STATE OF NEW MEXICO HUMAN SERVICES DEPARTMENT Medical Assistance Division

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

		FY 16 Title XIX	FY 17 %		Actual Paid Lump	Projected		FY 17 Title XIX	% Change from	CHIP Actual Paid		FY 17 TOTAL Medicaid	Mar 2016 Data	Change from	
No.	Description	Projection	Completion	Title XIX Actual YTD	Sum/ Others YTD	Lump Sum	Others	Projection	FY 16	YTD	CHIP Projection	Projection	Projection	Previous	No.
_ A	В	С	D	E	F	G	Н	İ	J	K	L	M	N	0	P
1	Inpatient Hospital	88,428	78.93%	60,609	-	-	=	76,722	-13.24%	352	513	77,236	76,549	687	1
2	DSH	31,516	75.01%	23,566	23,566	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	75.00%	64,219	64,219	85,625	=	85,625	17.62%	-	-	85,625	83,630	1,995	4
5	Safety Net Care	68,856	75.00%	51,667	51,667	68,889	=	68,889	0.05%	-	-	68,889	68,889	=	5
6	HQII Pool	2,824	100.00%	7,359	7,359	7,359	=	7,359	160.55%	-	-	7,359	5,765	1,594	6
7	Physician Services	38,996	87.21%	34,354	3,902	5,525	=	39,407	1.06%	427	476	39,883	40,681	(798)	7
8	IHS Hospital	116,302	87.26%	109,258	=	=	-	125,213	7.66%	-	-	125,213	125,425	(212)	8
9	ICF-IID	26,988	92.38%	25,571	=	=	-	27,680	2.56%	-	-	27,680	28,427	(747)	9
10	Clinic Services	46,264	30.54%	14,185	=	=	-	49,837	7.72%	1,581	1,787	51,624	52,277	(653)	10
11	Federal Qualified Health Centers	3,882	78.66%	3,630	=	=	-	4,615	18.89%	77	98	4,713	4,671	42	11
12	Other Practitioners	28,854	90.92%	27,676	-	-	-	30,439	5.49%	956	1,052	31,490	31,253	237	12
13	Outpatient Hospital	41,974	89.56%	36,966	-	-	-	41,285	-1.64%	487	535	41,820	42,493	(673)	13
14	PACE	12,116	99.85%	11,912	-	-	-	11,930	-1.53%	-	-	11,930	12,278	(348)	14
15	Others	39,438	93.23%	45,828	(2,245)	(4,365)	2,219	49,187	24.72%	1,523	1,600	50,787	53,489	(2,702)	15
16	BH FFS	34,370	87.56%	32,901	-	- '	-	37,570	9.31%	665	764	38,334	37,878	456	16
17	Subtotal	663,622	80.60%	568,202	166,968	212,950	2,219	705,675	6.34%	6,068	6,825	712,500	713,623	(1,123)	17
18	Traditional DD and MF Waiver (DOH)	280,516	61.05%	170,830	663	149	514	279,821	-0.25%	-	-	279,821	278,647	1,174	18
19	Mi Via Waivers (DOH)	69,617	96.51%	83,966	3,982	59	3,923	87,001	24.97%	-	-	87,001	86,138	863	19
20	Subtotal	350,133	69.46%	254,796	4,646	208	4,437	366,822	4.77%		-	366,822	364,785	2,037	20
21	Centennial Care-Physical Health	1,420,772	99.03%	1,406,708	-	30.818	(18,370)	1,420,914	0.01%	81,950	82,290	1,503,203	1,509,876	(6,673)	21
