



**Notes:**

1. The reported enrollments for the full benefit base population and Medicaid expansion population for the months from Jul-14 to Aug-16 were based on the Monthly Eligibility Report released in Sep 2016. For Medicaid Expansion, the reported enrollments from the Monthly Eligibility Report for the months from Jul-14 to Aug-16 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 Sep-16 were based on the Medicaid Eligibility Report released in September 2016.
3. The estimated enrollments for the months from Jul-14 to Sep-16 were based on Monthly Eligibility Report released in Sep 2016 and adjusted for expected retroactive enrollments. The estimated enrollments for the months Oct-16 to Jun-18 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 (QI1s) population, the estimated enrollments for the months from Jul-14 to Sep-16 were based on the reports created from the data warehouse of Medical Assistance Division in October 2016 and adjusted for expected retroactive enrollments. For the months from Oct-16 to Jun-18, 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>

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

Medicaid Children Enrollment Projection for SFY 2015-2018

Month-Year		Reported	Projected	Change from Jun. 2016 Projection	Month Over Month Change
A	B	C	D	E	F
SFY 2015	Jul-14	353,063	353,282	(17)	-
	Aug-14	356,380	356,568	(52)	3,286
	Sep-14	359,097	359,279	(23)	2,711
	Oct-14	360,824	360,958	(21)	1,679
	Nov-14	362,336	362,439	(14)	1,481
	Dec-14	364,776	364,807	(39)	2,368
	Jan-15	366,535	366,528	(32)	1,721
	Feb-15	368,599	368,539	(45)	2,011
	Mar-15	370,341	370,251	(22)	1,712
	Apr-15	371,321	371,135	(80)	884
	May-15	373,018	372,806	(11)	1,671
Jun-15	<b>374,775</b>	<b>374,521</b>	<b>5</b>	<b>1,715</b>	
SFY 2016	Jul-15	376,560	376,266	88	1,745
	Aug-15	378,937	378,597	103	2,331
	Sep-15	380,301	380,064	50	1,467
	Oct-15	380,774	380,553	15	489
	Nov-15	381,733	381,579	(27)	1,026
	Dec-15	383,452	383,410	5	1,831
	Jan-16	382,842	382,919	12	(491)
	Feb-16	384,306	384,500	(57)	1,581
	Mar-16	385,054	385,329	2	829
	Apr-16	384,963	385,198	(43)	(131)
	May-16	385,722	386,289	(172)	1,091
Jun-16	<b>386,718</b>	<b>387,614</b>	<b>(535)</b>	<b>1,325</b>	
SFY 2017	Jul-16	387,782	389,317	23	1,703
	Aug-16	388,917	391,371	1,139	2,054
	Sep-16	386,362	391,991	707	620
	Oct-16		392,979	692	988
	Nov-16		394,164	674	1,185
	Dec-16		395,081	651	917
	Jan-17		396,123	628	1,042
	Feb-17		397,025	591	902
	Mar-17		398,053	556	1,028
	Apr-17		399,045	520	992
	May-17		399,958	490	913
Jun-17		<b>400,764</b>	<b>451</b>	<b>806</b>	
SFY 2018	Jul-17		401,527	440	763
	Aug-17		401,964	430	437
	Sep-17		402,869	423	905
	Oct-17		403,695	413	826
	Nov-17		404,509	404	814
	Dec-17		405,141	394	632
	Jan-18		406,073	399	932
	Feb-18		406,731	402	658
	Mar-18		407,471	407	740
	Apr-18		407,852	413	381
	May-18		408,197	417	345
Jun-18		<b>408,981</b>	<b>423</b>	<b>784</b>	

Notes:

1. Medicaid Children are defined as any client less than age 21, regardless of category of eligibility.
2. The reported enrollments for the months from Jul-14 to Aug-16 were based on the Monthly Eligibility Report released in Sep 2016. The reported enrollments for the month Sep-16 were based on the Medicaid Eligibility Report released in Sep 2016.
3. The estimated enrollments for the months from Jul-14 to Sep-16 were based on Monthly Eligibility Report released in September 2016 and adjusted for expected retroactive enrollments. The estimated enrollments for the months Oct-16 to Jun-18 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.

11/2/2016

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY 16 Lag Model with Centennial Care and Medicaid Expansion with Actual Data Thru Sep 2016 (\$000s)

