

Notes:

1. The reported enrollments for the full benefit base population and Medicaid expansion population for the months from Jul-14 to Oct-16 were based on the Monthly Eligibility Report released in November 2016.
For Medicaid Expansion, the reported enrollments from the Monthly Eligibility Report for the months from Jul-14 to Oct-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 Nov-16 were based on the Medicaid Eligibility Report released in November 2016.
3. The estimated enrollments for the months from Jul-14 to Nov-16 were based on Monthly Eligibility Report released in November 2016 and adjusted for expected retroactive enrollments.
The estimated enrollments for the months Dec-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 Nov-16 were based on the reports created from the data warehouse of Medical Assistance Division in December 2016 and adjusted for expected retroactive enrollments. For the months from Dec-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 Sep. 2016 Projection	Month Over Month Change
A	B	C	D	E	F
SFY 2015	Jul-14	353,035	353,225	(57)	-
	Aug-14	356,346	356,515	(53)	3,290
	Sep-14	359,065	359,217	(62)	2,702
	Oct-14	360,794	360,912	(46)	1,695
	Nov-14	362,297	362,398	(41)	1,486
	Dec-14	364,735	364,787	(20)	2,389
	Jan-15	366,493	366,509	(19)	1,722
	Feb-15	368,557	368,529	(10)	2,020
	Mar-15	370,298	370,229	(22)	1,700
	Apr-15	371,271	371,163	28	934
	May-15	372,967	372,824	18	1,661
	Jun-15	374,729	374,542	21	1,718
SFY 2016	Jul-15	376,510	376,300	34	1,758
	Aug-15	378,890	378,651	54	2,351
	Sep-15	380,253	380,118	54	1,467
	Oct-15	380,728	380,655	102	537
	Nov-15	381,685	381,711	132	1,056
	Dec-15	383,445	383,502	92	1,791
	Jan-16	382,986	383,059	140	(443)
	Feb-16	384,498	384,680	180	1,621
	Mar-16	385,270	385,576	247	896
	Apr-16	385,185	385,476	278	(100)
	May-16	385,974	386,490	201	1,014
	Jun-16	387,057	387,757	143	1,267
SFY 2017	Jul-16	388,332	389,349	32	1,593
	Aug-16	389,840	391,271	(100)	1,921
	Sep-16	389,797	391,721	(270)	450
	Oct-16	389,562	392,436	(543)	715
	Nov-16	387,081	392,999	(1,165)	563
	Dec-16		393,916	(1,165)	917
	Jan-17		394,924	(1,199)	1,008
	Feb-17		395,766	(1,259)	842
	Mar-17		396,759	(1,294)	993
	Apr-17		397,678	(1,367)	918
	May-17		398,602	(1,356)	925
	Jun-17		399,419	(1,345)	817
SFY 2018	Jul-17		400,171	(1,356)	752
	Aug-17		400,589	(1,375)	417
	Sep-17		401,478	(1,391)	889
	Oct-17		402,295	(1,400)	817
	Nov-17		403,084	(1,425)	789
	Dec-17		403,696	(1,445)	612
	Jan-18		404,595	(1,478)	899
	Feb-18		405,233	(1,498)	638
	Mar-18		405,953	(1,518)	720
	Apr-18		406,330	(1,522)	378
	May-18		406,650	(1,547)	320
	Jun-18		407,427	(1,554)	777

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 Oct-16 were based on the Monthly Eligibility Report released in November 2016. The reported enrollments for the month Nov-16 were based on the Medicaid Eligibility Report released in November 2016.
3. The estimated enrollments for the months from Jul-14 to Nov-16 were based on Monthly Eligibility Report released in November 2016 and adjusted for expected retroactive enrollments. The estimated enrollments for the months Dec-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.

