

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division
FY 15 Log Model with Centennial Care and Medicaid Expansion with Actual Data Thru October 2015 (\$000s)

No.	Description	FY 14 Title XIX		FY 15 Title XIX		Projected Lump Sum	Others	FY 15 Title XIX Projection	% Change from FY 14	CHIP Actual Paid YTD	CHIP Projection	FY 15 TOTAL Medicaid Projection	June 2015 Projection	Change from Previous	No.
		Projection	Completion	Actual YTD	Actual YTD										
1	Inpatient Hospital	92,960	97.80%	84,731	-	-	-	86,637	-6.80%	412	421	87,058	82,364	4,694	1
2	DSH	31,393	72.87%	22,733	22,733	31,195	-	31,195	-0.63%	-	-	31,195	31,649	(454)	2
3	GME	7,187	93.37%	7,187	7,187	7,697	-	7,697	7.10%	-	-	7,697	7,187	510	3
4	IME	34,444	100.00%	61,565	61,565	61,565	-	61,565	78.74%	-	-	61,565	59,268	2,297	4
5	Safety Net Care	99,916	95.47%	32,883	32,883	34,445	-	34,445	-65.53%	-	-	34,445	34,445	-	5
6	HQII Pool	-	-	-	-	-	-	-	-	-	-	-	-	(1,412)	6
7	Physician Services	39,581	96.76%	38,302	6,518	6,905	-	39,589	0.02%	579	596	40,185	40,724	(539)	7
8	IHS Hospital	88,003	97.88%	108,451	-	-	-	110,796	25.90%	-	-	110,796	109,755	1,041	8
9	ICF-IID	25,615	99.86%	26,003	-	-	-	26,039	1.65%	-	-	26,039	26,328	(289)	9
10	Clinic Services	13,530	98.77%	15,287	-	-	-	15,494	14.52%	1,599	1,603	17,097	17,846	(749)	10
11	Federal Qualified Health Centers	16,682	86.36%	3,785	-	-	-	4,395	-73.66%	98	102	4,497	4,228	269	11
12	Other Practitioners	31,380	99.18%	27,483	-	-	-	27,712	-11.69%	1,093	1,100	28,812	28,677	135	12
13	Outpatient Hospital	34,081	98.33%	38,174	-	-	-	38,820	13.91%	714	726	39,546	39,617	(71)	13
14	PACE	11,857	100.00%	11,841	-	-	-	11,841	-0.13%	-	-	11,841	11,838	3	14
15	Others	52,561	97.73%	43,682	-	-	-	44,717	-14.92%	1,426	1,437	46,154	46,798	(644)	15
16	BH FFS	23,489	100.73%	31,959	-	-	-	31,720	35.04%	571	575	32,295	32,753	(458)	16
17	Subtotal	602,678	96.78%	554,067	130,887	141,808	-	572,663	-4.98%	6,492	6,559	579,222	574,891	4,331	17
18	DD and MF (DOH)	272,514	99.97%	278,730	663	476	-	278,803	2.31%	-	-	278,803	278,445	358	18
19	Mi Via Waivers (DOH)	26,103	99.04%	45,306	2,199	33	2,165	45,747	75.26%	-	-	45,747	45,323	424	19
20	Subtotal	298,617	99.84%	324,035	2,861	219	2,842	324,550	8.68%	-	-	324,550	323,767	783	20
21	Centennial Care-Physical Health	1,298,916	96.92%	1,448,736	(3,899)	24,054	(4,076)	1,496,065	15.18%	79,768	80,967	1,577,032	1,582,681	(5,649)	21
22	Centennial Care-LTSS	942,901	98.57%	916,695	-	12,741	-	930,008	-1.37%	370	370	930,378	934,283	(3,905)	22
23	Centennial Care-Behavioral Health	272,316	97.76%	299,530	-	3,002	-	306,567	12.58%	18,829	19,098	325,665	325,682	(17)	23
24	Subtotal	2,514,134	97.56%	2,664,961	(3,899)	39,798	(4,076)	2,732,640	8.69%	98,966	100,435	2,833,075	2,842,646	(9,571)	24
25	Medicare Part A	690	100.00%	1,483	-	-	-	1,483	114.79%	-	-	1,483	1,480	3	25
26	Medicare Part B	91,028	100.00%	102,528	-	-	-	102,528	12.63%	-	-	102,528	102,528	-	26
27	Medicare Part D	26,159	100.00%	30,689	-	-	-	30,689	17.32%	-	-	30,689	30,689	-	27
28	Subtotal	117,877	100.00%	134,700	-	-	-	134,700	14.27%	-	-	134,700	134,697	3	28
29	Utilization	6,599	100.00%	2,588	2,588	-	2,588	2,588	-60.78%	-	-	2,588	2,588	-	29
30	HIT	12,976	100.00%	6,305	6,305	-	-	6,305	-51.41%	-	-	6,305	6,305	-	30
31	Contracts	18,016	0.00%	-	822	-	-	822	-95.44%	-	-	822	822	-	31
32	Subtotal	37,591	91.54%	8,893	8,893	7,127	2,588	9,715	-74.16%	-	-	9,715	9,715	-	32
33	Rate Increase for Primary Care Services	19,231	88.09%	21,030	21,030	23,872	-	23,872	24.13%	-	-	23,872	28,007	(4,135)	33
34	Health Home	-	-	-	-	-	-	-	-	-	-	-	-	-	34
35	Health Insurance Providers Fee	30,536	0.00%	-	-	-	87,600	87,600	186.88%	-	-	87,600	73,214	14,386	35
36	Subtotal	49,767	18.87%	21,030	23,872	23,872	87,600	111,472	123.99%	-	-	111,472	101,221	10,251	36
37	Medicaid Expansion - Physical Health	468,699	101.63%	1,183,267	11,001	11,001	-	1,164,276	148.41%	-	-	1,164,276	1,158,785	5,491	37
38	Medicaid Expansion - Behavioral Health	31,016	101.46%	88,182	995	995	-	86,912	180.22%	-	-	86,912	86,476	436	38
39	Subtotal	499,714	101.62%	1,271,449	-	11,996	-	1,251,188	150.36%	-	-	1,251,188	1,245,261	5,927	39
40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40
41	Prior Years Charged to Current Year	-	na	-	-	-	7,274	7,274	-	-	-	7,274	7,274	-	41
42	Current Year Charged to Future Year	(7,274)	na	-	-	-	(82,260)	(82,260)	-	-	-	(82,260)	(81,656)	(604)	42
43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43
44	Grand Total	4,113,104	98.37%	4,979,134	159,772	224,820	13,768	5,061,942	23.07%	105,459	106,994	5,166,936	5,157,816	11,120	44