22	Centennial Care-LTSS	1,069,101	98.42%	1,049,940	=	12,195	-	1,066,765	-0.22%	1,112	1,112	1,067,876	1,073,805	(5,928)	
23	Centennial Care-Behavioral Health	318.520	98.95%	322,619	_	3.044	_	326.021	2,36%	18.959	19.191	345,212	344.498	714	
24	Subtotal	2,808,393	98.80%	2,779,267	-	46,057	(18,370)	2,813,699	0.19%	102,020	102,592	2,916,292	2,928,179	(11,887)	24
25	Medicare Part A	1,300	100.00%	1,710	-	-	-	1,710	31.53%	-	-	1,710	1,774	(64)	-
26	Medicare Part B	109,909	100.00%	131,716	_	_	_	131,716	19.84%	_	_	131,716	131,722	(6)	
27	Medicare Part D	36,702	100.00%	43,958	-	-	_	43,958	19.77%	_	_	43,958	43,915	43	
28	Subtotal	147,911	100.00%	177,384	_	-	_	177,384	71.14%	_	-	177,384	177,411	(27)	
29	Utilization	4,326	50.25%	2,512	2.512		5.000	5,000	15.57%			5,000	5,000		29
30	HIT	9,100	100.00%	23,725	23,725	23,725	-	23,725	160.70%	_	_	23,725	21,933	1,791	30
31	Contracts	-,100	0.00%	-5,725	,,25	1,970	-	1.970		_	-	1.970	1.970	-,,,,	31
32	Subtotal	13.427	85.48%	26.237	26.237	25.695	5.000	30,695	128.61%	-	-	30,695	28.904	1,791	32
33	Rate Increase for Primary Care Services	12,732	100.00%	233	233	233	-	233	-98.17%	_	-	233	233	-,,,,,	33
34	Health Insurance Providers Fee	90.219		-	-	-	_	-	-100.00%	_	_		-	_	34
35	Subtotal	102,951	100.00%	233	233	233	-	233	-99.77%	_	-	233	233	_	35
36	Medicaid Expansion - Physical Health	1,027,441	110.02%	1,318,424		22,318	(144,920)	1,198,385	16.64%		_	1,198,385	1,202,273	(3,888)	1
37	Medicaid Expansion - Physical Health Medicaid Expansion - Behavioral Health	101,098	98.03%	110,431	-	2,005	(177,520)	112,650	11.43%	_	-	112,650	112,980	(330)	
38	Subtotal	1,128,539	108.99%	1,428,855		24.323	(144,920)	1,311,035	16.17%	_		1,311,035	1,315,253	(4,218)	-
39	Subtotal	1,120,333	100.55/6	1,720,033		27,323	(177,320)	1,311,033	10.17/6			1,511,033	1,313,233	(7,210)	39
40	Prior Years Charged to Current Year	113.467	na			-	43.502	43,502	-61.66%			43,502	42.012	1.490	
41	Current Year Charged to Future Year	(43.502)	na				43,302	43,302	-100.00%			43,302	42,012	1,490	41
41	Carrent rear charged to ruture rear	(43,302)	na		-	-			-100.00%			-			41
43	Grand Total	5.284.942	96.12%	5,234,973	198.083	309.466	(108.132)	5,449,045	3.11%	108.088	109,417	5,558,463	5,570,399	(11,936)	4
.5	Grana rotal	3)20-1,3-12	3012270	3,23-1,373	130,003	233,100	(==0)102)	3,113,013	5.1170	100,000	_00),127	2,550,105	3,3.0,033	(11)550)	

