

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

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

No.	Description	FY 17 Title XIX Projection	FY 17 Title XIX Projected Claims	Δ Price	\$ Impact	Δ Recipient	\$ Impact	Δ 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	March 2017 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	76,722	76,722	0.00%	-	1.26%	963	0.00%	-	-	-	77,685	1.26%	513	522	78,208	77,843	365	1	
2	DSH	31,417	-	--	-	--	-	--	-	31,275	-	31,275	-0.45%	-	-	31,275	31,275	-	2	
3	GME	18,500	-	--	-	--	-	--	-	18,926	-	18,926	2.30%	-	-	18,926	18,926	(1)	3	
4	IME	85,625	-	--	-	--	-	--	-	85,625	-	85,625	0.00%	-	-	85,625	84,526	1,099	4	
5	Safety Net Care	68,889	-	--	-	--	-	--	-	68,889	-	68,889	0.00%	-	-	68,889	68,889	-	5	
6	HQII Pool	7,359	-	--	-	--	-	--	-	8,826	-	8,826	19.93%	-	-	8,826	8,826	-	6	
7	Physician Services	39,407	33,883	0.00%	-	2.38%	806	0.00%	-	5,525	-	40,214	2.05%	476	484	40,698	41,282	(584)	7	
8	IHS Hospital	125,213	125,213	2.30%	2,880	-0.75%	(964)	0.00%	-	-	-	127,129	1.53%	-	-	127,129	128,309	(1,180)	8	
9	ICF-IID	27,680	27,680	0.00%	-	-0.05%	(15)	0.00%	-	-	-	27,665	-0.05%	-	-	27,665	28,515	(850)	9	
10	Clinic Services	49,837	49,837	0.00%	-	2.21%	1,102	0.00%	-	-	-	50,938	2.21%	1,787	1,819	52,757	52,757	-	10	
11	Federal Qualified Health Centers	4,615	4,615	2.69%	124	-0.64%	(30)	0.00%	-	-	678	5,387	16.72%	98	101	5,488	5,475	13	11	
12	Other Practitioners	30,439	30,439	0.00%	-	1.66%	505	0.00%	-	-	-	30,944	1.66%	1,052	1,071	32,015	31,813	202	12	
13	Outpatient Hospital	41,285	41,285	0.00%	-	2.39%	988	0.00%	-	-	-	42,273	2.39%	535	544	42,818	43,220	(402)	13	
14	PACE	11,930	11,930	0.00%	-	0.00%	-	0.00%	-	-	-	11,930	0.00%	-	-	11,930	12,278	(348)	14	
15	Others	49,187	51,332	0.00%	-	5.59%	2,870	0.00%	-	(4,115)	100	50,187	2.03%	1,600	1,629	51,816	52,363	(547)	15	
16	BH FFS	37,569	37,569	0.05%	18	1.27%	476	0.00%	-	-	-	38,063	1.31%	764	778	38,841	38,416	425	16	
17	Subtotal	705,675	490,505	0.62%	3,022	1.36%	6,701	0.00%	-	214,951	778	715,957	1.46%	6,825	6,949	722,906	724,715	(1,809)	17	
18	Traditional DD and MF Waiver (DOH)	279,821	279,158	0.00%	-	-0.27%	(753)	0.00%	2	152	523	279,083	-0.26%	-	-	279,083	277,911	1,172	18	
19	Mi Via DD and MF Waiver (DOH)	87,001	83,019	0.00%	-	5.74%	4,764	0.86%	755	60	3,989	92,586	6.42%	-	-	92,586	91,674	912	19	
20	Subtotal	366,822	362,176	0.00%	-	1.11%	4,012	0.21%	757	212	4,512	371,669	1.32%	-	-	371,669	369,585	2,084	20	
21	Centennial Care-Physical Health	1,420,914	1,408,466	0.00%	-	-0.42%	(5,945)	1.30%	18,172	30,856	478	1,452,027	2.19%	82,290	83,004	1,535,031	1,556,417	(21,387)	21	
22	Centennial Care-LTSS	1,066,765	1,054,570	0.00%	-	1.83%	19,313	0.80%	8,637	12,195	3,046	1,097,761	2.91%	1,112	257	1,098,018	1,149,239	(51,221)	22	
23	Centennial Care-Behavioral Health	326,021	322,977	0.00%	-	-0.18%	(583)	-3.94%	(12,687)	3,044	5,341	318,092	-2.43%	19,191	17,897	335,989	336,720	(731)	23	
24	Subtotal	2,813,699	2,786,013	0.00%	-	0.46%	12,784	0.50%	14,122	46,095	8,866	2,867,880	1.93%	102,592	101,158	2,969,039	3,042,377	(73,338)	24	
25	Medicare Part A	1,710	1,710	1.38%	24	-1.48%	(26)	0.00%	-	-	-	1,708	-0.12%	-	-	1,708	1,772	(65)	25	
26	Medicare Part B	131,716	131,716	2.86%	3,770	2.06%	2,791	0.00%	-	-	-	138,277	4.98%	-	-	138,277	138,281	(3)	26	
27	Medicare Part D	43,958	43,958	2.51%	1,103	6.59%	2,968	0.00%	-	-	-	48,029	9.26%	-	-	48,029	48,866	(837)	27	
28	Subtotal	177,384	177,384	2.76%	4,897	3.15%	5,733	0.00%	-	-	-	188,014	5.99%	-	-	188,014	188,919	(905)	28	
29	Utilization	5,000	-	--	-	--	-	--	-	-	5,000	5,000	0.00%	-	-	5,000	5,000	-	29	
30	HIT	23,725	-	--	-	--	-	--	-	20,000	-	20,000	-15.70%	-	-	20,000	9,000	11,000	30	
31	Contracts	1,970	-	--	-	--	-	--	-	1,970	-	1,970	0.00%	-	-	1,970	1,970	-	31	
32	Subtotal	30,695	-	-	-	-	-	-	-	21,970	5,000	26,970	-12.13%	-	-	26,970	15,970	11,000	32	
33	Health Insurance Providers Fee	-	-	--	-	--	-	--	-	-	88,338	88,338	--	-	2,849	91,187	93,028	(1,841)	33	
34	Subtotal	-	-	--	-	--	-	--	-	-	88,338	88,338	--	-	2,849	91,187	93,028	(1,841)	34	
35	Medicaid Expansion - Physical Health	1,198,385	1,320,987	0.00%	-	1.41%	18,616	-3.07%	(41,180)	22,318	970	1,321,711	10.29%	-	-	1,321,711	1,356,504	(34,792)	35	
36	Medicaid Expansion - Behavioral Health	112,650	110,646	0.00%	-	1.41%	1,559	3.68%	4,127	2,005	1,650	119,987	6.51%	-	-	119,987	123,879	(3,892)	36	
37	Subtotal	1,311,035	1,431,632	-	-	1.41%	20,175	-2.55%	(37,053)	24,323	2,620	1,441,698	9.97%	-	-	1,441,698	1,480,383	(38,685)	37	
38																				38
39	Prior Years Charged to Current Year	43,502	-	na	-	na	-	na	-	-	-	-	-100.00%	-	-	-	-	-	39	
40	Additional Cost Containment																(55,325)	55,325		40
41																				41
42	Grand Total	5,448,812	5,247,711	0.15%	7,919	0.94%	49,405	-0.42%	(22,174)	307,551	110,114	5,700,527	4.62%	109,417	110,956	5,811,482	5,859,652	(48,170)	42	