No.	Description	FY 15 Title XIX Projection	FY 16 % Completion	Title XIX Actual YTD	Actual Paid Lump Sum/ Others YTD	Projected Lump Sum	Others	FY 16 Title XIX Projection	% Change from FY 15	CHIP Actual Paid YTD	CHIP Projection	FY 16 TOTAL Medicaid Projection	Jun 2016 Data Projection	Change from Previous	No.
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Inpatient Hospital	86,890	96.70%	83,933	-	-	-	86,797	-0.11%	1,533	1,585	88,382	87,778	605	1
2	DSH	32,991	12.07%	3,883	3,883	32,160	-	32,160	-2.52%	-	-	32,160	32,160	-	2
3	GME	7,187	56.46%	5,584	5,584	9,889	-	9,889	37.60%	-	-	9,889	7,287	2,602	3
4	IME	61,565	100.00%	72,799	72,799	72,799	-	72,799	18.25%	-	-	72,799	60,928	11,871	4
5	Safety Net Care	34,445	100.00%	70,451	70,451	70,451	-	70,451	104.53%	-	-	70,451	68,889	1,561	5
6	HQII Pool	-	100.00%	2,824	2,824	2,824	-	2,824	--	-	-	2,824	2,824	-	6
7	Physician Services	39,201	96.47%	38,461	5,613	5,613	-	39,864	1.69%	650	677	40,542	40,919	(377)	7
8	IHS Hospital	110,356	96.31%	113,721	-	-	-	118,083	7.00%	-	-	118,083	119,945	(1,861)	8
9	ICF-IID	26,585	96.75%	26,748	-	-	-	27,646	3.99%	-	-	27,646	27,873	(227)	9
10	Clinic Services	15,462	44.58%	19,110	-	-	-	45,116	191.78%	1,912	2,045	47,160	47,160	-	10
11	Federal Qualified Health Centers	3,804	99.17%	3,872	-	-	-	3,905	2.65%	88	89	3,994	4,102	(109)	11
12	Other Practitioners	27,521	99.49%	28,715	-	-	-	28,862	4.87%	1,181	1,187	30,049	30,012	37	12
13	Outpatient Hospital	38,576	96.44%	41,439	-	-	-	42,971	11.39%	820	850	43,821	44,177	(356)	13
14	PACE	11,843	99.96%	12,116	-	-	-	12,121	2.34%	-	-	12,121	12,129	(8)	14
15	Others	44,052	97.33%	49,844	-	-	100	51,235	16.31%	1,849	1,877	53,112	53,724	(612)	15
16	BH FFS	32,397	97.51%	33,832	-	-	-	34,704	7.12%	840	854	35,558	36,506	(948)	16
17	<b>Subtotal</b>	<b>572,876</b>	<b>89.49%</b>	<b>607,331</b>	<b>161,154</b>	<b>193,736</b>	<b>100</b>	<b>679,427</b>	<b>18.60%</b>	<b>8,873</b>	<b>9,165</b>	<b>688,592</b>	<b>676,415</b>	<b>12,177</b>	17
18	DD and MF (DOH)	279,305	99.38%	278,793	624	147	477	280,544	0.44%	-	-	280,544	283,242	(2,699)	18
19	Mi Via Waivers (DOH)	45,616	99.39%	69,239	3,185	69	3,115	69,666	52.72%	-	-	69,666	68,268	1,398	19
20	<b>Subtotal</b>	<b>324,921</b>	<b>99.38%</b>	<b>348,032</b>	<b>3,809</b>	<b>216</b>	<b>3,593</b>	<b>350,210</b>	<b>7.78%</b>	<b>-</b>	<b>-</b>	<b>350,210</b>	<b>351,511</b>	<b>(1,301)</b>	20
21	Centennial Care-Physical Health	1,467,068	101.73%	1,431,845	(2,500)	25,307	(42,523)	1,406,684	-4.12%	93,096	92,339	1,499,023	1,536,712	(37,688)	21
22	Centennial Care-LTSS	1,000,665	100.59%	1,065,551	-	11,552	-	1,059,274	5.86%	1,290	1,290	1,060,564	1,055,443	5,121	22
23	Centennial Care-Behavioral Health	304,492	99.58%	316,093	-	3,157	-	317,649	4.32%	22,660	22,524	340,174	345,664	(5,490)	23
24	<b>Subtotal</b>	<b>2,772,225</b>	<b>101.06%</b>	<b>2,813,489</b>	<b>(2,500)</b>	<b>40,016</b>	<b>(42,523)</b>	<b>2,783,608</b>	<b>0.41%</b>	<b>117,046</b>	<b>116,153</b>	<b>2,899,761</b>	<b>2,937,819</b>	<b>(38,058)</b>	24
25	Medicare Part A	1,483	100.00%	1,300	-	-	-	1,300	-12.35%	-	-	1,300	1,300	-	25
26	Medicare Part B	102,528	100.00%	109,909	-	-	-	109,909	7.20%	-	-	109,909	109,909	-	26
27	Medicare Part D	30,689	100.00%	36,702	-	-	-	36,702	19.60%	-	-	36,702	36,702	-	27
28	<b>Subtotal</b>	<b>134,700</b>	<b>100.00%</b>	<b>147,911</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>147,911</b>	<b>14.45%</b>	<b>-</b>	<b>-</b>	<b>147,911</b>	<b>147,911</b>	<b>-</b>	28
29	Utilization	2,588	100.00%	4,326	4,326	-	4,326	4,326	67.15%	-	-	4,326	4,326	-	29
30	HIT	6,305	100.00%	9,282	9,282	9,282	-	9,282	47.23%	-	-	9,282	9,240	43	30
31	Contracts	822	--	-	-	-	-	-	-100.00%	-	-	-	-	-	31
32	<b>Subtotal</b>	<b>9,715</b>	<b>100.00%</b>	<b>13,609</b>	<b>13,609</b>	<b>9,282</b>	<b>4,326</b>	<b>13,609</b>	<b>40.08%</b>	<b>-</b>	<b>-</b>	<b>13,609</b>	<b>13,566</b>	<b>43</b>	32
33	Rate Increase for Primary Care Services	24,205	80.09%	9,104	9,104	11,366	-	11,366	-53.04%	-	-	11,366	11,252	114	33
34	Health Home	-	--	-	-	-	-	-	--	-	-	-	-	-	34
35	Health Insurance Providers Fee	84,298	0.00%	-	-	-	95,279	95,279	13.03%	-	-	95,279	95,281	(1)	35
36	<b>Subtotal</b>	<b>108,503</b>	<b>8.54%</b>	<b>9,104</b>	<b>9,104</b>	<b>11,366</b>	<b>95,279</b>	<b>106,646</b>	<b>-1.71%</b>	<b>-</b>	<b>-</b>	<b>106,646</b>	<b>106,533</b>	<b>113</b>	36
37	Medicaid Expansion - Physical Health	1,153,070	133.39%	1,388,275	-	18,231	(368,021)	1,040,784	-9.74%	-	-	1,040,784	1,280,077	(239,293)	37
38	Medicaid Expansion - Behavioral Health	86,148	98.26%	99,606	-	1,586	-	101,368	17.67%	-	-	101,368	98,413	2,956	38
39	<b>Subtotal</b>	<b>1,239,218</b>	<b>130.27%</b>	<b>1,487,881</b>	<b>-</b>	<b>19,817</b>	<b>(368,021)</b>	<b>1,142,153</b>	<b>-7.83%</b>	<b>-</b>	<b>-</b>	<b>1,142,153</b>	<b>1,378,489</b>	<b>(236,337)</b>	39
40															40
41	<b>Prior Years Charged to Current Year</b>	<b>7,274</b>	<b>na</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>113,467</b>	<b>113,467</b>	<b>1459.83%</b>	<b>-</b>	<b>-</b>	<b>113,467</b>	<b>113,467</b>	<b>-</b>	41
42	<b>Current Year Charged to Future Year</b>	<b>(113,467)</b>	<b>na</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(42,357)</b>	<b>(42,357)</b>	<b>-62.67%</b>	<b>-</b>	<b>-</b>	<b>(42,357)</b>	<b>(69,756)</b>	<b>27,399</b>	42
43															43
44	<b>Grand Total</b>	<b>5,055,965</b>	<b>102.46%</b>	<b>5,427,358</b>	<b>185,175</b>	<b>274,433</b>	<b>(236,135)</b>	<b>5,294,673</b>	<b>4.72%</b>	<b>125,919</b>	<b>125,318</b>	<b>5,419,991</b>	<b>5,655,956</b>	<b>(235,964)</b>	44

Notes:

- (Line 10) Clinic Services consists primarily of school based health services with small amounts also going to clinics providing a variety of services.
- (Line 15) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning.
- (Lines 21-23, 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.
- (Lines 21, 37, Column H) Others under the managed care projection lines reflect retroactive eligibility reconciliation for CY14 and CY15, Risk Corridor recoupment for CY14 and CY15, Hepatitis-C reconciliation, MCO sanctions.
- (Line 34) Health Home budget has been built into the MCO rates starting from April 2016 for Behavior Health program for both Medicaid Base population and Expansion population, so the expenditures on Health Home is not shown in this line.