1/11/2017

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY 16 Lag Model with Centennial Care and Medicaid Expansion with Actual Data Thru Nov 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	Sep 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	98.40%	84,920	-	-	-	86,301	-0.68%	1,516	1,541	87,841	88,382	(541)	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	100.00%	10,015	10,015	10,015	-	10,015	39.35%	-	-	10,015	9,889	126	3
4	IME	61,565	100.00%	72,799	72,799	72,799	-	72,799	18.25%	-	-	72,799	72,799	-	4
5	Safety Net Care	34,445	100.00%	70,451	70,451	70,451	-	70,451	104.53%	-	-	70,451	70,451	-	5
6	HQJI Pool	-	100.00%	2,824	2,824	2,824	-	2,824	--	-	-	2,824	2,824	-	6
7	Physician Services	39,201	97.60%	38,696	5,613	5,613	-	39,643	1.13%	652	671	40,314	40,542	(228)	7
8	IHS Hospital	110,356	97.87%	114,717	-	-	-	117,218	6.22%	-	-	117,218	118,083	(865)	8
9	ICF-IID	26,585	98.00%	26,786	-	-	-	27,332	2.81%	-	-	27,332	27,646	(314)	9
10	Clinic Services	15,462	37.60%	16,351	-	-	-	46,622	201.52%	1,912	1,951	48,573	47,160	1,413	10
11	Federal Qualified Health Centers	3,804	96.86%	3,873	-	-	-	3,999	5.12%	87	89	4,088	3,994	94	11
12	Other Practitioners	27,521	99.68%	28,741	-	-	-	28,832	4.76%	1,181	1,185	30,017	30,049	(32)	12
13	Outpatient Hospital	38,576	98.21%	41,679	-	-	-	42,437	10.01%	821	836	43,273	43,821	(548)	13
14	PACE	11,843	99.97%	12,116	-	-	-	12,119	2.33%	-	-	12,119	12,121	(2)	14
15	Others	44,052	98.61%	49,966	-	-	-	50,680	15.05%	1,850	1,866	52,547	53,112	(565)	15
16	BH FFS	32,397	97.50%	33,987	-	-	-	34,837	7.53%	840	882	35,719	35,558	161	16
17	Subtotal	572,876	90.31%	611,805	165,585	193,862	-	678,271	18.40%	8,859	9,022	687,292	688,592	(1,300)	17
18	DD and MF (DOH)	279,305	99.85%	280,015	624	147	477	280,434	0.40%	-	-	280,434	280,544	(110)	18
19	Mi Via Waivers (DOH)	45,616	99.40%	69,607	3,185	69	3,115	70,028	53.52%	-	-	70,028	69,666	362	19
20	Subtotal	324,921	99.76%	349,622	3,809	216	3,593	350,462	7.86%	-	-	350,462	350,210	253	20
21	Centennial Care-Physical Health	1,467,068	101.63%	1,433,940	(2,500)	25,307	(46,137)	1,409,928	-3.89%	93,222	92,784	1,502,712	1,499,023	3,689	21
22	Centennial Care-LTSS	1,000,665	98.91%	1,051,316	1,912	11,552	1,912	1,062,868	6.22%	1,121	1,121	1,063,988	1,060,564	3,425	22
23	Centennial Care-Behavioral Health	304,492	99.41%	316,125	-	3,157	-	318,249	4.52%	22,681	22,585	340,835	340,174	661	23
24	Subtotal	2,772,225	100.37%	2,801,381	(588)	40,016	(44,224)	2,791,046	0.68%	117,024	116,489	2,907,535	2,899,761	7,774	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	Subtotal	134,700	100.00%	147,911	-	-	-	147,911	14.45%	-	-	147,911	147,911	-	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	9,282	-	30
31	Contracts	822	--	-	-	-	-	-	-100.00%	-	-	-	-	-	31
32	Subtotal	9,715	100.00%	13,609	13,609	9,282	4,326	13,609	40.08%	-	-	13,609	13,609	-	32
33	Rate Increase for Primary Care Services	24,205	100.00%	11,366	11,366	11,366	-	11,366	-53.04%	-	-	11,366	11,366	-	33
34	Health Home	-	--	-	-	-	-	-	--	-	-	-	-	-	34
35	Health Insurance Providers Fee	84,298	0.00%	-	-	-	93,383	93,383	10.78%	-	-	93,383	95,279	(1,896)	35
36	Subtotal	108,503	10.85%	11,366	11,366	11,366	93,383	104,749	-3.46%	-	-	104,749	106,646	(1,896)	36
37	Medicaid Expansion - Physical Health	1,153,070	134.01%	1,391,038	-	18,231	(371,266)	1,038,003	-9.98%	-	-	1,038,003	1,040,784	(2,781)	37
38	Medicaid Expansion - Behavioral Health	86,148	98.44%	99,825	-	1,586	-	101,411	17.72%	-	-	101,411	101,368	42	38
39	Subtotal	1,239,218	130.84%	1,490,863	-	19,817	(371,266)	1,139,414	-8.05%	-	-	1,139,414	1,142,153	(2,739)	39
40															40
41	Prior Years Charged to Current Year	7,274	na	-	-	-	113,467	113,467	1459.83%	-	-	113,467	113,467	-	41
42	Current Year Charged to Future Year	(113,467)	na	-	-	-	(36,631)	(36,631)	-67.72%	-	-	(36,631)	(42,357)	5,726	42
43															43
44	Grand Total	5,055,965	102.30%	5,426,557	193,781	274,559	(237,352)	5,302,298	4.87%	125,882	125,511	5,427,809	5,419,991	7,818	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.
1/11/2017