Notes

- 1. (Line 10)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/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning.
- 3. (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.
- 4. (Lines 21, 37, Column H) Others under the managed care projection lines reflect retroactive eligibility reconciliation and Medicaid Expansion risk corridor for CY16, Hepatitis-C reconciliation.
- 5. (Line 34) 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.
- 6. (Line 35) Health Insurance Providers Fee is suspended for the 2016 data year, but will be resumed for data year 2017 and forward.
- 8/2/2017

STATE OF NEW MEXICO HUMAN SERVICES DEPARTMENT

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

		Federal Medicaid Expenditure Type and Federal Financial Participation Rates											
No.	Description	FY 17 Projection	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	Federal Share	% of Composite Federal Share
A	В	С	D	E	F	G	Н	I	J	K	L	M	N
1	Inpatient Hospital	77,236	18,625	15,491	169	76	513	-	42,361	-	-	64,156	83.06%
	DSH	31,417	-	-	-	-	-	-	31,417	-	-	22,347	71.13%
	GME	18,500	-	-	-	-	-	-	18,500	-	-	13,159	71.13%
	IME	85,625	-	-	-	-	-	-	85,625	-	-	60,905	71.13%
5	Safety Net Care	68,889	-	-	-	-	-	-	68,889	-	-	49,001	71.13%
	HQII Pool	7,359	-	-	-	-	-	-	7,359	-	-	5,235	71.13%
	Physician Services	39,883	5,632	5,643	-	17	476	-	28,028	-	87	31,388	78.70%
	IHS Hospital	125,213	123,973	-	-	-	-	-	1,240	-	-	124,855	99.71%
9	ICF-IID	27,680	71	162	-	-	-	-	27,447	-	-	19,705	71.19%
	Clinic Services	51,624	111	190	-	-	1,787	-	49,535	-	-	37,302	72.26%
11	Federal Qualified Health Centers	4,713	393	801	(1)	0	98	-	3,422	-	-	3,681	78.10%
12	Other Practitioners	31,490	353	520	-	0	1,052	-	29,566	-	-	22,892	72.69%
	Outpatient Hospital	41,820	7,126	6,550	-	24	535	-	27,585	-	-	33,488	80.08%
	PACE	11,930	-	-	-	-	-	-	11,930	-	-	8,462	70.93%
	Others	50,787	9,735	7,724	1,889	99	1,667	-	29,657	-	16	40,681	80.10%
	BH FFS	38,334	16,578	2,075	0	3	764	-	18,903	-	10	32,740	85.41%
17	Subtotal	712,500	182,598	39,156	2,057	220	6,891	-	481,465	-	113	569,996	80.00%
	Traditional DD and MF Waiver (DOH)	279,821	-	-	-	-	-	514	278,720	587	-	198,515	70.94%
	Mi Via Waivers (DOH)	87,001	-	-	-	-	-	1,926	82,991	2,084	-	61,427	70.60%
20		366,822		-	-	-	-	2,440	361,712	2,670		259,941	70.86%
	Centennial Care-Physical Health	1,503,203	30,613	-	13,696	1,193		-	1,375,413	-	-	1,101,938	73.31%
	Centennial Care-LTSS	1,067,876	12,195	-	-	720		-	1,053,850	-	-	761,483	71.31%
	Centennial Care-Behavioral Health	345,212	3,044	*	1,529	121		*	321,327	*	*	251,633	72.89%
24	Subtotal	2,916,292	45,851	-	15,224	2,034	102,592		2,750,590	-		2,115,054	72.53%
	Medicare Part A	1,710	-	-	-	-		-	1,710	-	-	1,216	71.13%
	Medicare Part B	131,716	5,379	-	-	-		-	110,982	-	15,355	84,125	63.87%
	Medicare Part D	43,958	*	*	*		-	*		*	43,958		0.00%
28	Subtotal	177,384	5,379	-	-	-	-	-	112,691	-	59,313	85,341	48.11%
	Utilization	5,000	-	-	-	-	-	5,000	-	-	-	3,750	75.00%
	ніт	23,725	23,725	-	-	-		-		-	-	23,725	100.00%
	Contracts	1,970	*	*	*		-	*	376	1,595	*	1,065	54.03%
32	Subtotal	30,695	23,725		-		-	5,000	376	1,595	-	28,539	92.98%
	Rate Increase for Primary Care Services	233	31	-	-	-	-	-	201	-	-	174	75.04%
34	Subtotal	233	31		-	-	-	-	201	-	-	174	75.04%
	Medicaid Expansion - Physical Health	1,198,385	524,531	673,854	-	-	-	-	-	-	-	1,164,693	97.19%
	Medicaid Expansion - Behavioral Health	112,650	56,208	56,442	-	-	-	-	-	-	-	109,828	97.49%
37	Subtotal	1,311,035	580,739	730,296	-	-	-	-	-	-	-	1,274,521	97.21%
38													
39	Prior Years Charged to Current Year	43,502	-	-	-	-	-	-	43,502	-	-	30,612	70.37%
40	Current Year Charged to Future Year												