11/2/2016



STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY 17 Lag Model with Centennial Care and Medicaid Expansion with Actual Data Thru Sep 2016 (\$000s)

No.	Description	FY 16 Title XIX	FY 17 %	Title XIX	Actual Paid Lump	Projected	FY 17 Title XIX		% Change	CHIP Actual	CHIP	FY 17 TOTAL		Jun 2016 Data	Change from	No.
		Projection	Completion	Actual YTD	Sum/ Others YTD	Lump Sum	Others	Projection	from FY 16	Paid YTD	Projection	Medicaid Projection	Projection	Projection	Previous	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
1	Inpatient Hospital	86,797	11.94%	10,139	-	-	-	84,918	-2.17%	306	2,566	87,484	87,068	416	1	
2	DSH	32,160	0.00%	-	-	32,774	-	32,774	1.91%	-	-	32,774	32,774	-	2	
3	GME	9,889	0.00%	-	-	18,500	-	18,500	87.07%	-	-	18,500	16,847	1,653	3	
4	IME	72,799	0.00%	-	-	90,787	-	90,787	24.71%	-	-	90,787	83,667	7,120	4	
5	Safety Net Care	70,451	0.00%	-	-	68,889	-	68,889	-2.22%	-	-	68,889	68,889	-	5	
6	HQII Pool	2,824	0.00%	-	-	5,765	-	5,765	104.10%	-	-	5,765	5,765	-	6	
7	Physician Services	39,864	14.17%	5,935	-	5,785	-	41,996	5.35%	104	637	42,633	42,199	434	7	
8	IHS Hospital	118,083	18.01%	22,877	-	-	-	127,025	7.57%	-	-	127,025	125,396	1,629	8	
9	ICF-IID	27,646	20.46%	5,631	-	-	-	27,524	-0.44%	-	-	27,524	27,937	(413)	9	
10	Clinic Services	45,116	3.29%	1,545	-	-	-	50,117	11.09%	137	1,053	51,170	51,170	-	10	
11	Federal Qualified Health Centers	3,905	15.82%	740	-	-	-	4,678	19.81%	18	113	4,791	4,908	(117)	11	
12	Other Practitioners	28,862	16.98%	5,032	-	-	-	29,634	2.68%	192	1,128	30,762	30,640	122	12	
13	Outpatient Hospital	42,971	16.18%	7,095	-	-	-	43,849	2.04%	124	767	44,616	44,947	(331)	13	
14	PACE	12,121	25.68%	3,112	-	-	-	12,119	-0.01%	-	-	12,119	12,129	(10)	14	
15	Others	51,235	19.77%	10,972	-	-	2,219	55,560	8.44%	367	1,782	57,342	55,794	1,548	15	
16	BH FFS	34,704	17.15%	6,368	-	-	-	37,090	6.88%	141	869	37,959	37,562	397	16	
17	<b>Subtotal</b>	<b>679,427</b>	<b>10.92%</b>	<b>79,447</b>	<b>-</b>	<b>222,501</b>	<b>2,219</b>	<b>731,226</b>	<b>7.62%</b>	<b>1,389</b>	<b>8,916</b>	<b>740,141</b>	<b>727,693</b>	<b>12,448</b>	17	
18	DD and MF (DOH)	280,544	7.69%	21,405	131	149	526	278,525	-0.72%	-	-	278,525	281,796	(3,271)	18	
19	Mi Via Waivers (DOH)	69,666	19.43%	16,081	625	71	3,644	82,749	18.78%	-	-	82,749	78,761	3,988	19	
20	<b>Subtotal</b>	<b>350,210</b>	<b>10.38%</b>	<b>37,486</b>	<b>757</b>	<b>220</b>	<b>4,170</b>	<b>361,274</b>	<b>3.16%</b>	<b>-</b>	<b>-</b>	<b>361,274</b>	<b>360,557</b>	<b>717</b>	20	
21	Centennial Care-Physical Health	1,406,684	23.69%	338,648	-	25,063	(9,397)	1,431,819	1.79%	19,987	82,105	1,513,924	1,565,435	(51,511)	21	
22	Centennial Care-LTSS	1,059,274	23.94%	263,435	-	11,552	2,640	1,101,288	3.97%	314	314	1,101,602	1,110,522	(8,920)	22	
23	Centennial Care-Behavioral Health	317,649	23.92%	83,472	-	3,157	4,172	349,408	10.00%	5,115	20,867	370,275	378,810	(8,535)	23	
24	<b>Subtotal</b>	<b>2,783,608</b>	<b>23.81%</b>	<b>685,555</b>	<b>-</b>	<b>39,772</b>	<b>(2,586)</b>	<b>2,882,514</b>	<b>3.55%</b>	<b>25,416</b>	<b>103,286</b>	<b>2,985,800</b>	<b>3,054,767</b>	<b>(68,967)</b>	24	
25	Medicare Part A	1,300	36.59%	508	-	-	-	1,387	6.74%	-	-	1,387	1,295	92	25	
26	Medicare Part B	109,909	29.89%	40,753	-	-	-	136,344	24.05%	-	-	136,344	136,190	154	26	
27	Medicare Part D	36,702	16.28%	7,001	-	-	-	43,005	17.17%	-	-	43,005	42,567	438	27	
28	<b>Subtotal</b>	<b>147,911</b>	<b>26.70%</b>	<b>48,262</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>180,737</b>	<b>47.97%</b>	<b>-</b>	<b>-</b>	<b>180,737</b>	<b>180,051</b>	<b>686</b>	28	
29	Utilization	4,326	13.28%	664	664	-	5,000	5,000	15.57%	-	-	5,000	5,000	-	29	
30	HIT	9,282	53.83%	6,459	6,459	12,000	-	12,000	29.28%	-	-	12,000	8,000	4,000	30	
31	Contracts	-	0.00%	-	-	1,345	-	1,345	--	-	-	1,345	-	1,345	31	
32	<b>Subtotal</b>	<b>13,609</b>	<b>38.83%</b>	<b>7,123</b>	<b>7,123</b>	<b>13,345</b>	<b>5,000</b>	<b>18,345</b>	<b>34.80%</b>	<b>-</b>	<b>-</b>	<b>18,345</b>	<b>13,000</b>	<b>5,345</b>	32	
33	Rate Increase for Primary Care Services	11,366	100.00%	153	153	153	-	153	-98.65%	-	-	153	-	153	33	
34	Health Home	-	--	-	-	-	-	-	--	-	-	-	-	-	34	
35	Health Insurance Providers Fee	95,279	--	-	-	-	-	-	-100.00%	-	-	-	-	-	35	
36	<b>Subtotal</b>	<b>106,646</b>	<b>100.00%</b>	<b>153</b>	<b>153</b>	<b>153</b>	<b>-</b>	<b>153</b>	<b>-99.86%</b>	<b>-</b>	<b>-</b>	<b>153</b>	<b>-</b>	<b>153</b>	36	
37	Medicaid Expansion - Physical Health	1,040,784	23.55%	326,619	-	18,231	(4,449)	1,386,883	33.25%	-	-	1,386,883	1,372,609	14,274	37	
38	Medicaid Expansion - Behavioral Health	101,368	22.99%	25,422	-	1,586	1,650	110,566	9.07%	-	-	110,566	109,140	1,426	38	
39	<b>Subtotal</b>	<b>1,142,153</b>	<b>23.51%</b>	<b>352,041</b>	<b>-</b>	<b>19,817</b>	<b>(2,799)</b>	<b>1,497,450</b>	<b>31.11%</b>	<b>-</b>	<b>-</b>	<b>1,497,450</b>	<b>1,481,750</b>	<b>15,700</b>	39	
40															40	
41	<b>Prior Years Charged to Current Year</b>	<b>113,467</b>	<b>na</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>42,357</b>	<b>42,357</b>	<b>-62.67%</b>	<b>-</b>	<b>-</b>	<b>42,357</b>	<b>69,756</b>	<b>(27,399)</b>	41	
42	<b>Current Year Charged to Future Year</b>	<b>(42,357)</b>	<b>na</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-100.00%</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	42	
43															43	
44	<b>Grand Total</b>	<b>5,294,673</b>	<b>21.23%</b>	<b>1,210,067</b>	<b>8,032</b>	<b>295,808</b>	<b>48,360</b>	<b>5,714,055</b>	<b>7.92%</b>	<b>26,805</b>	<b>112,201</b>	<b>5,826,256</b>	<b>5,887,573</b>	<b>(61,317)</b>	44	