No.	Description	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										
		FY 16 Projection	HIT, IHS, Refugees, Medicaid Expansion & CHIP (ACA)	Health Homes, Sterilization & Family Planning Services (90% FFP) ²	Breast & Cervical Cancer Program (EFMAP) ³	Title XXI CHIP Program (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
			(100% FFP) ¹									
A	B	C	D	E	F	G	H	I	J	K	L	M
1	Inpatient Hospital	87,841	26,497	108	36	180	-	61,021	-	-	69,662	79.30%
2	DSH	32,160	-	-	-	-	-	32,160	-	-	22,875	71.13%
3	GME	10,015	-	-	-	-	-	10,015	-	-	7,124	71.13%
4	IME	72,799	-	-	-	-	-	72,799	-	-	51,782	71.13%
5	Safety Net Care	70,451	-	-	-	-	-	70,451	-	-	50,112	71.13%
6	HQII Pool	2,824	-	-	-	-	-	2,824	-	-	2,009	71.13%
7	Physician Services	40,314	10,536	-	32	115	-	29,538	-	94	31,460	78.04%
8	IHS Hospital	117,218	117,218	-	-	-	-	-	-	-	117,218	100.00%
9	ICF-ID	27,332	147	-	-	-	-	27,185	-	-	19,248	70.42%
10	Clinic Services	48,573	2,032	-	-	96	-	46,445	-	-	35,065	72.19%
11	Federal Qualified Health Centers	4,088	1,567	(1)	0	18	-	2,503	-	-	3,336	81.60%
12	Other Practitioners	30,017	1,741	-	0	218	-	28,058	-	-	21,624	72.04%
13	Outpatient Hospital	43,273	12,905	-	113	195	-	30,059	-	1	34,268	79.19%
14	PACE	12,119	-	-	-	-	-	12,119	-	-	8,507	70.19%
15	Others	52,547	17,928	2,357	36	419	-	31,775	-	32	42,727	81.31%
16	BH FFS	35,719	17,356	0	3	162	-	18,191	-	6	30,277	84.76%
17	Subtotal	687,292	207,928	2,464	219	1,403	-	475,144	-	134	547,293	79.63%
18	DD and MF (DOH)	280,434	-	-	-	-	477	278,398	1,559	-	196,656	70.13%
19	Mi Via Waivers (DOH)	70,028	-	-	-	-	-	66,802	1,812	-	48,909	69.84%
20	Subtotal	350,462	-	-	-	-	1,891	345,200	3,371	-	245,565	70.07%
21	Centennial Care-Physical Health	1,502,712	95,319	15,934	1,981	22,528	-	1,365,707	-	244	1,087,765	72.39%
22	Centennial Care-LTSS	1,063,988	12,461	-	720	211	-	1,050,596	-	-	750,565	70.54%
23	Centennial Care-Behavioral Health	240,835	20,244	143	151	5,298	-	314,798	-	-	245,830	72.13%
24	Subtotal	2,907,535	128,124	16,077	2,852	28,137	-	2,732,101	-	244	2,084,160	71.68%
25	Medicare Part A	4,300	-	-	-	-	-	4,300	-	-	925	71.13%
26	Medicare Part B	109,909	4,442	-	-	-	-	93,173	-	12,294	69,840	63.54%
27	Medicare Part D	36,702	-	-	-	-	-	-	-	36,702	-	0.00%
28	Subtotal	147,911	4,442	-	-	-	-	94,473	-	48,997	70,765	47.84%
29	Utilization	4,326	-	-	-	-	4,326	-	-	-	3,245	75.00%
30	HIT	9,282	9,282	-	-	-	-	-	-	-	9,282	100.00%
31	Contracts	-	-	-	-	-	-	-	-	-	-	-
32	Subtotal	13,609	9,282	-	-	-	4,326	-	-	-	12,527	92.05%
33	Rate Increase for Primary Care Services	11,366	2,524	-	-	-	-	8,842	-	-	8,814	77.54%
34	Health Home	-	-	-	-	-	-	-	-	-	-	-
35	Health Insurance Providers Fee	93,383	40,082	-	-	-	-	53,301	-	-	77,995	83.52%
36	Subtotal	104,749	42,606	-	-	-	-	62,143	-	-	86,809	82.87%
37	Medicaid Expansion - Physical Health	1,038,003	1,038,003	-	-	-	-	-	-	-	1,038,003	100.00%
38	Medicaid Expansion - Behavioral Health	101,411	101,411	-	-	-	-	-	-	-	101,411	100.00%
39	Subtotal	1,139,414	1,139,414	-	-	-	-	-	-	-	1,139,414	100.00%
40	Prior Years Charged to Current Year	113,467	-	-	-	-	-	113,467	-	-	79,847	70.37%
42	Current Year Charged to Future Year	(36,631)	-	-	-	-	-	(36,631)	-	-	(25,777)	70.37%
44	Grand Total	5,427,809	1,531,797	18,541	3,071	29,540	6,218	3,785,898	3,371	49,374	4,240,602	78.13%

	HSD Budget	Billed Amount	Collection YTD	HSD Projection	Change from Previous
48 State Share Revenues:					
49 Department of Health (Line 18 & 19) ⁹	103,293	105,943	98,292	105,943	-
50 Department of Health Additional Need / (Surplus)	-	-	-	(319)	75
51 Department of Health for Early Intervention	8,142	7,550	6,364	7,550	-
52 Department of Health for FQHCs	482	482	482	482	-
53 Department of Health for EC	1	-	-	1	-
54 Children, Youth and Families	-	-	-	-	-
55 County Supported Medicaid Fund	27,590	-	28,350	28,350	-
56 Tobacco Settlement Revenue, Base	9,220	-	30,020	30,020	-
57 Tobacco Settlement Revenue	-	-	-	-	-
58 Total Operating Transfers In	148,728	113,975	163,507	172,027	75
59	-	-	-	-	-
60 School Based Health Services (Part of Line 10)	-	-	-	-	-
61 Physician UPL UNM	1,219	1,675	1,675	1,675	-
62 Safety Net Care ¹¹	397	-	-	-	-
63 County Supported Hospital Payments ¹¹	25,099	26,227	26,227	26,227	-
64 Additional County Supported Hospital Payments ¹²	9,781	-	-	-	-
65 UNM IGT	14,726	25,550	-	25,550	-
66 Miner's Colfax ¹⁶	-	1,317	1,317	1,317	-
67 Drug Rebates ¹³	32,963	-	31,242	31,242	-
68 Fraud	872	-	1,192	1,192	-
69 Tort and Insurance Carrier Refund	-	-	-	-	-
70 Income Diversion Trust	486	-	623	623	-
71 Buy-In Recovery	215	-	44	44	-
72 Cost Settlement	500	-	478	478	-
73 Estate Recovery	9	-	99	99	-
74 Misc. Revenues ¹⁴	-	-	278	278	-
75 HMS-RAC-TPL/Subrogation	500	-	391	391	-
76 Total Other Revenues	86,767	-	63,567	89,117	-
77	-	-	-	-	-
78 General Fund Need	-	-	-	912,927	-
80 HB 2 / SFC	-	-	-	891,722	-
81 NF Fee Increase Special	-	-	-	500	-
82 HB 2 / 2016 Supplemental	-	-	-	18,000	-
83 Transfer from Other Divisions	-	-	-	1,827	-
84 Prior Year Balances	-	-	-	711	-
85 DOH Waiver Revenue from FY15	-	-	-	167	-
86 State Revenue Surplus / (Shortfall)	-	-	-	-	-
87 State Revenue Surplus / (Shortfall) Assoc. with Expenditures Charged to FY17	-	-	-	(10,854)	1,696