Notes:
1. (Row 15) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning.
2. Lines 21-23, 37-38, 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.
3. (Line 21, Column I) Others for Centennial Care-Physical Health reflects the HPC reconciliation for CY2015 Quarter 1 and MCO actions.
12/2/2015

STATE OF NEW MEXICO

HUMAN SERVICES DEPARTMENT

FY 15 Lag Model with Centennial Care and Medicaid Expansion with Actual Data Thru October 2015 (\$000s)

Medical Assistance Division

Federal Medicaid Expenditure Type and Federal Financial Participation Rates

No.	Description	FY 15 Projection	HIT, IHS, Refugees & Medicaid Expansion (100% FFP) ¹	Health Homes, Sterilization & Family Planning Services (90% FFP) ²	Breast & Cervical Cancer Program (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
A	B	C	D	E	F	G	H	I	J	K	L	M
1	Inpatient Hospital	87,058	25,538	22	25	421	-	61,052	-	-	68,445	78.62%
2	DSH	31,195	-	-	-	-	-	31,195	-	-	21,788	69.85%
3	GME	7,697	-	-	-	-	-	7,697	-	-	5,365	69.70%
4	IME	61,565	-	-	-	-	-	61,565	-	-	42,880	69.65%
5	Safety Net Care	34,445	-	-	-	-	-	34,445	-	-	24,002	69.68%
6	HQII Pool	-	-	-	-	-	-	-	-	-	-	-
7	Physician Services	40,185	8,590	-	73	596	-	30,804	-	122	30,565	76.06%
8	IHS Hospital	110,796	110,796	-	-	-	-	-	-	-	110,796	100.00%
9	ICF-ID	26,039	68	-	-	-	-	25,971	-	-	18,136	69.65%
10	Clinic Services	17,097	272	-	-	1,603	-	15,182	-	40	12,105	70.81%
11	Federal Qualified Health Centers	4,497	1,352	-	3	102	-	3,040	-	-	3,551	78.96%
12	Other Practitioners	28,812	560	-	1	1,100	-	27,151	-	-	20,318	70.52%
13	Outpatient Hospital	39,546	9,545	-	198	726	-	29,077	-	-	30,509	77.15%
14	PACE	11,841	-	-	-	-	-	11,841	-	-	8,234	69.54%
15	Others	46,154	12,343	2,551	39	1,437	-	29,730	-	54	36,489	79.06%
16	BH FFS	32,295	15,602	0	3	575	-	16,110	-	4	27,269	84.44%
17	Subtotal	579,222	184,668	2,573	343	6,559	-	384,860	-	220	460,454	79.50%
18	DD and MF (DOH)	278,803	-	-	-	-	476	277,510	817	-	19,598	68.72%
19	Mi Via Walvers (DOH)	45,747	-	-	-	-	956	43,471	1,320	-	31,630	69.14%
20	Subtotal	324,550	-	-	-	-	1,432	320,981	2,137	-	223,228	68.78%
21	Centennial Care-Physical Health	1,577,032	24,054	3,000	2,803	80,967	-	1,466,208	-	-	1,112,773	70.56%
22	Centennial Care-LTSS	930,378	12,741	-	720	370	-	916,548	-	-	650,962	69.97%
23	Centennial Care-Behavioral Health	325,665	3,002	-	177	19,098	-	303,387	-	-	229,240	70.39%
24	Subtotal	2,833,075	39,798	3,000	3,700	100,435	-	2,686,143	-	-	1,992,975	70.35%
25	Medicare Part A	1,483	-	-	-	-	-	1,483	-	-	1,044	70.37%
26	Medicare Part B	102,528	3,965	-	-	-	-	89,880	-	8,683	67,214	65.56%
27	Medicare Part D	30,689	-	-	-	-	-	-	-	30,689	-	0.00%
28	Subtotal	134,700	3,965	-	-	-	-	91,963	-	39,372	68,257	50.67%
29	Utilization	2,588	-	-	-	-	2,588	-	-	-	1,941	75.00%
30	HIT	6,305	6,305	-	-	-	-	-	-	-	6,305	100.00%
31	Contracts	822	-	-	-	-	-	-	822	-	411	50.00%
32	Subtotal	9,715	6,305	-	-	-	2,588	-	822	-	8,657	89.11%
33	Rate Increase for Primary Care Services	23,872	13,047	-	-	66	-	10,758	-	-	20,671	86.59%
34	Health Home	-	-	-	-	-	-	-	-	-	-	-
35	Health Insurance Providers Fee	87,600	26,600	-	-	2,190	-	58,810	-	-	69,427	79.25%
36	Subtotal	111,472	39,647	-	-	2,257	-	69,568	-	-	90,098	80.83%
37	Medicaid Expansion - Physical Health	1,164,276	1,164,276	-	-	-	-	-	-	-	1,164,276	100.00%
38	Medicaid Expansion - Behavioral Health	86,912	86,912	-	-	-	-	-	-	-	86,912	100.00%
39	Subtotal	1,251,188	1,251,188	-	-	-	-	-	-	-	1,251,188	100.00%
40												
41	Prior Years Charged to Current Year	7,274	-	-	-	-	-	7,274	-	-	5,067	69.65%
42	Current Year Charged to Future Year	(82,260)	-	-	-	-	-	(82,260)	-	-	(57,886)	70.37%
43												
44	Grand Total	5,168,936	1,525,571	5,573	4,042	109,251	4,021	3,477,929	2,959	39,592	4,042,038	78.20%

	HSD Budget	Billed Amount	Collection YTD	HSD Projection	Change from Previous
48 State Share Revenues:					
49 Department of Health (Line 17 & 18) ⁹	99,041	93,034	93,034	103,293	-
50 Department of Health Additional Need / (Surplus)	-	-	-	(1,595)	2,438
51 Department of Health for Early Intervention	8,392	7,011	7,011	7,011	-
52 Department of Health for FQHCs	482	480	480	480	-
53 Department of Health for EC	1	-	-	1	-
54 Children, Youth and Families	-	-	-	-	-
55 County Supported Medicaid Fund	26,891	26,356	26,356	26,356	(1,381)
56 Tobacco Settlement Revenue, Base	9,220	-	9,220	9,220	-
57 Tobacco Settlement Revenue	-	-	-	-	-
58 Total Operating Transfers In	144,027	126,881	136,101	144,767	1,058
59					
60 School Based Health Services (Part of Line 10)	3,325	4,708	2,267	5,031	-
61 Physician UPL UNM	1,675	1,978	1,978	2,096	-
62 Safety Net Care ¹¹	38,728	-	-	0	-
63 County Supported Hospital Payments ¹¹	-	24,591	24,591	24,591	-
64 UNM IGT	16,323	5,760	5,760	17,980	(680)
65 Drug Rebates	19,466	36,451	36,451	36,451	331
66 Fraud	872	256	256	256	6
67 Tort and Insurance Carrier Refund	-	-	-	-	-
68 Income Diversion Trust	486	585	585	585	-
69 Buy-In Recovery	215	134	134	134	4
70 Cost Settlement	500	472	472	472	-
71 Estate Recovery	9	45	45	45	44
72 Misc. Revenue ¹²	-	459	459	459	11
73 HMS-RAC-TPL/Subrogation	-	729	729	729	-
74 Total Other Revenues	81,599	73,727	88,829	88,829	(283)
75					
76 General Fund Need	-	-	-	893,304	301
77					
78 SB 313/HB2	-	-	-	891,003	-
79 HB2 - Section 5, 2015 Supplemental	-	-	-	2,000	-
80 Transfer from Admin	-	-	-	95	95
81 Prior Year Balances	-	-	-	206	206
82 State Revenue Surplus / (Shortfall)	-	-	-	-	-
83 State Revenue Surplus / (Shortfall) Assoc. with Expenditures Charged to FY16	-	-	-	(24,374)	(179)