Notes:

- (Line 10) Clinic Services consists primarily of Medicaid School-Based Services (MSBS) with small amounts also going to clinics providing a variety of services.
  - (Line 15) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning.
  - (Lines 21-23, 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.
  - (Lines 21, 37, Column H) Others under the managed care projection lines reflect retroactive eligibility reconciliation for CY14 and CY15, Hepatitis-C reconciliation, NMMIP for second half of SFY17.
  - (Line 34) Health Home budget has been built into the MCO rates starting from April 2016 for Behavior Health program for both Medicaid Base population and Expansion population, so the expenditures on Health Home is not shown in this line.
  - (Line 34) Health Insurance Providers Fee is suspended for the 2016 data year, but will be resumed for data year 2017 and forward.
- 11/2/2016

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY 17 Lag Model with Centennial Care and Medicaid Expansion with Actual Data Thru Sep 2016 (\$000s)

No.	Description	Federal Medicaid Expenditure Type and Federal Financial Participation Rates											% of Composite Federal Share
		FY 17 Projection	HIT, IHS, Refugees, Medicaid Expansion (100% FFP) <sup>1</sup>	Medicaid Expansion (95% FFP) <sup>1</sup>	Health Homes, Sterilization & Family Planning Services (90% FFP) <sup>2</sup>	Breast & Cervical Cancer (EFMAP) <sup>3</sup>	Title XXI CHIP (EFMAP) <sup>4</sup>	Utilization Review (75% FFP) <sup>5</sup>	Title XIX Medicaid (FMAP) <sup>6</sup>	Admin and Fees (50% FFP) <sup>7</sup>	Non-Federal Financial Participation Expenses (0% FFP) <sup>8</sup>	Federal Share	
A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Inpatient Hospital	87,484	17,411	19,446	286	-	2,566	-	47,774	-	-	72,647	83.04%
2	DSH	32,774	-	-	-	-	-	-	32,774	-	-	23,312	71.13%
3	GME	18,500	-	-	-	-	-	-	18,500	-	-	13,159	71.13%
4	IME	90,787	-	-	-	-	-	-	90,787	-	-	64,577	71.13%
5	Safety Net Care	68,889	-	-	-	-	-	-	68,889	-	-	49,001	71.13%
6	HQII Pool	5,765	-	-	-	-	-	-	5,765	-	-	4,100	71.13%
7	Physician Services	42,633	5,421	6,335	-	24	637	-	30,160	-	56	33,518	78.62%
8	IHS Hospital	127,025	127,025	-	-	-	-	-	-	-	-	127,025	100.00%
9	ICF-IID	27,524	-	171	-	-	-	-	27,352	-	-	19,576	71.12%
10	Clinic Services	51,170	139	214	-	-	1,053	-	49,734	-	30	36,760	71.84%
11	Federal Qualified Health Centers	4,791	629	601	3	1	113	-	3,444	-	-	3,762	78.53%
12	Other Practitioners	30,762	463	514	-	-	1,128	-	28,657	-	-	22,426	72.90%
13	Outpatient Hospital	44,616	6,612	7,623	-	52	767	-	29,561	-	-	35,653	79.91%
14	PACE	12,119	-	-	-	-	-	-	12,119	-	-	8,597	70.93%
15	Others	57,342	7,811	8,558	2,137	112	1,848	-	36,864	-	11	45,971	80.17%
16	BH FFS	37,959	3,223	4,081	1	4	869	-	29,769	-	13	29,124	76.73%
17	<b>Subtotal</b>	<b>740,141</b>	<b>168,735</b>	<b>47,543</b>	<b>2,427</b>	<b>193</b>	<b>8,982</b>	-	<b>512,152</b>	-	<b>110</b>	<b>589,210</b>	<b>79.61%</b>
18	DD and MF (DOH)	278,525	-	-	-	-	-	526	277,251	748	-	197,561	70.93%
19	Mi Via Waivers (DOH)	82,749	-	-	-	-	-	1,728	78,993	2,028	-	58,411	70.59%
20	<b>Subtotal</b>	<b>361,274</b>	-	-	-	-	-	<b>2,254</b>	<b>356,244</b>	<b>2,776</b>	-	<b>255,972</b>	<b>70.85%</b>
21	Centennial Care-Physical Health	1,513,924	25,063	-	15,934	1,498	82,105	-	1,389,324	-	-	1,108,357	73.21%
22	Centennial Care-LTSS	1,101,602	11,552	-	-	720	314	-	1,089,016	-	-	785,056	71.26%
23	Centennial Care-Behavioral Health	370,275	3,157	-	143	127	20,867	-	345,980	-	-	269,716	72.84%
24	<b>Subtotal</b>	<b>2,985,800</b>	<b>39,772</b>	-	<b>16,077</b>	<b>2,345</b>	<b>103,286</b>	-	<b>2,824,320</b>	-	-	<b>2,163,128</b>	<b>72.45%</b>
25	Medicare Part A	1,387	-	-	-	-	-	-	1,387	-	-	987	71.13%
26	Medicare Part B	136,344	5,507	-	-	-	-	-	116,056	-	14,781	87,796	64.39%
27	Medicare Part D	43,005	-	-	-	-	-	-	-	-	43,005	-	0.00%
28	<b>Subtotal</b>	<b>180,737</b>	<b>5,507</b>	-	-	-	-	-	<b>117,444</b>	-	<b>57,787</b>	<b>88,783</b>	<b>49.12%</b>
29	Utilization	5,000	-	-	-	-	-	5,000	-	-	-	3,750	75.00%
30	HIT	12,000	12,000	-	-	-	-	-	-	-	-	12,000	100.00%
31	Contracts	1,345	-	-	-	-	-	-	1,345	-	-	957	71.13%
32	<b>Subtotal</b>	<b>18,345</b>	<b>12,000</b>	-	-	-	-	<b>5,000</b>	<b>1,345</b>	-	-	<b>16,707</b>	<b>91.07%</b>
33	Rate Increase for Primary Care Services	153	17	-	-	-	-	-	136	-	-	113	73.66%
34	Health Home	-	-	-	-	-	-	-	-	-	-	-	-
35	Health Insurance Providers Fee	-	-	-	-	-	-	-	-	-	-	-	-
36	<b>Subtotal</b>	<b>153</b>	<b>17</b>	-	-	-	-	-	<b>136</b>	-	-	<b>113</b>	<b>73.66%</b>
37	Medicaid Expansion - Physical Health	1,386,883	633,902	752,981	-	-	-	-	-	-	-	1,349,234	97.29%
38	Medicaid Expansion - Behavioral Health	110,566	50,710	59,857	-	-	-	-	-	-	-	107,574	97.29%
39	<b>Subtotal</b>	<b>1,497,450</b>	<b>684,612</b>	<b>812,838</b>	-	-	-	-	-	-	-	<b>1,456,808</b>	<b>97.29%</b>
40													
41	<b>Prior Years Charged to Current Year</b>	<b>42,357</b>	-	-	-	-	-	-	<b>42,357</b>	-	-	<b>29,806</b>	<b>70.00%</b>
42	<b>Current Year Charged to Future Year</b>												
43													
44	<b>Grand Total</b>	<b>5,826,256</b>	<b>910,643</b>	<b>860,381</b>	<b>18,504</b>	<b>2,538</b>	<b>112,268</b>	<b>7,254</b>	<b>3,853,997</b>	<b>2,776</b>	<b>57,896</b>	<b>4,600,527</b>	<b>78.96%</b>