PROJECTED REVENUES	
Federal Revenues	4,240,602
Federal Disallowance ¹⁰	-
SBHS CPE ¹⁵	13,136
All State Revenues	1,174,071

- Notes:**
- HIT, IHS, QI-1 Medicare Part B premiums, 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, 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 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.
 - Misc. Revenues include Medicaid overpayments, CSSES Recoveries, Restitutions, TPL.
 - Starting from FY16, school districts will contribute the state share of school based health services provided by Medicaid through Certified Public Expenditures.
 - Miner's Colfax hospital will contribute the state share of Safety Net Care Pool supplemental payments. The SFY16 current estimate is for payments issued in CY2014 and CY2015.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

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

No. A	Description B	FY 16 Title XIX	FY 17 %	Title XIX	Actual Paid Lump	Projected	FY 17 Title XIX	% Change	CHIP Actual	CHIP	FY 17 TOTAL	Sep 2016 Data	Change from	No. P	
		Projection C	Completion D	Actual YTD E	Sum/ Others YTD F	Lump Sum G		Others H	from FY 16 J	Paid YTD K	Projection L	Medicaid Projection M	Projection N		Previous O
1	Inpatient Hospital	86,301	23.00%	19,016	-	-	82,677	-4.20%	321	1,395	84,072	87,484	(3,412)	1	
2	DSH	32,160	0.00%	-	-	32,774	32,774	1.91%	-	-	32,774	32,774	-	2	
3	GME	10,015	0.00%	-	-	18,500	18,500	84.72%	-	-	18,500	18,500	-	3	
4	IME	72,799	0.00%	-	-	80,943	80,943	11.19%	-	-	80,943	90,787	(9,844)	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	39,643	30.47%	11,907	1,446	5,370	39,086	-1.40%	175	565	39,651	42,633	(2,982)	7	
8	IHS Hospital	117,218	30.52%	38,956	-	-	127,629	8.88%	-	-	127,629	127,025	604	8	
9	ICF-IID	27,332	35.00%	9,802	-	-	28,005	2.46%	-	-	28,005	27,524	481	9	
10	Clinic Services	46,622	3.29%	1,545	-	-	50,117	7.50%	137	1,053	51,170	51,170	-	10	
11	Federal Qualified Health Centers	3,999	32.39%	1,258	-	-	3,882	-2.91%	29	90	3,972	4,791	(819)	11	
12	Other Practitioners	28,832	32.70%	9,934	-	-	30,383	5.38%	368	1,127	31,510	30,762	748	12	
13	Outpatient Hospital	42,437	30.72%	12,999	-	-	42,318	-0.28%	211	688	43,006	44,616	(1,610)	13	
14	PACE	12,119	41.58%	5,122	-	-	12,320	1.66%	-	-	12,320	12,119	201	14	
15	Others	50,680	33.65%	18,494	-	-	55,114	8.75%	595	1,609	56,723	57,342	(619)	15	
16	BH FFS	34,837	30.78%	11,435	-	-	37,136	6.60%	260	858	37,993	37,959	34	16	
17	Subtotal	678,271	19.72%	140,468	1,446	212,242	2,219	715,540	5.49%	2,097	7,385	722,924	740,141	(17,217)	17
18	DD and MF (DOH)	280,434	35.20%	97,257	261	124	503	276,292	-1.48%	-	-	276,292	278,525	(2,233)	18
19	Mi Via Waivers (DOH)	70,028	34.83%	29,542	1,258	63	3,696	84,812	21.11%	-	-	84,812	82,749	2,063	19
20	Subtotal	350,462	35.11%	126,799	1,519	187	4,199	361,104	3.04%	-	-	361,104	361,274	(170)	20
21	Centennial Care-Physical Health	1,409,928	47.87%	686,253	-	29,694	(10,124)	1,435,390	1.81%	40,098	81,867	1,517,257	1,513,924	3,334	21
22	Centennial Care-LTSS	1,062,868	48.65%	529,614	-	13,427	-	1,089,269	2.48%	578	578	1,089,847	1,101,602	(11,755)	22
23	Centennial Care-Behavioral Health	318,249	51.51%	168,214	-	2,896	1,675	326,914	2.72%	10,224	19,506	346,420	370,275	(23,855)	23
24	Subtotal	2,791,046	48.59%	1,384,081	-	46,017	(8,449)	2,851,573	2.17%	50,900	101,951	2,953,523	2,985,800	(32,277)	24
25	Medicare Part A	1,300	49.91%	848	-	-	-	1,700	30.75%	-	-	1,700	1,387	312	25
26	Medicare Part B	109,909	47.31%	61,428	-	-	-	129,839	18.13%	-	-	129,839	136,344	(6,506)	26
27	Medicare Part D	36,702	39.15%	17,139	-	-	-	43,774	19.27%	-	-	43,774	43,005	769	27
28	Subtotal	147,911	45.30%	79,415	-	-	-	175,312	68.15%	-	-	175,312	180,737	(5,425)	28
29	Utilization	4,326	29.59%	1,479	1,479	-	5,000	5,000	15.57%	-	-	5,000	5,000	-	29
30	HIT	9,282	81.66%	9,800	9,800	12,000	-	12,000	29.28%	-	-	12,000	12,000	-	30
31	Contracts	-	0.00%	-	-	1,345	-	1,345	--	-	-	1,345	1,345	-	31
32	Subtotal	13,609	61.48%	11,279	11,279	13,345	5,000	18,345	34.80%	-	-	18,345	18,345	-	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	93,383	--	-	-	-	-	-	-100.00%	-	-	-	-	-	35
36	Subtotal	104,749	100.00%	153	153	153	-	153	-99.85%	-	-	153	153	-	36
37	Medicaid Expansion - Physical Health	1,038,003	50.18%	665,075	-	21,732	(5,351)	1,325,416	27.69%	-	-	1,325,416	1,386,883	(61,467)	37
38	Medicaid Expansion - Behavioral Health	101,411	46.24%	51,932	-	1,963	825	112,309	10.75%	-	-	112,309	110,566	1,743	38
39	Subtotal	1,139,414	49.87%	717,007	-	23,695	(4,526)	1,437,725	26.18%	-	-	1,437,725	1,497,450	(59,724)	39
40															40
41	Prior Years Charged to Current Year	113,467	na	-	-	-	36,631	36,631	-67.72%	-	-	36,631	42,357	(5,725)	41
42	Current Year Charged to Future Year	(36,631)	na	-	-	-	-	-	-100.00%	-	-	-	-	-	42
43															43
44	Grand Total	5,302,298	44.03%	2,459,202	14,398	295,639	35,074	5,596,383	5.55%	52,997	109,335	5,705,719	5,826,256	(120,538)	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 CY16, Hepatitis-C reconciliation.
 - (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.
 - (Line 35) Health Insurance Providers Fee is suspended for the 2016 data year, but will be resumed for data year 2017 and forward.
- 1/11/2017

