12%	89,795	72,785	4,495,794	3.62%	4,515,032	(19,238)	22
23	Medicare Part A	1,516	1,516	3.83%	58	0.67%	10	0.00%	-	-	1,584	4.52%	1,681	(97)	23
24	Medicare Part B	145,491	145,491	2.63%	3,833	2.93%	4,381	0.00%	-	-	153,705	5.65%	152,934	<i>771</i>	24
25	Medicare Part D	50,805	50,805	4.29%	2,182	4.52%	2,396	0.00%	-	-	55,382	9.01%	56,509	(1,127)	25
26	Medicare Subtotal	197,812	197,812	3.07%	6,073	3.33%	6,787	0.00%	-	-	210,671	6.50%	211,124	(453)	26
27	Health Information Technology	14,400	-		-		-		-	8,000	8,000	-44.44%	8,000	-	27
28	Utilization Review & Contracts	4,070	-		-		-		-	4,800	4,800	17.93%	4,800	-	28
29	Centennial Care 2.0 Initiatives	23,905	23,905	0.00%	_	0.00%	_	0.00%	-	-	64,101	168.15%	60,070	4,031	29
_	Provider Fee Increases	-	-		_		_		_	-	-			-	30
	Prior Year Charged to Current	_	_		_		_		_	_	_		_	_	31
32	The real charges to carrent														32
33	Grand Total	5,726,685	5,268,469	0.19%	10,000	1.42%	74,896	1.80%	96,436	352,999	5,942,228	3.76%	5,950,688	(8,460)	- 1
33	Grand rotar	5,720,085	3,200,409	0.15%	10,000	1.42%	74,030	1.00%	30,430	332,333	3,344,228	3.70%	3,330,088	(0,400)	33

- 1. (Line 7) Clinic Services consists primarily of Medicaid School-Based Services (MSBS) with small amounts also going to clinics providing a variety of services.
- 2. (Line 12) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning, Ambulance, PACE, and Case Management.
- 3. (Line 21) The health insurance providers fee will be paid unless Congress acts; this projection does not include this payment.
- 4. (Line 14) The FY19 expenditure projection has been updated from the July public version due to changes in replacement slots per DOH direction.

Revenue Sources
FY 20 Budget Projection Trend Model (\$000s)

FY20

Federal Medicaid Expenditure Type and Federal Financial Participation (FFP) Rates Services (90% FFP) ³ Refugees Non-FFP Expenses **Utilization Review** Admin. Title XIX Medicaid Cervical Admin. and Fees Family Planning Composite Cancer Program Revenues % of Composite Federal Share Health Homes, ø 분 **Federal Share** Sterilization ĕ **Medicaid Ex** (100% FFP) Medicaid E (EFMAP) 5 and Other (50% FFP) (93% FFP) (75% FFP) ø нп, нь, FFP) (EFMAP) Title XXI (FMAP) Breast State FY 20 %0 Projection No. Description No. Α С D Ε F G н Κ М Ν 0 Ρ Q 1 npatient Hospital 87,863 547 18,975 20,556 265 144 175 47,202 71,514 16,349 81.39% 2 DSH/GME/IME 140,979 140,979 102,506 72.71% 2 38,473 3 Safety Net Care Pool/HQII Pool 80,901 80,901 58,823 22,078 72.71% 3 Physician Services 39,507 148 5,450 5,904 81 434 27,454 36 30,944 8,563 78.33% 4 5 IHS Hospital 128,554 128,554 128,554 100.00% 5 6 ICF-IID 31,477 213 31,033 22,942 72.89% 6 231 8,535 7 Clinic Services 73.38% 7 55,421 243 264 1,540 53,355 19 40,670 14,751 8 Federal Qualified Health Centers 4,823 569 617 3,531 3,748 1,075 77.72% 106 9 Other Practitioners 33,186 525 569 0 1,236 30,856 24,573 8,613 74.05% 9 10 **Outpatient Hospital** 43,744 7,084 7,674 146 490 28,110 9,595 78.07% 10 227 13 34,149 11 BH FFS 38,938 14,835 1,870 2,026 2 599 19,598 8 33,198 5,740 85.26% 11 1 12 8,095 38,541 10 79.90% Others 60,812 3,392 7,472 1,811 6 1,484 48,590 12,222 12 13 746,206 42,402 87 Fee-For-Service Subtotal 147,703 45,935 2,077 379 6,064 501,561 600,213 145,993 80.44% 13 DD & MF Traditional, and Mi Via Waivers 412,656 404,720 72.55% 14 5,473 2,463 299,375 113,281 14 15 412,656 72.55% **Waivers Subtotal** 5,473 404,720 2,463 _ 299,375 113,281 15 CC - Physical Health 1,521,640 75,389 1,381,844 1,137,006 384,634 74.72% 16 47,981 15,757 668 16 17 CC - LTSS 1,128,345 14,290 1,102 1,112,953 823,333 305,012 72.97% 17 18 CC - Behavioral Health 360,972 4.369 1.220 71 16,680 338,632 267.099 93,873 73.99% 18 19 CC Medicaid Expansion-Physical Health 1,343,715 33,610 575,774 734.332 1,229,978 113,737 91.54% 19 20 CC Medicaid Expansion-Behavioral Health 141,122 2,753 60,882 77,487 129,112 12,010 91.49% 20 21 Health Insurance Providers Fee 21 22 **Centennial Care MCO Subtotal** 4,495,794 739 93.170 2,833,429 3,586,527 909,267 79.78% 22 103,003 636,656 811,819 16,977 23 72.59% 23 Medicare Part A 1,584 1,584 1,150 434 24 Medicare Part B 153,705 5,836 125,016 22,853 96,597 57,108 62.85% 24 25 Medicare Part D 55,382 55,382 55,382 0.00% 25 26 **Medicare Subtotal** 210,671 5,836 126,600 78,235 97.747 112,924 46.40% 26 27 Health Information Technology 8,000 8,000 8,000 100.00% 27 28 **Utilization Review & Contracts** 4,800 2,800 2,000 3,100 1,700 64.58% 28 29 29 Centennial Care 2.0 Initiatives 64,101 64,101 52,359 11.742 81.68% 30 Provider Fee Increases 30 31 31 32 **Grand Total** 5,942,228 8,273 1,294,908 78.21% 32 264,542 679,058 857,754 19,054 1,118 99,234 3,930,411 4,463 78,322 4,647,321