	FY 17 Op. Budget	Billed Amount	Collection YTD	HSD Projection	Change from Previous	
47						
48	<b>State Share Revenues:</b>					
49	Department of Health (Line 18 & 19) <sup>9,16</sup>	103,360	20,773	10,921	104,655	394
50	Department of Health Additional Need / (Surplus)					(108)
51	Department of Health for Early Intervention	8,062	2,016	626	8,292	-
52	Department of Health for FQHCs	462	462		560	-
53	Department of Health for EC	1			1	-
54	Children, Youth and Families	-				-
55	County Supported Medicaid Fund	33,533	9,959	1,847	30,200	(1,635)
56	Tobacco Settlement Revenue, Base	27,319		6,830	27,319	-
57	Tobacco Settlement Revenue	-				-
58	UNM IGT	43,007			44,915	(6,758)
59	<b>Total Operating Transfers In</b>	<b>215,744</b>	<b>33,211</b>	<b>20,223</b>	<b>215,942</b>	<b>(8,107)</b>
60						
61	Physician UPL UNM	1,993			1,681	(312)
62	Safety Net Care <sup>11</sup>	-				-
63	County Supported Hospital Payments <sup>11</sup>	26,618	23,259	2,835	23,259	(2,978)
64	Additional County Supported Hospital Payments <sup>12</sup>	-				-
65	Miner's Colfax <sup>14</sup>	771			1,036	-
66	County Contribution for Incarcerated Population <sup>15</sup>	-				-
67	Drug Rebates	20,434		5,755	28,167	3,146
68	Fraud	872		6	872	-
69	Income Diversion Trust	486		275	486	-
70	Buy-In Recovery	215		11	215	-
71	Cost Settlement	500		64	500	-
72	Estate Recovery	9		1	9	-
73	Misc. Revenue	-		32	32	32
74	HMS-RAC-TPL/Subrogation	500			500	-
75	<b>Total Other Revenues</b>	<b>52,398</b>		<b>8,978</b>	<b>56,757</b>	<b>(111)</b>
76						
77	<b>General Fund Need</b>			<b>938,619</b>	<b>(9,308)</b>	
78						
79	<b>HB 2 / SFC</b>			<b>913,637</b>	<b>-</b>	
80						
81						
82						
83						
84	<b>State Revenue Surplus / (Shortfall)</b>			<b>(24,982)</b>	<b>9,308</b>	
85						

PROJECTED REVENUES	
Federal Revenues	4,600,527
Federal Disallowance <sup>10</sup>	
MSBS CPE <sup>13</sup>	14,410
<b>All State Revenues</b>	<b>1,211,319</b>

- Notes:**
- HIT, IHS, QI-1 Medicare Part B premiums, Refugees, Medicaid Expansion are eligible for 100% FFP. Under ACA, the Medicaid Expansion population will be federally funded 100% in CY2016 and 95% in CY2017.
  - Health Homes, sterilization and family planning service costs are eligible for 90% FFP.
  - Breast and cervical cancer (BCC) program with enhanced FMAP.
  - CHIP is a Title XXI program with enhanced FMAP. FY17 will have 100% FFP. Under the ACA beginning Oct. 2015, Medicaid will receive 100% match for CHIP kids through FFY2019.
  - Utilization review is federally matched at 75%; admin. expenses.
  - Title XIX expenditures with regular FMAP. The FFY 2017 FMAP is from FFIS, released September 2015, based on revised income data.
  - Administration expenditures are eligible for 50% FFP.
  - Pregnancy termination, special needs, state only buy-in for Medicare Part B and all 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.
  - 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.
  - Starting from FY16, school districts will contribute the state share of Medicaid School Based Services through Certified Public Expenditures.
  - Miner's Colfax hospital will contribute the state share of Safety Net Care Pool supplemental payments. The current estimate is for payments issued in CY2016.
  - Senate Bill 42 stated that counties will contribute the state share of payments for fee-for-service inpatient services for their respective incarcerated populations.
  - DOH Budget request is for Developmental Disabled waiver only, budget request for Medically Fragile waiver is through HSD.