PROJECTED REVENUES	
Federal Revenues	4,042,038
Federal Disallowance ¹⁰	-
All State Revenues	1,126,899

- Notes:
- HIT, IHS, QI-1, Medicaid Expansion, and Refugees are eligible for 100% FFP.
 - Health Homes, sterilization and FPW costs are eligible for 90% FFP.
 - Breast and cervical cancer (BCC) program with enhanced FMAP.
 - CHIP is a Title XXI program with enhanced FMAP.
 - Utilization review is federally matched at 75%; admin. expenses.
 - Title XIX expenditures with regular FMAP.
 - The FFY 2015 FMAP was published in the Federal Register in November 2013.
 - Administration expenditures are eligible for 50% FFP.
 - Pregnancy termination, special needs and state only buy-in (Part B) expenditures are not eligible for federal financial participation.
 - DOH for Medicaid DD, MF and MiVia waiver services; projected revenue is without the 3% for admin.
 - There is a placeholder for potential federal disallowances.
 - The projected revenue from the counties to the Safety Net Care and Hospital payments is reduced by \$9 million, contingent upon the counties providing financial support for them.
 - Miscellaneous revenue includes TPL and CSSES Recoveries.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY 16 Lab Model with Centennial Care and Medicaid Expansion with Actual Data Thru October 2015 (\$000s)