Revenue Sources

FY20)
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		FY20 Budget	HSD	Change From]
No.	State Share Revenues:	Request	Projection	Previous	
33	Department of Health (Line 15) 10	109,632	109,632	-	1
	Department of Health Additional Need /(Surplus)	3,227	3,649	422	
35	Department of Health for Early Intervention	7,662	7,662	-	
36	Department of Health for FQHCs	560	560	-	
	Department of Health for EC	-	-	_	
	County Supported Medicaid Fund	32,465	33,500	1,035	
	Tobacco Settlement Revenue, Base	8,319	8,319	-	
40	Tobacco Settlement Revenue	-	-	-	Not
41	UNM IGT	43,854	43,811	(43)	
42	UNM IGT Additional Revenue	-	-	-	2. l
43	Total Operating Transfers In	205,720	207,134	1,414	CY2
44					3. F
45					4. E
46	Physician UPL UNM	1,510	1,510	-	FFY
47	Safety Net Care Pool (SNCP) 12	28,508	29,285	777	5. C
48	SNCP (Additional Hospital Payments) 13	-	-	-	exp
49	Miner's Colfax ¹⁵	1,036	1,036	-	6. l
50	SB 42 Inpatient Services-Counties ¹⁶	-	-	-	7. 1
51	Drug Rebates	39,799	38,822	(977)	rev
52	Fraud	872	872	-	8. <i>F</i>
53	Income Diversion Trust	486	486	_	9. F
54	Buy-In Recovery	215	215	-	D b
55	Cost Settlement	500	500	-	10.
56	Estate Recovery	9	9	-	11.
57	HMS-RAC-TPL/Subrogation	-	-	-	12.
58	Total Other Revenues	72,935	72,735	(200)	Car
59					13.
60					14.
61	General Fund Need	1,004,712	997,008	(7,704)	thr
62	FY2019 Appropriation		933,625	-	15.
63					pay
	State Revenue Surplus / (Shortfall)		(63,383)	7,704	16.
65	State Revenue Change from Budget Request		(7,704)		ser

FY 20 Budget Projection Trend Model (\$000s)

		Change
		from
PROJECTED REVEN	Previous	
Medicaid Projection	5,942,228	(8,460)
Federal Revenues	4,647,321	(1,960)
Federal Disallowance 11	-	-
MSBS CPE 14	13,834	(10)
IHS Referrals at 100% FFP	4,197	-
All State Revenues	1,276,876	(6,490)

tes:

- 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, 93% in 2019, and 90% in CY2020 and thereafter.
- Health Homes, sterilization and family planning service costs are eligible for 90% FFP.
- Breast and cervical cancer (BCC) program receives enhanced FMAP. 80.58% in FFY2019 and 80.90% in
- CHIP is a Title XXI program with enhanced FMAP. CHIP was reauthorized on 1/22/2018. Medicaid is pected to receive 100% match for CHIP kids through FFY2019 and 92.40% in FFY2020.
- Utilization review and some other admin. Expenses are federally matched at 75%.
- Title XIX expenditures with regular FMAP. The Final FFY2020 FMAP of 72.71% was based on the vised estimates of per capita income, by the BEA on 9/25/2018.
- Administration expenditures are eligible for 50% FFP.
- Pregnancy termination, special needs and state only buy-in for Medicare Part B and all Medicare Part buy-ins (Claw back) expenditures are not eligible for FFP.
- DOH for Medicaid DD, MF and Mi Via waiver services; projected revenue is without the 3% for admin. . Includes potential disallowance for 100% IHS referral.
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