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

DRAFT

FY 18 Trend Model with Centennial Care and Medicaid Expansion (\$000s)

No. A	Description B	FY 17 Title XIX Projection C	FY 17 Title XIX Projected Claims D	Δ Price E	\$ Impact F	Δ Recipient G	\$ Impact H	Δ Utilization I	\$ Impact J	Projected Lump Sum K	Others L	FY 18 Title XIX Projection M	% Change from FY 17 N	FY 17 Title XXI Projection O	FY 18 Title XXI Projection P	FY 18 Total Medicaid Projection Q	FY 18 Budget Request R	Change from Budget Request S	No. T
1	Inpatient Hospital	84,918	84,918	0.00%	-	1.67%	1,418	0.00%	-	-	-	86,336	1.67%	2,566	2,612	88,948	88,622	327	1
2	DSH	32,774	-	--	-	--	-	--	-	32,774	-	32,774	0.00%	-	-	32,774	32,774	-	2
3	GME	18,500	-	--	-	--	-	--	-	18,500	-	18,500	0.00%	-	-	18,500	16,847	1,653	3
4	IME	90,787	-	--	-	--	-	--	-	90,787	-	90,787	0.00%	-	-	90,787	85,244	5,543	4
5	Safety Net Care	68,889	-	--	-	--	-	--	-	68,889	-	68,889	0.00%	-	-	68,889	68,889	-	5
6	HQII Pool	5,765	-	--	-	--	-	--	-	8,826	-	8,826	53.10%	-	-	8,826	8,826	-	6
7	Physician Services	41,996	36,211	0.00%	-	1.70%	617	0.00%	-	5,785	-	42,613	1.47%	637	649	43,261	42,822	439	7
8	IHS Hospital	127,025	127,025	2.30%	2,922	-0.61%	(794)	0.00%	-	-	-	129,153	1.67%	-	-	129,153	127,504	1,649	8
9	ICF-IID	27,524	27,524	0.00%	-	0.30%	82	0.00%	-	-	-	27,605	0.30%	-	-	27,605	30,084	(2,479)	9
10	Clinic Services	50,117	50,117	0.00%	-	1.73%	865	0.00%	-	-	-	50,982	1.73%	1,053	1,072	52,054	52,054	-	10
11	Federal Qualified Health Centers	4,678	4,678	2.69%	126	-0.94%	(45)	0.00%	-	-	678	5,437	16.21%	113	115	5,552	4,982	570	11
12	Other Practitioners	29,634	29,634	0.00%	-	1.79%	530	0.00%	-	-	-	30,165	1.79%	1,128	1,149	31,313	31,187	126	12
13	Outpatient Hospital	43,849	43,849	0.00%	-	1.70%	747	0.00%	-	-	-	44,595	1.70%	767	781	45,376	45,731	(355)	13
14	PACE	12,119	12,119	0.00%	-	0.00%	-	0.00%	-	-	-	12,119	0.00%	-	-	12,119	12,119	(10)	14
15	Others	55,560	53,340	0.00%	-	1.73%	924	0.00%	-	0	100	54,364	-2.15%	1,782	1,814	56,179	56,791	(612)	15
16	BH FFS	37,090	37,090	0.04%	16	1.31%	485	0.00%	-	-	-	37,591	1.35%	869	885	38,476	38,220	255	16
17	<b>Subtotal</b>	<b>731,226</b>	<b>506,505</b>	<b>0.60%</b>	<b>3,063</b>	<b>0.95%</b>	<b>4,828</b>	<b>0.00%</b>	<b>-</b>	<b>225,562</b>	<b>778</b>	<b>740,736</b>	<b>1.30%</b>	<b>8,916</b>	<b>9,076</b>	<b>749,812</b>	<b>742,707</b>	<b>7,106</b>	<b>17</b>
18	Traditional DD and MF Waiver (DOH)	278,525	277,850	0.00%	-	1.18%	3,280	0.00%	-	3	152	281,770	1.17%	-	-	281,770	278,368	3,403	18
19	Mi Via DD and MF Waiver (DOH)	82,749	79,035	0.00%	-	4.73%	3,737	0.90%	746	72	3,704	87,294	5.49%	-	-	87,294	79,639	7,655	19
20	<b>Subtotal</b>	<b>361,274</b>	<b>356,884</b>	<b>0.00%</b>	<b>-</b>	<b>1.97%</b>	<b>7,018</b>	<b>0.21%</b>	<b>748</b>	<b>224</b>	<b>4,190</b>	<b>369,064</b>	<b>2.16%</b>	<b>-</b>	<b>-</b>	<b>369,064</b>	<b>358,006</b>	<b>11,058</b>	<b>20</b>
21	Centennial Care-Physical Health	1,431,819	1,416,154	0.00%	-	2.54%	35,976	1.17%	16,955	25,307	(1,598)	1,492,794	4.26%	82,105	85,173	1,577,967	1,631,836	(53,868)	21
22	Centennial Care-LTSS	1,101,288	1,087,096	0.00%	-	5.23%	56,828	1.77%	20,249	11,552	5,279	1,181,004	7.24%	314	257	1,181,261	1,200,951	(19,691)	22
23	Centennial Care-Behavioral Health	349,408	342,079	0.00%	-	2.83%	9,695	1.37%	4,809	3,157	5,993	365,733	4.67%	20,867	21,657	387,390	394,395	(7,005)	23
24	<b>Subtotal</b>	<b>2,882,514</b>	<b>2,845,329</b>	<b>0.00%</b>	<b>-</b>	<b>3.60%</b>	<b>102,499</b>	<b>1.43%</b>	<b>42,013</b>	<b>40,016</b>	<b>9,674</b>	<b>3,039,531</b>	<b>5.45%</b>	<b>103,286</b>	<b>107,087</b>	<b>3,146,618</b>	<b>3,227,182</b>	<b>(80,564)</b>	<b>24</b>
25	Medicare Part A	1,387	1,387	2.35%	33	-1.73%	(25)	0.00%	(0)	-	-	1,395	0.58%	-	-	1,395	1,299	96	25
26	Medicare Part B	136,344	136,344	0.86%	1,178	2.77%	3,804	0.00%	(1)	-	-	141,325	3.65%	-	-	141,325	141,548	(223)	26
27	Medicare Part D	43,005	43,005	7.71%	3,318	6.66%	3,087	0.00%	(0)	-	-	49,410	14.89%	-	-	49,410	49,204	206	27
28	<b>Subtotal</b>	<b>180,737</b>	<b>180,737</b>	<b>2.51%</b>	<b>4,528</b>	<b>3.71%</b>	<b>6,866</b>	<b>0.00%</b>	<b>(1)</b>	<b>-</b>	<b>-</b>	<b>192,130</b>	<b>6.30%</b>	<b>-</b>	<b>-</b>	<b>192,130</b>	<b>192,051</b>	<b>80</b>	<b>28</b>
29	Utilization	5,000	-	--	-	--	-	--	-	-	5,000	5,000	0.00%	-	-	5,000	5,000	-	29
30	HIT	12,000	-	--	-	--	-	--	-	6,000	-	6,000	-50.00%	-	-	6,000	6,000	-	30
31	Contracts	1,345	-	--	-	--	-	--	-	1,345	-	1,345	0.00%	-	-	1,345	-	1,345	31
32	<b>Subtotal</b>	<b>18,345</b>	<b>-</b>	<b>--</b>	<b>-</b>	<b>--</b>	<b>-</b>	<b>--</b>	<b>-</b>	<b>7,345</b>	<b>5,000</b>	<b>12,345</b>	<b>-32.71%</b>	<b>-</b>	<b>-</b>	<b>12,345</b>	<b>11,000</b>	<b>1,345</b>	<b>32</b>
33	Rate Increase for Primary Care Services	153	-	--	-	--	-	--	-	-	-	-	-100.00%	-	-	-	-	-	33
34	Health Home	-	-	--	-	--	-	--	-	-	-	-	--	-	-	-	-	-	34
35	Health Insurance Providers Fee	-	-	--	-	--	-	--	-	-	100,067	100,067	--	-	-	100,067	101,483	(1,417)	35
36	<b>Subtotal</b>	<b>153</b>	<b>-</b>	<b>--</b>	<b>-</b>	<b>--</b>	<b>-</b>	<b>--</b>	<b>-</b>	<b>-</b>	<b>100,067</b>	<b>100,067</b>	<b>65290.83%</b>	<b>-</b>	<b>-</b>	<b>100,067</b>	<b>101,483</b>	<b>(1,417)</b>	<b>36</b>
37	Medicaid Expansion - Physical Health	1,386,883	1,373,101	0.00%	-	3.96%	54,413	1.21%	17,214	18,231	(984)	1,461,975	5.41%	-	-	1,461,975	1,450,800	11,175	37
38	Medicaid Expansion - Behavioral Health	110,566	107,330	0.00%	-	3.96%	4,254	1.50%	1,674	1,586	1,650	116,494	5.36%	-	-	116,494	115,414	1,080	38
39	<b>Subtotal</b>	<b>1,497,450</b>	<b>1,480,432</b>	<b>-</b>	<b>-</b>	<b>3.96%</b>	<b>58,666</b>	<b>1.23%</b>	<b>18,888</b>	<b>19,817</b>	<b>666</b>	<b>1,578,469</b>	<b>5.41%</b>	<b>-</b>	<b>-</b>	<b>1,578,469</b>	<b>1,566,213</b>	<b>12,255</b>	<b>39</b>
40																			40
41	Prior Years Charged to Current Year	42,357	-	na	-	na	-	na	-	-	-	-	-100.00%	-	-	-	-	-	41
42	Additional Cost Containment	-	-	--	-	--	-	--	-	-	(55,325)	(55,325)	--	-	-	(55,325)	(55,325)	-	42
43																			43
44	<b>Grand Total</b>	<b>5,714,055</b>	<b>5,369,887</b>	<b>0.14%</b>	<b>7,591</b>	<b>3.35%</b>	<b>179,877</b>	<b>1.11%</b>	<b>61,649</b>	<b>292,963</b>	<b>65,050</b>	<b>5,977,017</b>	<b>4.60%</b>	<b>112,201</b>	<b>116,163</b>	<b>6,093,180</b>	<b>6,143,317</b>	<b>(50,137)</b>	<b>44</b>