No.	Description	FY 15 Title XIX			FY 16 %			Title XIX			Actual YTD			Actual Paid Lump			Projected			FY 16 Title XIX			CHIP			FY 16 TOTAL			June 2015			Change from		
		Projection	C	D	Completion	Actual YTD	E	Actual YTD	F	Sum/Others YTD	G	Lump Sum	H	Others	I	Projection	J	% Change from FY 15	K	Paid YTD	L	Projection	M	Medicaid Projection	N	Projection	O	Previous	P	No.				
1	Inpatient Hospital	86,637	21.00%	17,751	-	-	-	-	-	-	-	-	-	-	-	-	-	-	231	1,102	85,632	86,293	85,632	86,293	85,632	86,293	85,632	86,293	85,632	1				
2	DSH	31,195	0.00%	-	-	-	-	-	-	32,160	-	-	-	-	-	-	-	-	-	-	-	32,160	32,160	32,160	32,160	32,160	32,160	32,160	32,160	32,160	2			
3	GME	7,697	0.00%	-	-	-	-	-	-	7,913	-	-	-	-	-	-	-	-	-	-	-	7,913	7,913	7,913	7,913	7,913	7,913	7,913	7,913	7,913	3			
4	IME	61,565	0.00%	-	-	-	-	-	-	60,928	-	-	-	-	-	-	-	-	-	-	-	60,928	60,928	60,928	60,928	60,928	60,928	60,928	60,928	60,928	4			
5	Safety Net Care	34,445	26.13%	18,003	-	-	-	-	-	68,889	-	-	-	-	-	-	-	-	-	-	-	68,889	68,889	68,889	68,889	68,889	68,889	68,889	68,889	68,889	5			
6	HQI Pool	-	0.00%	-	-	-	-	-	-	2,824	-	-	-	-	-	-	-	-	-	-	-	2,824	2,824	2,824	2,824	2,824	2,824	2,824	2,824	2,824	6			
7	Physician Services	39,589	19.99%	8,327	-	-	-	-	-	6,636	-	-	-	-	-	-	-	-	-	-	-	41,873	41,873	42,537	41,873	42,537	41,873	42,537	41,873	42,537	7			
8	IHS Hospital	110,796	25.28%	30,244	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	119,637	119,637	119,637	119,637	119,637	119,637	119,637	119,637	119,637	8			
9	ICF-IID	26,039	27.80%	7,416	-	-	-	-	-	2,433	-	-	-	-	-	-	-	-	-	-	-	26,673	26,673	26,673	26,673	26,673	26,673	26,673	26,673	26,673	9			
10	Clinic Services	15,494	11.67%	2,973	-	-	-	-	-	25,480	-	-	-	-	-	-	-	-	-	-	-	25,480	25,480	25,480	25,480	25,480	25,480	25,480	25,480	25,480	10			
11	Federal Qualified Health Centers	4,395	21.76%	1,142	-	-	-	-	-	5,250	-	-	-	-	-	-	-	-	-	-	-	5,385	5,385	5,385	5,385	5,385	5,385	5,385	5,385	5,385	11			
12	Other Practitioners	27,712	24.80%	7,338	-	-	-	-	-	29,590	-	-	-	-	-	-	-	-	-	-	-	321	1,295	30,885	29,239	30,885	29,239	30,885	29,239	30,885	12			
13	Outpatient Hospital	38,820	24.45%	10,995	-	-	-	-	-	(2,283)	-	-	-	-	-	-	-	-	-	-	-	46,205	46,205	46,205	46,205	46,205	46,205	46,205	46,205	46,205	13			
14	PACE	11,841	33.27%	3,961	-	-	-	-	-	11,908	-	-	-	-	-	-	-	-	-	-	-	11,908	12,278	11,908	12,278	11,908	12,278	11,908	12,278	11,908	14			
15	Others	44,717	26.79%	14,328	-	-	-	-	-	100	-	-	-	-	-	-	-	-	-	-	-	630	2,142	55,831	48,704	55,831	48,704	55,831	48,704	55,831	15			
16	BH FFS	31,720	24.53%	8,869	-	-	-	-	-	36,124	-	-	-	-	-	-	-	-	-	-	-	37,107	33,763	37,107	33,763	37,107	33,763	37,107	33,763	37,107	16			
17	Subtotal	572,663	20.19%	131,349	-	-	-	-	-	179,350	-	-	-	-	-	-	-	-	-	-	-	659,993	649,143	659,993	649,143	659,993	649,143	659,993	649,143	659,993	17			
18	DD and MF (DOH)	278,803	28.24%	78,074	-	-	-	-	-	190	-	-	-	-	-	-	-	-	-	-	-	486	276,460	288,120	276,460	288,120	276,460	288,120	276,460	288,120	276,460	18		
19	MI Via Waivers (DOH)	45,747	24.12%	16,031	-	-	-	-	-	35	-	-	-	-	-	-	-	-	-	-	-	66,457	66,457	66,457	66,457	66,457	66,457	66,457	66,457	66,457	19			
20	Subtotal	324,550	27.44%	94,104	-	-	-	-	-	603	-	-	-	-	-	-	-	-	-	-	-	342,917	342,476	342,917	342,476	342,917	342,476	342,917	342,476	342,917	20			
21	Centennial Care-Physical Health	1,496,065	31.90%	459,965	-	-	-	-	-	(1,686)	-	-	-	-	-	-	-	-	-	-	-	30,352	95,617	1,534,118	1,566,040	1,534,118	1,566,040	1,534,118	1,566,040	1,534,118	21			
22	Centennial Care-LTSS	930,008	31.28%	341,281	-	-	-	-	-	15,620	-	-	-	-	-	-	-	-	-	-	-	366	1,080,618	1,070,808	1,080,618	1,070,808	1,080,618	1,070,808	1,080,618	1,070,808	22			
23	Centennial Care-Behavioral Health	306,567	30.46%	98,533	-	-	-	-	-	3,146	-	-	-	-	-	-	-	-	-	-	-	7,295	23,608	347,411	340,481	347,411	340,481	347,411	340,481	347,411	23			
24	Subtotal	2,732,640	31.61%	898,778	-	-	-	-	-	44,330	-	-	-	-	-	-	-	-	-	-	-	37,648	119,591	2,962,147	2,977,329	2,962,147	2,977,329	2,962,147	2,977,329	2,962,147	24			
25	Medicare Part A	1,483	43.17%	490	-	-	-	-	-	1,135	-	-	-	-	-	-	-	-	-	-	-	964	964	1,135	964	1,135	964	1,135	964	1,135	25			
26	Medicare Part B	102,528	38.33%	41,577	-	-	-	-	-	108,458	-	-	-	-	-	-	-	-	-	-	-	108,458	104,489	108,458	104,489	108,458	104,489	108,458	104,489	108,458	26			
27	Medicare Part D	30,689	24.50%	9,282	-	-	-	-	-	37,882	-	-	-	-	-	-	-	-	-	-	-	37,882	34,900	37,882	34,900	37,882	34,900	37,882	34,900	37,882	27			
28	Subtotal	134,700	34.82%	51,349	-	-	-	-	-	147,475	-	-	-	-	-	-	-	-	-	-	-	147,475	140,353	147,475	140,353	147,475	140,353	147,475	140,353	147,475	28			
29	Utilization	2,588	25.99%	1,247	-	-	-	-	-	4,800	-	-	-	-	-	-	-	-	-	-	-	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	29			
30	HIT	6,305	100.00%	2,778	-	-	-	-	-	2,778	-	-	-	-	-	-	-	-	-	-	-	2,778	2,778	2,778	2,778	2,778	2,778	2,778	2,778	2,778	30			
31	Contracts	822	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	31				
32	Subtotal	9,715	53.12%	4,025	-	-	-	-	-	4,025	-	-	-	-	-	-	-	-	-	-	-	7,578	6,800	7,578	6,800	7,578	6,800	7,578	6,800	7,578	32			
33	Rate Increase for Primary Care Services	23,872	3.36%	406	-	-	-	-	-	12,086	-	-	-	-	-	-	-	-	-	-	-	12,086	25,755	12,086	25,755	12,086	25,755	12,086	25,755	12,086	33			
34	Health Home	-	0.00%	-	-	-	-	-	-	512	-	-	-	-	-	-	-	-	-	-	-	512	512	512	512	512	512	512	512	512	34			
35	Health Insurance Providers Fee	87,600	0.00%	-	-	-	-	-	-	96,398	-	-	-	-	-	-	-	-	-	-	-	96,398	80,977	96,398	80,977	96,398	80,977	96,398	80,977	96,398	35			
36	Subtotal	111,472	0.37%	406	-	-	-	-	-	12,086	-	-	-	-	-	-	-	-	-	-	-	108,996	112,733	108,996	112,733	108,996	112,733	108,996	112,733	108,996	36			
37	Medicaid Expansion - Physical Health	1,164,276	35.92%	458,592	-	-	-	-	-	15,544	-	-	-	-	-	-	-	-	-	-	-	1,276,644	1,323,062	1,276,644	1,323,062	1,276,644	1,323,062	1,276,644	1,323,062	1,276,644	37			
38	Medicaid Expansion - Behavioral Health	86,912	31.98%	31,439	-	-	-	-	-	1,408	-	-	-	-	-	-	-	-	-	-	-	98,313	100,566	98,313	100,566	98,313	100,566	98,313	100,566	98,313	38			
39	Subtotal	1,251,188	35.64%	490,031	-	-	-	-	-	16,952	-	-	-	-	-	-	-	-	-	-	-	1,374,957	1,423,628	1,374,957	1,423,628	1,374,957	1,423,628	1,374,957	1,423,628	1,374,957	39			
40					-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40				
41	Prior Years Charged to Current Year	7,274	na	-	-	-	-	-	-	82,260	-	-	-	-	-	-	-	-	-	-	-	82,260	81,656	82,260	81,656	82,260	81,656	82,260	81,656	82,260	41			
42	Current Year Charged to Future Year																																	