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 additional NMMIP for second half of FY18, retroactive eligibility reconciliation.

STATE OF NEW MEXICO
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Medical Assistance Division

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

No. A	Description B	Federal Medicaid Expenditure Type and Federal Financial Participation Rates													
		FY 18 Projection C	HIT, IHS, Refugees (100% FFP) 1 D	Medicaid Expansion (95% FFP) 2 E	Medicaid Expansion (94% FFP) 3 F	Health Homes, Sterilization & Family Planning Services (90% FFP) 3 G	Breast & Cervical Cancer, CCBHC Program (EFMAP) 4 H	Title XXI CHIP (EFMAP) 5 I	Utilization Review (75% FFP) 6 J	Title XIX Medicaid (FMAP) 7 K	Admin and Fees (50% FFP) 8 L	Non-Federal Financial Participation Expenses (0% FFP) 9 M	Federal Share N	% of Composite Federal Share O	
1	Inpatient Hospital	78,208	407	13,691	14,831	187	-	522	-	48,570	-	-	63,015	80.57%	
2	DSH	31,275	-	-	-	-	-	-	-	31,275	-	-	22,568	72.16%	
3	IME	18,936	-	-	-	-	-	-	-	18,936	-	-	13,657	72.16%	
4	IME	85,625	-	-	-	-	-	-	-	85,625	-	-	61,787	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	40,698	67	5,127	5,554	-	17	484	-	29,364	-	85	31,795	78.13%	
8	IHS Hospital	127,129	127,129	-	-	-	-	-	-	(0)	-	-	127,129	100.00%	
9	ICF-IID	27,665	-	114	123	-	-	-	-	27,429	-	-	19,959	72.16%	
10	Clinic Services	52,757	-	138	149	-	-	1,819	-	50,628	-	24	38,603	73.17%	
11	Federal Qualified Health Centers	5,488	-	575	623	-	-	101	-	4,189	-	-	4,249	77.42%	
12	Other Practitioners	32,015	-	399	433	-	-	1,071	-	30,112	-	-	23,531	73.50%	
13	Outpatient Hospital	42,818	144	6,251	6,772	-	23	544	-	29,083	-	-	33,948	79.29%	
14	PACE	11,930	-	-	-	-	-	-	-	11,904	-	26	8,560	71.76%	
15	Others	51,816	3,955	6,871	7,444	2,274	29	1,629	-	29,614	-	-	42,484	81.99%	
16	BH FFS	38,841	12,247	3,271	3,544	-	2	778	-	18,908	-	-	33,149	85.35%	
17	Subtotal	722,906	143,949	36,437	39,473	2,460	71	6,949	-	493,432	-	135	580,513	80.30%	
18	Traditional DD and MF Waiver (DOH)	279,083	-	-	-	-	-	-	523	277,968	592	-	200,714	71.92%	
19	Mi Via DD and MF Waiver (DOH)	92,586	-	-	-	-	-	-	1,958	88,510	2,118	-	66,263	71.57%	
20	Subtotal	371,669	-	-	-	-	-	-	2,481	366,478	2,710	-	266,977	71.83%	
21	Centennial Care-Physical Health	1,535,031	30,613	-	-	13,696	1,203	83,004	-	1,406,272	-	244	1,138,159	74.13%	
22	Centennial Care-LTSS	1,098,018	12,195	-	-	-	-	257	-	1,085,566	-	-	793,083	72.23%	
23	Centennial Care-Behavioral Health	335,989	3,044	-	-	2,506	86	18,016	-	312,337	-	-	247,986	73.81%	
24	Subtotal	2,969,039	45,851	-	-	16,202	1,289	101,277	-	2,804,175	-	244	2,179,228	73.40%	
25	Medicare Part A	1,708	-	-	-	-	-	-	-	1,708	-	-	1,228	71.90%	