Notes:

- (Line 10) Clinic Services consists primarily of Medicaid School-Based Services (MSBS) with small amounts also going to clinics providing a variety of services.
- (Line 15) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPSDT, Nursing Facility, Maintenance, Family Planning, PCO .
- (Lines 21-23, 36-37, Column L) Others under the managed care projection lines reflect the cost of NMMIP for FY18, retroactive eligibility reconciliation, cost containment on Physician rate reduction effective 1/1/2017.



		Federal Medicaid Expenditure Type and Federal Financial Participation Rates												
No.	Description	FY 18 Projection	HIT, IHS, Refugees (100% FFP) <sup>1</sup>	Medicaid Expansion (95% FFP) <sup>2</sup>	Medicaid Expansion (94% FFP) <sup>2</sup>	Health Homes, Sterilization & Family Planning Services (90% FFP) <sup>3</sup>	Breast & Cervical Cancer, CCBHC Program (EFMAP) <sup>4</sup>	Title XXI CHIP (EFMAP) <sup>5</sup>	Utilization Review (75% FFP) <sup>6</sup>	Title XIX Medicaid (FMAP) <sup>7</sup>	Admin and Fees (50% FFP) <sup>8</sup>	Non-Federal Financial Participation Expenses (0% FFP) <sup>9</sup>	Federal Share	% of Composite Federal Share
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Inpatient Hospital	88,948	524	17,957	19,453	40	36	2,612	-	48,325	-	-	73,341	82.45%
2	DSH	32,774	-	-	-	-	-	-	-	32,774	-	-	23,650	72.16%
3	GME	18,500	-	-	-	-	-	-	-	18,500	-	-	13,350	72.16%
4	IME	90,787	-	-	-	-	-	-	-	90,787	-	-	65,512	72.16%
5	Safety Net Care	68,889	-	-	-	-	-	-	-	68,889	-	-	49,711	72.16%
6	HQII Pool	8,826	-	-	-	-	-	-	-	8,826	-	-	6,369	72.16%
7	Physician Services	43,261	40	5,728	6,205	-	67	649	-	30,438	-	136	33,928	78.43%
8	IHS Hospital	129,153	129,153	-	-	-	-	-	-	0	-	-	129,153	100.00%
9	ICF-IID	27,605	-	91	99	-	-	-	-	27,415	-	-	19,905	72.11%
10	Clinic Services	52,054	-	172	186	-	-	1,072	-	50,590	-	34	37,896	72.80%
11	Federal Qualified Health Centers	5,552	1	600	650	-	-	115	-	4,183	-	-	4,310	77.64%
12	Other Practitioners	31,313	0	476	516	-	1	1,149	-	29,172	-	-	23,084	73.72%
13	Outpatient Hospital	45,376	14	6,936	7,514	-	241	781	-	29,891	-	-	36,159	79.69%
14	PACE	12,119	-	-	3,497	-	-	-	-	8,623	-	-	9,488	78.28%
15	Others	56,179	2,552	7,454	8,075	2,265	41	1,814	-	33,946	-	32	45,528	81.04%
16	BH FFS	38,476	12,803	3,510	3,802	0	2	885	-	17,466	-	8	33,177	86.23%
17	<b>Subtotal</b>	<b>749,812</b>	<b>145,087</b>	<b>42,922</b>	<b>49,995</b>	<b>2,305</b>	<b>390</b>	<b>9,076</b>	<b>-</b>	<b>499,827</b>	<b>-</b>	<b>210</b>	<b>604,560</b>	<b>80.63%</b>
18	Traditional DD and MF Waiver (DOH)	281,770	-	-	-	-	-	-	486	280,531	753	-	202,639	71.92%
19	Mi Via DD and MF Waiver (DOH)	87,294	-	-	-	-	-	-	1,757	83,476	2,062	-	62,476	71.57%
20	<b>Subtotal</b>	<b>369,064</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,242</b>	<b>364,007</b>	<b>2,815</b>	<b>-</b>	<b>265,115</b>	<b>71.83%</b>
21	Centennial Care-Physical Health	1,577,967	25,063	-	-	15,934	1,554	85,173	-	1,449,999	-	244	1,168,520	74.05%
22	Centennial Care-LTSS	1,181,261	11,552	-	-	-	-	257	-	1,169,452	-	-	852,762	72.19%
23	Centennial Care-Behavioral Health	387,390	3,157	-	-	1,842	101	21,755	-	360,535	-	-	285,912	73.80%
24	<b>Subtotal</b>	<b>3,146,618</b>	<b>39,772</b>	<b>-</b>	<b>-</b>	<b>17,776</b>	<b>1,655</b>	<b>107,186</b>	<b>-</b>	<b>2,979,986</b>	<b>-</b>	<b>244</b>	<b>2,307,193</b>	<b>73.32%</b>
25	Medicare Part A	1,395	-	-	-	-	-	-	-	1,395	-	-	1,003	71.90%
26	Medicare Part B	141,325	5,623	-	-	-	-	-	-	121,162	-	14,540	92,751	65.63%
27	Medicare Part D	49,410	-	-	-	-	-	-	-	-	-	49,410	-	0.00%
28	<b>Subtotal</b>	<b>192,130</b>	<b>5,623</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>122,557</b>	<b>-</b>	<b>63,950</b>	<b>93,754</b>	<b>48.80%</b>
29	Utilization	5,000	-	-	-	-	-	-	5,000	-	-	-	3,750	75.00%
30	HIT	6,000	6,000	-	-	-	-	-	-	-	-	-	6,000	100.00%
31	Contracts	1,345	-	-	-	-	-	-	-	1,345	-	-	970	72.16%
32	<b>Subtotal</b>	<b>12,345</b>	<b>6,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,000</b>	<b>1,345</b>	<b>-</b>	<b>-</b>	<b>10,720</b>	<b>86.84%</b>
33	Rate Increase for Primary Care Services	-	-	-	-	-	-	-	-	-	-	-	-	-
34	Health Home	-	-	-	-	-	-	-	-	-	-	-	-	-
35	Health Insurance Providers Fee	100,067	-	16,722	16,722	-	-	2,330	-	64,294	-	-	80,328	80.27%
36	<b>Subtotal</b>	<b>100,067</b>	<b>-</b>	<b>16,722</b>	<b>16,722</b>	<b>-</b>	<b>-</b>	<b>2,330</b>	<b>-</b>	<b>64,294</b>	<b>-</b>	<b>-</b>	<b>80,328</b>	<b>80.27%</b>
37	Medicaid Expansion - Physical Health	1,461,975	18,231	649,636	793,865	-	-	-	-	0	-	244	1,381,617	94.50%
38	Medicaid Expansion - Behavioral Health	116,494	1,586	51,791	63,117	-	-	-	-	-	-	-	110,117	94.53%
39	<b>Subtotal</b>	<b>1,578,469</b>	<b>19,817</b>	<b>701,427</b>	<b>856,981</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0</b>	<b>-</b>	<b>244</b>	<b>1,491,735</b>	<b>94.51%</b>
40	Prior Years Charged to Current Year	-	-	-	-	-	-	-	-	-	-	-	-	-
41	Additional Cost Containment	(55,325)	-	-	-	-	-	-	-	(55,325)	-	-	(39,325)	71.08%
42														
43														
44	<b>Grand Total</b>	<b>6,093,180</b>	<b>216,299</b>	<b>761,070</b>	<b>923,698</b>	<b>20,081</b>	<b>2,046</b>	<b>118,591</b>	<b>7,242</b>	<b>3,976,691</b>	<b>2,815</b>	<b>64,647</b>	<b>4,814,080</b>	<b>79.01%</b>