STATE OF NEW MEXICO												
HUMAN SERVICES DEPARTMENT												
Medical Assistance Division												
FY 16 Lag Model with Centennial Care and Medicaid Expansion with Actual Data Thru October 2015 (\$000s)												
No.	Description	FY 16 Projection	Federal Medicaid Expenditure Type and Federal Financial Participation Rates								Federal Share	% of Composite Federal Share
			HIT, IHS, Refugees, Medicaid Expansion & CHIP (ACA) (100% FFP) ¹	Health Homes, Sterilization & Family Planning Services (90% FFP) ²	Breast & Cervical Cancer Program (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		
A	B	C	D	E	F	G	H	I	J	K	L	M
1	Inpatient Hospital	85,632	28,339	141	168	180	-	56,805	-	-	68,657	80.18%
2	DSH	32,160	-	-	-	-	-	32,160	-	-	22,631	70.37%
3	GME	7,913	-	-	-	-	-	7,913	-	-	5,568	70.37%
4	IME	60,928	-	-	-	-	-	60,928	-	-	42,875	70.37%
5	Safety Net Care	68,889	-	-	-	-	-	68,889	-	-	48,477	70.37%
6	HQII Pool	2,824	-	-	-	-	-	2,824	-	-	1,988	70.37%
7	Physician Services	42,537	11,468	-	65	115	-	30,793	-	95	33,253	78.18%
8	IHS Hospital	119,637	119,637	-	-	-	-	-	-	-	119,637	100.00%
9	CF-ID	26,673	434	-	-	-	-	26,238	-	-	18,864	70.72%
10	Clinic Services	25,480	24,384	-	-	96	-	1,000	-	-	25,163	98.76%
11	Federal Qualified Health Centers	5,385	1,550	-	-	18	-	3,817	-	-	4,246	78.86%
12	Other Practitioners	30,885	1,891	-	1	218	-	28,776	-	-	22,278	72.13%
13	Outpatient Hospital	46,205	14,828	-	260	195	-	30,923	-	-	36,910	79.88%
14	PACE	11,908	18,413	2,812	38	419	-	11,908	-	-	8,358	70.19%
15	Others	55,831	19,297	0	3	162	-	34,121	-	27	45,271	81.09%
16	BH FFS	37,107	-	-	-	-	-	17,637	-	7	31,819	85.75%
17	Subtotal	659,993	240,239	2,954	535	1,403	-	414,732	-	130	535,994	81.21%
18	DD and MF (DOH)	276,460	-	-	-	-	486	274,549	1,426	-	193,893	70.13%
19	Mi Via Waivers (DOH)	66,457	-	-	-	-	1,171	63,704	1,582	-	46,434	69.87%
20	Subtotal	342,917	-	-	-	-	1,657	338,253	3,008	-	240,327	70.08%
21	Centennial Care-Physical Health	1,534,118	98,654	3,000	2,375	22,528	-	1,407,562	-	-	1,109,021	72.29%
22	Centennial Care-LTSS	1,080,618	15,775	-	720	211	-	1,063,913	-	-	763,359	70.64%
23	Centennial Care-Behavioral Health	347,411	21,355	-	154	5,398	-	320,502	-	-	250,738	72.17%
24	Subtotal	2,962,147	135,784	3,000	3,249	28,137	-	2,791,977	-	-	2,123,118	71.67%
25	Medicare Part A	1,135	-	-	-	-	-	1,135	-	-	799	70.37%
26	Medicare Part B	108,458	4,377	-	-	-	-	92,822	-	11,258	69,544	64.12%
27	Medicare Part D	37,882	-	-	-	-	-	-	-	37,882	-	0.00%
28	Subtotal	147,475	4,377	-	-	-	-	99,958	-	49,140	70,343	47.76%
29	Utilization	4,800	-	-	-	-	4,800	-	-	-	3,600	75.00%
30	HIT	2,778	-	-	-	-	-	-	-	-	2,778	100.00%
31	Contracts	7,578	2,778	-	-	-	4,800	-	-	-	6,378	84.16%
32	Subtotal	7,578	2,778	-	-	-	4,800	-	-	-	6,378	84.16%
33	Rate Increase for Primary Care Services	12,086	2,353	-	-	-	-	9,733	-	-	9,702	76.14%
34	Health Home	512	31,146	512	-	-	-	-	-	-	461	90.00%
35	Health Insurance Providers Fee	108,996	33,499	512	-	2,600	-	62,651	-	-	77,282	80.17%
36	Subtotal	168,996	33,499	512	-	2,600	-	72,384	-	-	86,945	79.77%
37	Medicaid Expansion - Physical Health	1,276,644	1,276,644	-	-	-	-	-	-	-	1,276,644	100.00%
38	Medicaid Expansion - Behavioral Health	98,313	98,313	-	-	-	-	-	-	-	98,313	100.00%
39	Subtotal	1,374,957	1,374,957	-	-	-	-	-	-	-	1,374,957	100.00%
40												
41	Prior Years Charged to Current Year	82,260	-	-	-	-	-	82,260	-	-	57,886	70.37%
42	Current Year Charged to Future Year	-	-	-	-	-	-	-	-	-	-	-
43												
44	Grand Total	5,686,323	1,791,635	6,466	3,784	32,140	6,457	3,793,563	3,008	49,270	4,495,948	79.07%
45												
46												
47												
48	State Share Revenues:	HSD Budget	Billed Amount	Collection YTD	HSD Projection	Change from Previous						
49	Department of Health (Line 18 & 19) ⁹	103,293	-	11,038	103,443	-						
50	Department of Health Additional Need (Surplus)	-	-	-	-	-						
51	Department of Health for Early Intervention	8,142	-	1,307	8,292	-						
52	Department of Health for FQHCs	482	-	482	560	-						
53	Department of Health for EC	1	-	-	1	-						
54	Children, Youth and Families	-	-	-	-	-						
55	County Supported Medicaid Fund	27,590	-	16,228	27,590	-						
56	Tobacco Settlement Revenue, Base	9,220	-	-	30,020	-						
57	Tobacco Settlement Revenue	-	-	-	-	-						
58	Total Operating Transfers In	148,728	-	29,055	169,906	-						
59												
60	School Based Health Services (Part of Line 10)	-	-	-	-	-						
61	Physician UPL UNM	1,219	-	-	2,014	48						
62	Safety Net Care ¹¹	397	-	-	397	-						
63	County Supported Hospital Payments ¹¹	25,099	-	6,536	26,227	1,128						
64	Additional County Supported Hospital Payments ¹²	9,781	-	-	9,781	-						
65	UNM IGT	14,726	-	-	23,007	-						
66	Drug Rebates ¹³	32,963	-	-	32,861	-						
67	Fraud	872	-	5	872	-						
68	Tort and Insurance Carrier Refund	-	-	-	-	-						
69	Income Diversion Trust	486	-	158	486	-						
70	Buy-in Recovery	215	-	-	215	-						
71	Cost Settlement	500	-	31	500	-						
72	Estate Recovery	9	-	46	9	-						
73	IBMS-RAC-TPJ/Subrogation	500	-	22	500	-						
74	Total Other Revenues	86,767	-	6,797	87,087	1,175						
75												
76	General Fund Need	-	-	-	933,381	(9,536)						
77												
78	HB 2 / SFC	-	-	-	891,722	-						
79												
80	State Revenue Surplus / (Shortfall)	-	-	-	(41,660)	3,535						

PROJECTED REVENUES	
Federal Revenues	4,495,948
Federal Disallowance ¹⁰	-
All State Revenues	1,190,375

Notes:

- HIT, IHS, QI-1, Refugees, Medicaid Expansion are eligible for 100% FFP. Under the ACA beginning Oct. 2015, Medicaid will receive 100% match for CHIP kids through FFY2019.
- 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. FY16 will have one quarter at regular EFMAP.
- Utilization review is federally matched at 75%, admin. expenses.
- Title XIX expenditures with regular FMAP. The final FFY 2016 FMAP is from FFIS, released October 2014.
- Administration expenditures are eligible for 50% FFP.
- Pregnancy termination, special needs and state only buy-in (Part B) 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 62 and 63 is the 1/12th% of the gross receipts tax contributed by the counties to support the Safety Net Care Pool and Hospital Payments.
- Line 64 represents the additional county support to fully fund the Safety Net Care Pool.
- HSD will collect five quarters of MCO drug rebates in FY16.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

DRAFT

ELT3 Trend Model with Centennial Care and Medicaid Expansion (5/20/15)

No.	Description	FY 16 Title XIX Projection	FY 16 Title XIX Projected Claims	A Price	S Impact	A Recipient	S Impact	A Utilization	S Impact	Projected Lamp Stam	Others	FY 17 Title XIX Projection	% Change from FY 16	FY 16 Title XXI Projection	FY 17 Title XXI Projection	FY 17 Title Medicaid Projection	FY 17 Budget Request	Change from Budget Request		
		C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Inpatient Hospital	84,530	84,530	0.00%	-	-	4,020	0.00%	-	-	-	84,531	4.76%	1,102	1,121	89,672	90,565	(893)	1	
2	DOH	32,160	-	-	-	-	-	-	-	32,174	-	32,174	1.91%	-	-	32,174	32,174	-	2	
3	GNIE	7,913	-	-	-	-	-	-	-	8,126	-	8,126	2.69%	-	-	8,126	8,126	-	3	
4	IME	60,228	-	-	-	-	-	-	-	62,567	-	62,567	2.69%	-	-	62,567	62,567	-	4	
5	Safety Net Care	68,889	-	-	-	-	-	-	-	68,889	-	68,889	0.00%	-	-	68,889	68,889	-	5	
6	HCDI Pool	2,824	-	-	-	-	-	-	-	5,765	-	5,765	104.10%	-	-	5,765	7,295	(1,530)	6	
7	Physician Services	41,802	35,166	0.00%	-	-	1,650	0.00%	-	6,755	-	43,551	4.38%	734	748	44,299	43,525	774	7	
8	JIS Hospital	119,637	119,637	2.30%	2,752	2.87%	3,507	0.00%	-	-	-	125,895	5.23%	-	-	125,895	121,180	4,716	8	
9	IC-ID	26,673	26,673	0.00%	-	-	(374)	0.00%	-	-	-	26,299	-1.40%	-	-	26,299	26,864	(565)	9	
10	EMIC Services	25,480	25,480	0.00%	-	-	459	0.00%	-	-	-	25,939	1.80%	-	-	25,939	26,202	(263)	10	
11	Centennial Care-Physical Health	5,250	5,250	2.69%	141	1.98%	85	0.00%	-	-	678	6,155	17.23%	134	137	6,291	5,247	1,044	11	
12	Other Providers	29,590	29,590	0.00%	-	-	2,058	0.00%	-	-	-	30,197	2.05%	1,295	1,319	31,516	29,816	1,700	12	
13	Outpatient Hospital	47,189	47,189	0.00%	-	-	2,111	0.00%	-	-	(2,283)	47,017	4.70%	1,300	1,323	48,340	42,948	5,391	13	
14	PACE	11,908	11,908	0.00%	-	-	0.00%	0.00%	-	-	-	11,908	0.00%	-	-	11,908	12,278	(371)	14	
15	Others	53,689	53,689	0.00%	-	-	2,304	0.00%	-	0	-	55,993	4.29%	2,140	2,178	58,172	50,649	7,523	15	
16	BH FFS	36,124	36,124	0.05%	18	3.37%	1,140	0.00%	-	-	-	37,322	3.37%	985	1,001	38,323	34,809	3,514	16	
17	Subtotal	652,908	475,136	0.61%	2,911	3.35%	15,528	0.00%	-	184,876	(1,503)	679,907	2.78%	7,890	7,827	684,274	673,733	11,054	17	
18	Traditional DO Waiver (DOH)	276,460	276,460	0.00%	-	-	7,034	2.59%	7,322	18,476	2,456	280,817	1.19%	-	-	280,817	299,805	(18,988)	18	
19	VA Via DO Waiver (DOH)	66,457	63,786	0.00%	-	-	(2,520)	3.05%	1,665	30	2,456	66,018	-1.27%	-	-	65,616	53,075	12,541	19	
20	Subtotal	342,917	340,246	0.00%	-	-	4,514	2.67%	8,987	18,506	4,912	346,835	0.76%	-	-	346,433	352,880	(6,447)	20	
21	Centennial Care-Physical Health	1,438,501	1,487,444	0.00%	-	-	2,468	1.34%	36,543	25,725	(2,403)	1,569,218	8.88%	95,617	99,532	1,665,541	1,705,506	(39,965)	21	
22	Centennial Care-ITSS	1,080,252	1,064,632	0.00%	-	-	1,458	1.34%	15,404	15,620	3,045	1,111,191	3.05%	23,608	25,384	1,131,478	1,100,296	31,182	22	
23	Centennial Care-Behavioral Health	373,802	370,657	0.00%	-	-	7,545	4.73%	15,574	3,146	4,298	351,169	8.65%	21,591	22,084	376,453	359,413	17,041	23	
24	Subtotal	2,892,555	2,822,734	0.00%	-	-	59,483	1.67%	68,920	44,491	4,942	3,049,578	6.61%	119,591	124,004	3,153,442	3,165,215	(11,773)	24	
25	Medicare Part A	1,135	1,135	0.00%	-	-	1,100	0.00%	13	-	-	1,148	1.10%	-	-	1,148	910	238	25	
26	Medicare Part B	108,458	108,458	7.89%	7,896	1.25%	1,454	2.00%	2,355	-	-	120,164	10.79%	-	-	120,164	113,697	6,467	26	
27	Medicare Part D	37,882	37,882	6.47%	2,430	6.30%	2,540	5.00%	2,143	-	-	44,994	18.78%	-	-	44,994	32,874	12,120	27	
28	Utilization	347,475	347,475	7.00%	10,326	2.94%	4,907	2.78%	4,409	-	-	368,306	32.77%	-	-	368,306	324,971	43,335	28	
29	Subtotal	4,800	4,800	-	-	-	-	-	-	-	-	10,500	118.75%	-	-	10,500	10,500	-	29	
30	HT	2,778	-	-	-	-	-	-	-	2,000	-	2,000	-28.00%	-	-	2,000	2,000	-	30	
31	Subtotal	7,578	-	-	-	-	-	-	-	2,000	-	10,500	64.95%	-	-	12,500	12,500	-	31	
32	Rate Increase for Primary Care Services	12,086	-	-	-	-	-	-	-	1,804	-	1,804	45.08%	-	-	1,804	25,755	(23,951)	32	
33	Health Home	512	-	-	-	-	-	-	-	-	-	2,650	2.650	44	44	12,000	12,000	(9,350)	33	
34	Health Insurance Providers Fee	96,398	-	-	-	-	-	-	-	-	99,055	99,055	2.76%	-	-	99,055	84,923	14,133	34	
35	Subtotal	108,996	-	-	-	-	-	-	-	1,804	-	103,509	-5.03%	-	-	103,509	122,678	(19,169)	35	
36	Medicaid Expansion - Physical Health	1,276,644	1,354,073	0.00%	-	-	109,706	-5.01%	(73,340)	15,544	-	1,406,766	10.19%	-	-	1,406,766	1,507,646	(100,880)	36	
37	Medicaid Expansion - Behavioral Health	98,313	96,905	0.00%	-	-	(787)	-0.62%	(459)	1,408	-	107,932	9.13%	-	-	107,932	112,993	(5,061)	37	
38	Subtotal	1,374,957	1,450,978	-	-	-	108,928	-4.79%	(73,779)	16,952	2,483	1,514,698	10.13%	-	-	1,514,698	1,620,639	(105,941)	38	
39	Prior Years Charged to Current Year	82,260	-	-	-	-	-	-	-	-	-	-	-100.00%	-	-	-	-	-	39	
40	Cost Containment	-	-	-	-	-	-	-	-	-	-	(77,037)	-	-	-	(77,037)	(77,037)	-	40	
41	Grand Total	5,559,042	5,285,894	0.25%	11,336	3.79%	201,014	-0.26%	(11,170)	250,139	121,018	5,785,293	4.08%	327,281	332,718	5,916,028	5,960,233	(44,205)	41	
42																				42
43																				43