26	Medicare Part B	138,277	5,716	-	-	-	-	-	-	116,644	-	15,917	89,595	64.79%	
27	Medicare Part D	48,029	-	-	-	-	-	-	-	-	-	48,029	0.00%		
28	Subtotal	188,014	5,716	-	-	-	-	-	-	118,351	-	63,946	90,823	48.31%	
29	Utilization	5,000	-	-	-	-	-	-	5,000	-	-	-	3,750	75.00%	
30	HIT	20,000	20,000	-	-	-	-	-	-	-	-	-	20,000	100.00%	
31	Contracts	1,970	-	-	-	-	-	-	-	376	1,595	-	1,068	54.23%	
32	Subtotal	26,970	20,000	-	-	-	-	-	5,000	376	1,595	-	24,818	92.02%	
33	Health Insurance Providers Fee	91,187	-	35,782	-	-	-	2,849	-	52,556	-	-	74,766	81.99%	
34	Subtotal	91,187	-	35,782	-	-	-	2,849	-	52,556	-	-	74,766	81.99%	
35	Medicaid Expansion - Physical Health	1,321,711	22,318	584,775	714,618	-	-	-	-	-	-	-	1,249,596	94.54%	
36	Medicaid Expansion - Behavioral Health	119,987	2,005	53,174	64,808	-	-	-	-	-	-	-	113,440	94.54%	
37	Subtotal	1,441,698	24,323	637,950	779,425	-	-	-	-	-	-	-	1,363,035	94.54%	
38															
39	Prior Years Charged to Current Year	-	-	-	-	-	-	-	-	-	-	-	-	-	
40	Additional Cost Containment	-	-	-	-	-	-	-	-	-	-	-	-	71.08%	
41															
42	Grand Total	5,811,482	239,840	710,169	818,899	18,662	1,360	111,075	7,481	3,835,368	4,304	64,325	4,580,161	78.81%	

	FY 18 Op Budget	HSD Projection	Change from Previous
State Share Revenues:			
Department of Health (Line 18 & 19) ^{(b)(7)}	103,360	102,216	-
Department of Health Additional Need (Surplus)	-	2,177	1,083
Department of Health for Early Intervention	8,292	8,292	-
Department of Health for FQHCs	560	560	-
Department of Health for EC	1	1	-
Children, Youth and Families	-	-	-
County Supported Medicaid Fund	28,515	28,515	1,241
Tobacco Settlement Revenue, Base	29,319	29,319	-
Tobacco Settlement Revenue	-	-	-
UNM IGT	44,482	42,347	-
Total Operating Transfers In	214,429	213,428	2,324
Physician UPL UNM	1,681	1,605	-
Safety Net Care ¹²	-	-	-
County Supported Hospital Payments ¹²	22,790	22,585	-
Additional County Supported Hospital Payments ¹³	-	-	-
Mine's Colfax ¹⁵	500	-	-
County Contribution for Incarcerated Population ¹⁶	-	-	-
Drug Rebates	28,867	30,792	440
Fraud	872	872	-
Income Diversion Trust	486	486	-
Buy-In Recovery	215	215	-
Cost Settlement	500	500	-
Estate Recovery	9	9	-
HMS-RAC-TPL/Subrogation	500	-	-
Total Other Revenues	56,420	57,064	(60)
General Fund Need		938,280	(9,239)
FY 2018 Appropriation	915,637	915,637	-
State Revenue Surplus/(Shortfall)		(22,643)	9,239

PROJECTED REVENUES	
Federal Revenues	4,580,161
Federal Disallowance ¹¹	-
MSBS CPE ¹⁴	14,155
IHS Referral 100% FFP ¹⁸	8,394
All State Revenues	1,208,772

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.
- Includes potential disallowance for 100% IHS Referral
- 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.
- Mine'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.