45		FY 17	Billed	Collection	HSD	Change from
	State Share Revenues:	Op. Budget	Amount	YTD	Projection	Previous
47	Department of Health (Line 18 & 19) 9,16	103,360	90,403	90,285	105,103	(128)
	Department of Health Additional Need /(Surplus)			-	463	229
49	Department of Health for Early Intervention	8,062	7,177	6,531	8,292	
50	Department of Health for FQHCs	462	462	462	560	
51	Department of Health for EC	1			1	
52	Children, Youth and Families	=			-	
53	County Supported Medicaid Fund	33,533	25,081	23,454	31,835	2,090
54	Tobacco Settlement Revenue, Base	27,319		27,319	27,319	
55	Tobacco Settlement Revenue	=			-	1
56	UNM IGT	43,007	40,600	35,900	40,600	
57	Total Operating Transfers In	215,744	163,723	183,952	214,173	2,191
58						2
	Physician UPL UNM	1,993	1,160	1,160	1,605	3
60	Safety Net Care 11	-			-	4
61	County Supported Hospital Payments 11	26,618	23,259	23,210	23,259	
62	Additional County Supported Hospital Payments 12	-			-	4
63	Miner's Colfax 14	771				(1,036)
64	County Contribution for Incarcerated Population ¹⁵	-				
	Drug Rebates	20,434		28,413	28,413	(489)
66	Fraud	872		322	375	
67	Income Diversion Trust	486		639	800	
68	Buy-In Recovery	215		15	20	
69	Cost Settlement	500		174	250	ç
70	Estate Recovery	9		9	9	
71	Misc. Revenue			336	336	236
72	HMS-RAC-TPL/Subrogation	500				1
73	Total Other Revenues	52,398		54,277	55,067	(1,289)
74						1
	General Fund Need				910,722	(3,926)
76						
77	HB 2 / SFC				913,637	
78					16,806	
	BHSD Previous Year Reversion				500	1
80						
	Transfer to support MMISR				(5,000)	1
82	State Revenue Surplus / (Shortfall)				15,220	3,926

Grand Total

5,558,463

838,323

769,452

17,282

2,254

PROJECTED REVENUES				
Federal Revenues	4,364,179			
Federal Disallowance 10	11,607			
MSBS CPE 13	14,322			
IHS Referral 100% FFP	11,607			
All State Revenues	1,179,962			

59,427

4,364,179

78.51%

4,265

lotes:

7,440

109,484

. 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.

2. Health Homes, sterilization and family planning service costs are eligible for 90% FFP. Breast and cervical cancer (BCC) program with enhanced FMAP.

3. CHIP is a Title XXI program with enhanced FMAP. FY17 will have 100% FFP. Under the ACA

3,750,537

4. CHIP is a Title XXI program with enhanced PMAP, FY17 will have 100% FFP. Under the beginning Oct. 2015. Medicaid will receive 100% much for CHIP list dist brough FFY2019. 5. Utilization review is federally matched at 75%; admin. expenses. 5. Title XIX expenditures with regular FMAP. The FFY 2017 FMAP is from FFIS, released September 2015, based on revised income data. 7. Administration expenditures are eligible for 50% FFP. 8. 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.

Medicare 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.

(I) Endued potential disallowance for 100% HBs referred in the 112 medical participation of the prosence
8/2/2017