Notes:

- (Row 15) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drug, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning.
- (Lines 21-23, 36-37 - Column L) Others under the managed care projection lines reflect the additional cost of MMMP, retroactive eligibility reconciliation.
- (Lines 18,19,21,22) The FY17 projection reflects the movement of Medically Fragile population from DOH to HSD Centennial Care (assuming the effective date 7/1/2016), with both acute care and waiver services covered in ITSS.

11/27/2015

No.	Description	Federal Medicaid Expenditure Type and Federal Financial Participation Rates											
		FY 17 Projection	HIT, IHS, Refugees, Medicaid Expansion (100% FFP) ¹	Medicaid Expansion (95% FFP) ¹	Health Homes, Sterilization & Family Planning Services (90% FFP) ¹	Breast & Cervical Cancer Program (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
A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Inpatient Hospital	89,672	14,603	15,534	40	36	1,121	-	58,337	-	-	71,972	80.26%
2	DSH	32,774	-	-	-	-	-	-	32,774	-	-	23,312	71.13%
3	GME	8,126	-	-	-	-	-	-	8,126	-	-	5,780	71.13%
4	IME	62,567	-	-	-	-	-	-	62,567	-	-	44,504	71.13%
5	Safety Net Care	68,889	-	-	-	-	-	-	68,889	-	-	49,001	71.13%
6	Hill Pool	5,765	-	-	-	-	-	-	5,765	-	-	4,100	71.13%
7	Physician Services	44,299	5,751	6,198	-	67	748	-	31,400	-	136	34,737	78.41%
8	IHS Hospital	125,895	125,895	-	-	-	-	-	-	-	-	125,895	100.00%
9	ICF-ID	26,299	229	248	-	-	-	-	25,821	-	-	18,791	71.45%
10	Clinic Services	25,939	24,937	-	-	-	-	-	968	-	34	25,625	98.79%
11	Federal Qualified Health Centers	6,291	757	820	-	3	137	-	4,574	-	-	4,923	78.25%
12	Other Practitioners	31,516	430	465	-	1	1,319	-	29,302	-	-	22,995	72.96%
13	Outpatient Hospital	48,340	7,252	7,843	-	-	241	1,323	31,682	-	-	38,710	80.08%
14	PACE	11,908	-	-	-	-	-	-	11,908	-	-	8,447	70.94%
15	Others	58,172	10,375	8,329	2,265	41	2,178	-	34,952	-	32	47,343	81.39%
16	BH FFS	38,323	15,898	3,405	0	2	1,001	-	18,008	-	8	32,928	85.92%
17	Subtotal	684,774	206,126	42,843	2,305	390	7,827	-	425,073	-	210	559,064	81.64%
18	Traditional DD Waiver (DOH)	290,817	-	-	-	-	-	486	288,954	1,376	-	206,181	70.90%
19	Mi Via DD Waiver (DOH)	65,616	-	-	-	-	-	1,096	63,061	1,460	-	48,350	70.64%
20	Subtotal	356,433	-	-	-	-	-	1,582	352,015	2,836	-	254,531	70.85%
21	Centennial Care-Physical Health	1,665,541	25,564	-	3,000	2,467	99,323	-	1,535,187	-	-	1,218,606	73.17%
22	Centennial Care-LTSS	1,113,448	15,620	-	-	-	257	-	1,097,571	-	-	794,494	71.35%
23	Centennial Care-Behavioral Health	376,453	3,146	-	-	134	25,284	-	347,890	-	-	275,329	73.14%
24	Subtotal	3,155,442	44,330	-	3,000	2,600	124,864	-	2,980,647	-	-	2,288,428	72.52%
25	Medicare Part A	1,148	-	-	-	-	-	-	1,148	-	-	814	70.94%
26	Medicare Part B	130,164	4,782	-	-	-	-	-	103,598	-	11,784	78,275	65.14%
27	Medicare Part D	44,994	-	-	-	-	-	-	-	-	44,994	0.00%	
28	Subtotal	166,306	4,782	-	-	-	-	-	104,746	-	56,778	79,089	47.56%
29	Utilization	10,500	-	-	-	-	-	10,500	-	-	-	7,875	75.00%
30	WV	2,600	-	-	-	-	-	-	1,096	-	-	2,000	100.00%
31	Subtotal	12,500	2,000	-	-	-	-	-	10,500	-	-	8,875	79.00%
32	Rate Increase for Primary Care Services	1,848	97	-	-	-	44	-	1,707	-	-	1,354	73.30%
33	Health Home	2,650	-	-	2,650	-	-	-	-	-	-	2,385	90.00%
34	Health Insurance Providers Fee	99,055	32,084	-	-	-	2,717	-	64,254	-	-	80,505	81.27%
35	Subtotal	103,553	32,181	-	2,650	-	2,761	-	65,961	-	-	84,245	81.35%
36	Medicaid Expansion - Physical Health	1,406,766	644,429	762,337	-	-	-	-	-	-	-	1,368,649	97.29%
37	Medicaid Expansion - Behavioral Health	107,292	50,927	56,365	-	-	-	-	-	-	-	104,474	97.37%
38	Subtotal	1,514,058	695,356	818,702	-	-	-	-	-	-	-	1,473,123	97.30%
39													
40	Prior Years Charged to Current Year												
41	Cost Containment	(77,037)	-	-	-	-	-	-	(77,037)	-	-	(54,650)	70.94%
42													
43	Grand Total	5,916,028	984,775	861,544	7,955	2,991	135,452	12,082	3,851,405	2,836	56,988	4,691,704	79.30%