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

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

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) 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	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Inpatient Hospital	84,072	15,891	17,747	223	-	1,395	-	48,816	-	-	69,026	82.10%
2	DSH	32,774	-	-	-	-	-	-	32,774	-	-	23,312	71.13%
3	GME	18,500	-	-	-	-	-	-	18,500	-	-	13,159	71.13%
4	IME	80,943	-	-	-	-	-	-	80,943	-	-	57,575	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	39,651	4,902	5,729	-	16	565	-	28,341	-	98	31,051	78.31%
8	IHS Hospital	127,629	127,629	-	-	-	-	-	-	-	-	127,629	100.00%
9	ICF-IID	28,005	-	163	-	-	-	-	27,842	-	-	19,916	71.12%
10	Clinic Services	51,170	139	214	-	-	1,053	-	49,734	-	30	36,760	71.84%
11	Federal Qualified Health Centers	3,972	492	470	(1)	0	90	-	2,921	-	-	3,101	78.07%
12	Other Practitioners	31,510	399	442	-	-	1,127	-	29,542	-	-	22,922	72.75%
13	Outpatient Hospital	43,006	6,257	7,213	-	-	37	688	28,811	-	-	34,284	79.72%
14	PACE	12,320	-	-	-	-	-	-	12,320	-	-	8,740	70.94%
15	Others	56,723	7,736	8,544	2,644	100	1,675	-	35,998	-	25	45,540	80.29%
16	BH FFS	37,993	2,990	3,746	1	3	858	-	30,384	-	12	28,999	76.33%
17	Subtotal	722,924	166,434	44,269	2,867	156	7,451	-	501,582	-	166	575,116	79.55%
18	DD and MF (DOH)	276,292	-	-	-	-	-	503	275,074	715	-	195,982	70.93%
19	Mi Via Waivers (DOH)	84,812	-	-	-	-	-	1,747	81,020	2,045	-	59,873	70.60%
20	Subtotal	361,104	-	-	-	-	-	2,249	356,095	2,760	-	255,855	70.85%
21	Centennial Care-Physical Health	1,517,257	29,450	-	15,934	1,513	81,867	-	1,388,493	-	-	1,111,927	73.29%
22	Centennial Care-LTSS	1,089,847	13,427	-	-	720	578	-	1,075,121	-	-	777,312	71.32%
23	Centennial Care-Behavioral Health	346,420	2,896	-	143	123	19,506	-	323,752	-	-	252,279	72.82%
24	Subtotal	2,953,523	45,773	-	16,077	2,356	101,951	-	2,787,367	-	-	2,141,518	72.51%
25	Medicare Part A	1,700	-	-	-	-	-	-	1,700	-	-	1,209	71.13%
26	Medicare Part B	129,839	5,327	-	-	-	-	-	109,619	-	14,892	83,104	64.01%
27	Medicare Part D	43,774	-	-	-	-	-	-	-	-	43,774	0.00%	
28	Subtotal	175,312	5,327	-	-	-	-	-	111,319	-	58,666	84,313	48.09%
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	Subtotal	18,345	12,000	-	-	-	-	5,000	1,345	-	-	16,707	91.07%
33	Rate Increase for Primary Care Services	153	17	-	-	-	-	-	137	-	-	113	73.65%
34	Health Home	-	-	-	-	-	-	-	-	-	-	-	-
35	Health Insurance Providers Fee	-	-	-	-	-	-	-	-	-	-	-	-
36	Subtotal	153	17	-	-	-	-	-	137	-	-	113	73.65%
37	Medicaid Expansion - Physical Health	1,325,416	608,122	717,294	-	-	-	-	-	-	-	1,289,551	97.29%
38	Medicaid Expansion - Behavioral Health	112,309	51,660	60,649	-	-	-	-	-	-	-	109,277	97.30%
39	Subtotal	1,437,725	659,782	777,943	-	-	-	-	-	-	-	1,398,828	97.29%
40													
41	Prior Years Charged to Current Year	36,631	-	-	-	-	-	-	36,631	-	-	25,777	70.37%
42	Current Year Charged to Future Year	-	-	-	-	-	-	-	-	-	-	-	-
43													
44	Grand Total	5,705,719	889,334	822,212	18,944	2,512	109,402	7,249	3,794,474	2,760	58,832	4,498,227	78.84%

