

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)

No.	Description	FY 16 Title XIX Projection	FY 17 % Completion	Title XIX Actual YTD	Actual Paid Lump Sum/ Others YTD	Projected Lump Sum	Others	FY 17 Title XIX Projection	% Change from FY 16	CHIP Actual Paid YTD	CHIP Projection	FY 17 TOTAL Medicaid Projection	Mar 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	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	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-ID	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)	22
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	23
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)	25
26	Medicare Part B	109,909	100.00%	131,716	-	-	-	131,716	19.84%	-	-	131,716	131,722	(6)	26
27	Medicare Part D	36,702	100.00%	43,958	-	-	-	43,958	19.77%	-	-	43,958	43,915	43	27
28	Subtotal	147,911	100.00%	177,384	-	-	-	177,384	71.14%	-	-	177,384	177,411	(27)	28
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	-	0.00%	-	-	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)	36
37	Medicaid Expansion - Behavioral Health	101,098	98.03%	110,431	-	2,005	-	112,650	11.43%	-	-	112,650	112,980	(330)	37
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)	38
39															39
40	Prior Years Charged to Current Year	113,467	na	-	-	-	43,502	43,502	-61.66%	-	-	43,502	42,012	1,490	40
41	Current Year Charged to Future Year	(43,502)	na	-	-	-	-	-	-100.00%	-	-	-	-	-	41
42															42
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)	43

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 and Medicaid Expansion risk corridor 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.
- 8/2/2017