No.	Description	FY 17			PROJECTED REVENUES	
		Budget Request	HSD Projection	Change from Previous	Federal Revenues	Federal Disallowance ¹⁰
47	State Share Revenues:					4,691,704
48	Department of Health (Line 18 & 19) ⁹	105,043	105,043	-		-
49	Department of Health for Early Intervention	8,292	8,292	-		-
50	Department of Health for FQHCs	560	560	-		-
51	Department of Health for EC	1	1	-		-
52	Children, Youth and Families	-	-	-		-
53	County Supported Medicaid Fund	28,804	28,804	-		-
54	Tobacco Settlement Revenue, Base	30,020	30,020	-		-
55	Tobacco Settlement Revenue	-	-	-		-
56	Total Operating Transfers In	172,720	172,720	-		-
57	Physician UPL UNM	1,993	1,993	-		-
58	Safety Net Care ¹¹	-	-	-		-
60	County Supported Hospital Payments ¹¹	26,618	26,618	-		-
61	Additional County Supported Hospital Payments ¹²	-	-	-		-
62	UNM IGT	23,007	23,007	-		-
63	Drug Rebates	20,434	20,434	-		-
64	Fraud	872	872	-		-
65	Income Diversion Trust	486	486	-		-
66	Buy-In Recovery	215	215	-		-
67	Cost Settlement	500	500	-		-
68	Estate Recovery	9	9	-		-
69	HMS-RAC-TPL Subrogation	500	500	-		-
70	Total Other Revenues	74,634	74,634	-		-
71	General Fund Need		976,970	-		-
72						
73	FY 2016 GF Budget Request		891,722	-		-
74						
75	State Revenue Surplus/(Shortfall)		(85,248)	-		-

- Notes:**
- HIT, IHS, QI-1, 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 FFS, released September 2015, based on revised income data.
 - Administration expenditures are eligible for 50% FFP.
 - Pregnancy termination, special needs and state only buy-in (Part B) expenditures.
 - DOH for Medicaid DD traditional 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 59 and 60 is the 1/12th% of the gross receipts tax contributed by the counties to support the Safety Net Care Pool and Hospital Payments.
 - Line 61 represents the additional county support to fully fund the Safety Net Care Pool.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

Medicaid Children Enrollment Projection for SFY 2014-2017

Month-Year		Reported	Projected	Month Over Month Change
A	B	C	D	E
SFY 2014	Jul-13	335,387	335,403	-
	Aug-13	335,664	335,674	271
	Sep-13	333,708	333,714	(1,960)
	Oct-13	335,766	335,804	2,090
	Nov-13	333,019	333,051	(2,753)
	Dec-13	336,424	336,475	3,424
	Jan-14	338,543	339,064	2,589
	Feb-14	342,704	342,863	3,800
	Mar-14	346,161	346,323	3,460
	Apr-14	348,020	348,187	1,864
	May-14	348,680	348,855	668
	Jun-14	348,730	348,895	40
SFY 2015	Jul-14	353,881	354,038	5,143
	Aug-14	357,247	357,419	3,381
	Sep-14	360,030	360,204	2,784
	Oct-14	361,811	361,987	1,783
	Nov-14	363,365	363,532	1,546
	Dec-14	365,855	365,927	2,395
	Jan-15	367,584	367,732	1,805
	Feb-15	369,516	369,790	2,058
	Mar-15	371,135	371,558	1,767
	Apr-15	371,970	372,607	1,049
	May-15	373,533	374,360	1,754
	Jun-15	375,116	376,266	1,906
SFY 2016	Jul-15	376,610	378,263	1,997
	Aug-15	378,503	380,924	2,661
	Sep-15	379,045	382,794	1,870
	Oct-15	377,259	383,709	915
	Nov-15		384,757	1,049
	Dec-15		385,977	1,219
	Jan-16		383,874	(2,102)
	Feb-16		385,210	1,336
	Mar-16		386,240	1,030
	Apr-16		387,691	1,450
	May-16		389,099	1,408
	Jun-16		390,133	1,034
SFY 2017	Jul-16		391,006	874
	Aug-16		391,805	799
	Sep-16		392,662	856
	Oct-16		393,438	776
	Nov-16		394,135	697
	Dec-16		394,679	543
	Jan-17		395,423	745
	Feb-17		396,195	771
	Mar-17		396,992	797
	Apr-17		397,617	625
	May-17		398,092	476
	Jun-17		398,490	398

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-13 to Sep-15 were based on the Monthly Eligibility Report released in October 2015.
The reported enrollments for the month Oct-15 were based on the Medicaid Eligibility Report released in October 2015.
3. The estimated enrollments for the months from Jul-13 to Oct-15 were based on Monthly Eligibility Report released in October 2015 and adjusted for expected retroactive enrollments. The estimated enrollments for the months Nov-15 to Jun-17 were based on the regressive analysis of recent enrollment pattern, with consideration of impacts of new policies, court orders and the take-up from the eligible uninsured populations in New Mexico.

12/2/2015

Notes:

1. The reported enrollments for the full benefit base population and Medicaid expansion population for the months from Jul-13 to Sep-15 were based on the Monthly Eligibility Report released in October 2015. For Medicaid Expansion, the reported enrollments from the Monthly Eligibility Report for the months from Jan-14 to Mar-15 were adjusted based on the estimated number of clients with duplicate COEs (COE 100 and other COEs).
2. The reported enrollments for the full benefit base population and Medicaid expansion population for the month Oct-15 were based on the Medicaid Eligibility Report released in October 2015.
3. The estimated enrollments for the months from Jul-13 to Oct-15 were based on Monthly Eligibility Report released in October 2015 and adjusted for expected retroactive enrollments. The estimated enrollments for the months Nov-15 to Jun-17 were based on the regressive analysis of recent enrollment pattern, with consideration of impacts of new policies, court orders and the take-up from the eligible uninsured populations in New Mexico.
4. For Specified Low-Income Medicare Beneficiaries (SLIMBs) and Qualified Individuals (QIs) population, the estimated enrollments for the months from Jul-13 to Oct-15 were based on the reports created from the data warehouse of Medical Assistance Division on 11/18/2015 and adjusted for expected retroactive enrollments. For the months from Nov-15 to Jun-17, the estimated enrollments were based on regressive analysis of the recent enrollment pattern.

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>