	FY 17 Op. Budget	Billed Amount	Collection YTD	HSD Projection	Change from Previous
47	State Share Revenues:				
49	Department of Health (Line 18 & 19) ^{9,16}	103,360	37,043	28,724	104,580 (75)
50	Department of Health Additional Need (Surplus)	-	-	-	-
51	Department of Health for Early Intervention	8,062	3,318	2,659	8,292
52	Department of Health for FQHCs	462	462	462	560
53	Department of Health for EC	1	-	-	1
54	Children, Youth and Families	-	-	-	-
55	County Supported Medicaid Fund	33,533	13,628	10,220	31,704 1,504
56	Tobacco Settlement Revenue, Base	27,319	-	11,383	27,319
57	Tobacco Settlement Revenue	-	-	-	-
58	UNM IGT	43,007	-	-	40,527 (4,388)
59	Total Operating Transfers In	215,744	54,451	53,448	212,983 (2,959)
60	Physician UPL UNM	1,993	429	429	1,561 (120)
62	Safety Net Care ¹¹	-	-	-	-
63	County Supported Hospital Payments ¹¹	26,618	23,259	5,815	23,259
64	Additional County Supported Hospital Payments ¹²	-	-	-	-
65	Miner's Colfax ¹⁴	771	-	-	1,036
66	County Contribution for Incarcerated Population ¹⁵	-	-	-	-
67	Drug Rebates	20,434	-	19,665	28,266
68	Fraud	872	-	261	650 (222)
69	Income Diversion Trust	486	-	21	100 (386)
70	Buy-In Recovery	215	-	54	150 (69)
71	Cost Settlement	500	-	54	500
72	Estate Recovery	9	-	1	9
73	Misc. Revenue	-	-	32	32
74	HMS-RAC-TPL/Subrogation	500	-	-	500
75	Total Other Revenues	52,398	26,332	56,063	(694)
76	General Fund Need			908,445	869,826
78	HB 2 / SFC			913,637	
80					
81					
82					
83					
84	State Revenue Surplus / (Shortfall)			5,192	30,174
85					

PROJECTED REVENUES	
Federal Revenues	4,498,227
Federal Disallowance ¹⁰	-
MSBS CPE ¹³	14,410
IHS Referral 100% FFP ¹⁷	15,591
All State Revenues	1,177,490

- 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.
 - This amount is pending, subject to approval of 100% FFP for IHS Referrals.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