	FY 18 Budget Request	HSD Projection	Change from Previous
48	<b>State Share Revenues:</b>		
49	Department of Health (Line 18 & 19) <sup>10,17</sup>	103,360	103,360
50	Department of Health for Early Intervention	8,292	8,292
51	Department of Health for FQHCs	560	560
52	Department of Health for EC	1	1
53	Children, Youth and Families	-	-
54	County Supported Medicaid Fund	28,085	27,983
55	Tobacco Settlement Revenue, Base	27,819	27,819
56	Tobacco Settlement Revenue	-	-
57	UNM IGT	52,088	43,814
58	<b>Total Operating Transfers In</b>	<b>220,205</b>	<b>211,829</b>
59			
60	Physician UPL UNM	1,993	1,681
61	Safety Net Care <sup>12</sup>	-	-
62	County Supported Hospital Payments <sup>12</sup>	27,081	23,104
63	Additional County Supported Hospital Payments <sup>13</sup>	-	-
64	Miner's Colfax <sup>15</sup>	1,036	1,036
65	County Contribution for Incarcerated Population <sup>16</sup>	-	-
66	Drug Rebates	27,024	28,867
67	Fraud	872	872
68	Income Diversion Trust	486	486
69	Buy-In Recovery	215	215
70	Cost Settlement	500	500
71	Estate Recovery	9	9
72	HMS-RAC-TPL/Subrogation	500	500
73	<b>Total Other Revenues</b>	<b>59,716</b>	<b>57,270</b>
74			
75	<b>General Fund Need</b>	<b>1,033,653</b>	<b>995,843</b>
76			
77	<b>FY 2017 Appropriation</b>	<b>913,637</b>	<b>913,637</b>
78			
79	<b>State Revenue Surplus/(Shortfall)</b>	<b>(120,016)</b>	<b>(82,206)</b>

PROJECTED REVENUES	
Federal Revenues	4,814,080
Federal Disallowance <sup>11</sup>	-
MSBS CPE <sup>14</sup>	14,158
All State Revenues	1,264,942

- Notes:**
- HIT, IHS, QI-1 Medicare Part B premiums. Refugees are eligible for 100% FFP.
  - Under ACA, the Medicaid Expansion population will be federally funded 95% in CY2017 and 94% in CY2018.
  - Health Homes, sterilization and family planning service costs are eligible for 90% FFP.
  - Breast and cervical cancer (BCC) program with enhanced FMAP.
  - Certified Community Behavioral Health Clinics program with enhanced FMAP.
  - CHIP is a Title XXI program with enhanced FMAP. FY18 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 2018 final FMAP is from FFIS, released September 2016, based on revised income data.
  - Administration expenditures are eligible for 50% FFP.
  - Pregnancy termination, special needs and state only buy-in for Medicare Part B and all Medicare Part D buy-ins (Claw back) expenditures are not eligible for federal financial participation.
  - DOH for Medicaid DD, MF and Mi Via waiver services; projected revenue is without the 3% for admin.
  - There is a placeholder for potential federal disallowances.
  - The sum of lines 61 and 62 is the 1/12th% of the gross receipts tax contributed by the counties to support the Safety Net Care Pool and Hospital Payments.
  - Line 63 represents the additional county support to fully fund the Safety Net Care Pool.
  - Starting from FY16, school districts will contribute the state share of Medicaid School-Based Services through Certified Public Expenditures.
  - Miner's Colfax hospital will contribute the state share of Safety Net Care Pool supplemental payments. The current estimate is for services provided in CY2017.
  - Senate Bill 42 stated that counties will contribute the state share of payments for fee-for-service inpatient services for their respective incarcerated populations.
  - DOH Budget request is for Developmental Disabled waiver only, budget request (\$1.4 million) for Medically Fragile waiver is through HSD.