DRAFT

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

No.	Description	FY 17 Title XIX Projection	FY 17 Title XIX Projected Claims	A Price	\$ Impact	A Recipient	\$ Impact	A Utilization	\$ Impact	Projected Lump Sum	Others	FY 18 Title XIX Projection	% Change from FY 17	FY 17 Title XXI Projection	FY 18 Title XXI Projection	FY 18 Total Medicaid Projection	September 2016 Data Projection	Change from Previous	No.	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Inpatient Hospital	82,677	82,677	0.00%	-	1.68%	1,387	0.00%	-	-	-	84,065	1.68%	1,395	1,420	85,485	88,948	(3,463)	1	
2	DSH	32,774	-	--	--	--	--	--	--	32,774	-	32,774	0.00%	-	-	32,774	32,774	-	2	
3	GME	18,500	-	--	--	--	--	--	--	18,907	-	18,907	2.20%	-	-	18,907	18,500	407	3	
4	IME	80,943	-	--	--	--	--	--	--	80,943	-	80,943	0.00%	-	-	80,943	90,787	(9,844)	4	
5	Safety Net Care	68,889	-	--	--	--	--	--	--	68,889	-	68,889	0.00%	-	-	68,889	68,889	-	5	
6	HQI Pool	5,765	-	--	--	--	--	--	--	8,826	-	8,826	53.10%	-	-	8,826	8,826	-	6	
7	Physician Services	39,086	33,716	0.00%	-	1.71%	575	0.00%	-	5,370	-	39,661	1.47%	565	575	40,237	43,261	(3,025)	7	
8	HHS Hospital	127,629	127,629	2.30%	2,935	-0.61%	(796)	0.00%	-	-	-	129,769	1.68%	-	-	129,769	129,153	616	8	
9	ICF-IID	28,005	28,005	0.00%	-	0.29%	82	0.00%	-	-	-	28,087	0.29%	-	-	28,087	27,605	482	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	3,882	3,882	2.69%	104	-0.94%	(37)	0.00%	-	-	678	4,627	19.19%	90	92	4,719	5,552	(833)	11	
12	Other Practitioners	30,383	30,383	0.00%	-	1.79%	544	0.00%	-	-	-	30,928	1.79%	1,127	1,147	32,075	31,313	762	12	
13	Outpatient Hospital	42,318	42,318	0.00%	-	1.70%	721	0.00%	-	-	-	43,039	1.70%	688	701	43,740	45,376	(1,636)	13	
14	PACE	12,320	12,320	0.00%	-	0.00%	-	0.00%	-	-	-	12,320	0.00%	-	-	12,320	12,119	201	14	
15	Others	55,114	52,895	0.00%	-	1.80%	950	0.00%	-	0	100	53,945	-2.12%	1,609	1,638	55,583	56,179	(596)	15	
16	BH FFS	37,136	37,136	0.05%	17	1.70%	631	0.00%	-	-	-	37,784	1.75%	858	873	38,657	38,476	182	16	
17	Subtotal	715,540	501,079	0.61%	3,057	0.98%	4,922	0.00%	-	215,710	778	725,546	1.40%	7,385	7,518	733,063	749,812	(16,749)	17	
18	Traditional DD and MF Waiver (DOH)	276,292	275,664	0.00%	-	1.08%	2,971	0.00%	-	4	126	503	279,269	1.08%	-	-	279,269	281,770	(2,501)	18
19	Mi Via DD and MF Waiver (DOH)	84,812	81,053	0.00%	-	5.26%	4,262	0.87%	-	742	64	3,757	89,879	5.97%	-	-	89,879	87,294	2,585	19
20	Subtotal	361,104	356,718	0.00%	-	2.03%	7,233	0.21%	-	746	190	4,261	369,148	2.23%	-	-	369,148	369,064	84	20
21	Centennial Care-Physical Health	1,435,390	1,415,821	0.00%	-	2.10%	29,723	0.76%	10,986	29,694	478	1,486,702	3.57%	81,867	84,445	1,571,147	1,577,967	(6,820)	21	
22	Centennial Care-LTSS	1,089,269	1,075,841	0.00%	-	4.93%	53,078	2.13%	24,053	13,427	3,046	1,169,446	7.36%	578	257	1,169,703	1,181,261	(11,557)	22	
23	Centennial Care-Behavioral Health	326,914	322,343	0.00%	-	2.41%	7,753	-4.76%	(15,701)	2,896	5,341	322,632	-1.31%	19,506	18,656	341,288	387,390	(46,102)	23	
24	Subtotal	2,851,573	2,814,005	0.00%	-	3.22%	90,554	0.67%	19,338	46,017	8,866	2,978,780	4.46%	101,951	103,359	3,082,139	3,146,618	(64,480)	24	
25	Medicare Part A	1,700	1,700	1.34%	23	-1.45%	(25)	0.00%	-	(0)	-	1,697	-0.13%	-	-	1,697	1,395	302	25	
26	Medicare Part B	129,839	129,839	3.05%	3,963	2.85%	3,810	0.00%	-	(0)	-	137,612	5.99%	-	-	137,612	141,325	(3,713)	26	
27	Medicare Part D	43,774	43,774	7.48%	3,273	7.02%	3,305	0.00%	-	(0)	-	50,352	15.03%	-	-	50,352	49,410	942	27	
28	Subtotal	175,312	175,312	4.14%	7,259	3.88%	7,090	0.00%	-	(0)	-	189,661	8.18%	-	-	189,661	192,130	(2,469)	28	
29	Utilization	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	Subtotal	18,345	-	--	--	--	-	-	-	7,345	5,000	12,345	-32.71%	-	-	12,345	12,345	-	32	
33	Rate Increase for Primary Care Services	153	-	--	--	--	--	--	--	-	-	-	-100.00%	-	-	-	-	-	33	
34	Health Home	-	-	--	--	--	--	--	--	-	-	-	-	-	-	-	-	-	34	
35	Health Insurance Providers Fee	-	-	--	--	--	--	--	--	-	93,374	93,374	-	-	-	93,374	100,067	(6,693)	35	
36	Subtotal	153	-	--	--	--	-	-	-	93,374	93,374	60730.38%	-	-	-	93,374	100,067	(6,693)	36	
37	Medicaid Expansion - Physical Health	1,325,416	1,309,034	0.00%	-	4.36%	57,136	-3.15%	(43,042)	21,732	970	1,345,831	1.54%	-	-	1,345,831	1,461,975	(116,144)	37	
38	Medicaid Expansion - Behavioral Health	112,309	109,521	0.00%	-	4.08%	4,466	4.29%	4,888	1,963	1,650	122,489	9.06%	-	-	122,489	116,494	5,995	38	
39	Subtotal	1,437,725	1,418,556	-	-	4.34%	61,603	-2.58%	(38,153)	23,695	2,620	1,468,320	2.13%	-	-	1,468,320	1,578,469	(110,148)	39	
40	Prior Years Charged to Current Year	36,631	-	na	-	na	-	na	-	-	-	-	-100.00%	-	-	-	-	-	40	
41	Additional Cost Containment	-	-	-	-	-	-	-	-	-	(55,325)	(55,325)	-	-	-	(55,325)	(55,325)	-	41	
42	Grand Total	5,596,383	5,265,669	0.20%	10,316	3.25%	171,402	-0.33%	(18,069)	292,957	59,574	5,781,849	3.31%	109,335	110,876	5,892,726	6,093,180	(200,455)	44	

- 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, PCO.
3. (Lines 21-23, 36-37, Column L) Others under the managed care projection lines reflect the cost of additional NMMIP for second half of FY18, retroactive eligibility reconciliation.

No.	Description	Federal Medicaid Expenditure Type and Federal Financial Participation Rates												
		FY 18 Projection	HIT, IHS, Refugees (100% FFP) 1	Medicaid Expansion (95% FFP) 2	Medicaid Expansion (94% FFP) 3	Health Homes, Sterilization & Family Planning Services (90% FFP) 3	Breast & Cervical Cancer, CCBHC Program (EFMAP) 4	Title XXI CHIP (EFMAP) 5	Utilization Review (75% FFP) 6	Title XIX Medicaid (FMAP) 7	Admin and Fees (50% FFP) 8	Non-Federal Financial Participation Expenses (0% FFP) 9	Federal Share	% of Composite Federal Share
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Inpatient Hospital	85,485	-	16,388	17,754	40	36	1,420	-	40,846	-	-	69,632	81.46%
2	DSH	32,774	-	-	-	-	-	-	-	32,774	-	-	23,650	72.16%
3	GME	18,907	-	-	-	-	-	-	-	18,907	-	-	13,643	72.16%
4	IME	80,943	-	-	-	-	-	-	-	80,943	-	-	58,409	72.16%
5	Safety Net Care	68,889	-	-	-	-	-	-	-	68,889	-	-	49,711	72.16%
6	HQI Pool	8,826	-	-	-	-	-	-	-	8,826	-	-	6,369	72.16%
7	Physician Services	40,237	2	5,179	5,611	-	67	575	-	28,666	-	136	31,463	78.19%
8	IHS Hospital	129,769	129,769	-	-	-	-	-	-	0	-	-	129,769	100.00%
9	ICF-IID	28,087	-	87	94	-	-	-	-	27,906	-	-	20,250	72.10%
10	Clinic Services	52,054	-	142	153	-	-	-	-	50,653	-	34	37,882	72.77%
11	Federal Qualified Health Centers	4,719	(4)	469	508	-	3	92	-	3,651	-	-	3,641	77.17%
12	Other Practitioners	32,075	-	410	444	-	1	1,147	-	30,073	-	-	23,601	73.58%
13	Outpatient Hospital	43,740	1	6,562	7,109	-	241	701	-	29,125	-	-	34,780	79.52%
14	PACE	12,320	-	-	3,209	-	-	-	-	9,111	-	-	9,568	77.66%
15	Others	55,583	2,919	7,427	8,046	2,265	41	1,638	-	33,215	-	32	45,143	81.22%
16	BH FFS	38,657	12,256	3,282	3,555	0	2	873	-	18,681	-	8	33,045	85.48%
17	Subtotal	735,063	144,943	39,946	46,483	2,305	390	7,518	-	491,268	-	210	590,534	80.56%
18	Traditional OD and MF Waiver (DOH)	279,269	-	-	-	-	-	-	503	278,045	721	205,847	71.93%	
19	Mi Via DD and MF Waiver (DOH)	89,879	-	-	-	-	-	-	1,776	86,024	2,079	64,334	71.58%	
20	Subtotal	369,148	-	-	-	-	-	-	2,279	364,069	2,800	265,181	71.84%	
21	Centennial Care-Physical Health	1,571,147	29,450	-	-	15,934	1,541	84,445	-	1,439,534	-	244	1,164,642	74.13%
22	Centennial Care-LTSS	1,169,703	13,427	-	-	-	-	257	-	1,156,019	-	-	844,977	72.24%
23	Centennial Care-Behavioral Health	341,268	2,896	-	-	1,842	87	18,775	-	317,688	-	-	251,848	73.79%
24	Subtotal	3,082,138	45,773	-	-	17,776	1,628	103,478	-	2,913,240	-	244	2,261,468	73.37%
25	Medicare Part A	1,697	-	-	-	-	-	-	-	1,697	-	-	1,220	71.90%
26	Medicare Part B	137,612	5,570	-	-	-	-	-	-	116,751	-	15,290	89,526	65.06%
27	Medicare Part D	50,352	-	-	-	-	-	-	-	50,352	-	-	0.00%	
28	Subtotal	189,661	5,570	-	-	-	-	-	-	118,449	-	65,642	90,747	47.85%
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	Subtotal	12,345	6,000	-	-	-	-	-	5,000	1,345	-	-	10,720	86.84%
33	Rate Increase for Primary Care Services	-	-	-	-	-	-	-	-	-	-	-	-	-
34	Health Home	-	-	-	-	-	-	-	-	-	-	-	-	-
35	Health Insurance Providers Fee	93,374	-	36,472	-	-	-	2,911	-	53,991	-	-	76,519	81.95%
36	Subtotal	93,374	-	36,472	-	-	-	2,911	-	53,991	-	-	76,519	81.95%
37	Medicaid Expansion - Physical Health	1,345,831	21,732	595,893	727,962	-	-	-	-	0	-	244	1,272,115	94.52%
38	Medicaid Expansion - Behavioral Health	122,489	1,963	54,319	66,207	-	-	-	-	-	-	-	115,801	94.54%
39	Subtotal	1,468,320	23,695	650,212	794,169	-	-	-	-	0	-	244	1,387,916	94.52%
40		-	-	-	-	-	-	-	-	-	-	-	-	-
41	Prior Years Charged to Current Year	-	-	-	-	-	-	-	-	-	-	-	-	-
42	Additional Cost Containment	(55,325)	-	-	-	-	-	-	-	(55,325)	-	-	(39,325)	71.08%
43		-	-	-	-	-	-	-	-	-	-	-	-	-
44	Grand Total	5,892,726	225,982	726,630	840,653	20,081	2,018	113,906	7,279	3,887,038	2,800	66,340	4,643,781	78.81%

No.	Description	FY 18			PROJECTED REVENUES	
		Budget Request	HSD Projection	Change from Previous	Federal Revenues	Federal Disallowance 11
48	State Share Revenues:					4,643,781
49	Department of Health (Line 18 & 19) 10,17	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	-	-	-	-	14,172
54	County Supported Medicaid Fund	28,085	29,500	1,517	-	11,791
55	Tobacco Settlement Revenue, Base	27,819	27,819	-	-	1,222,982
56	Tobacco Settlement Revenue	-	-	-	-	-
57	UNM IGT	52,088	39,688	(12,400)	-	-
58	Total Operating Transfers In	220,205	209,220	(1,000)		
59						
60	Physician UPL UNM	1,993	1,561	(120)	-	-
61	Safety Net Care 15	-	-	-	-	-
62	County Supported Hospital Payments 12	27,081	23,104	(3,977)	-	-
63	Additional County Supported Hospital Payments 13	-	-	-	-	-
64	Miner's Colfax 15	1,036	1,036	-	-	-
65	County Contribution for Incarcerated Population 16	-	-	-	-	-
66	Drug Rebates	27,024	29,653	786	-	-
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	Total Other Revenues	59,716	57,936	(666)		
74						
75	General Fund Need	1,033,653	955,825	(40,018)		
76						
77	FY 2017 Appropriation	913,637	913,637			
78						
79	State Revenue Surplus/(Shortfall)	(120,016)	(42,188)	40,018		

- 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 FY 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.
 - This amount is pending, subject to approval of 100% FFP for IHS Referrals.