



FY 14 Line Model with Centennial Care and Medicaid Expansion with Actual Data Thru March 2015 (\$000s)

No A	Description B	Federal Medicaid Expenditure Type and Federal Financial Participation Rates											
		FY 14 Projection C	HIT, IHS, Refugees & Medicaid Expansion (100% FFP) <sup>1</sup> D	Health Homes, Sterilization & Family Planning Services (90% FFP) <sup>2</sup> E	Breast & Cervical Program (EFMAP) <sup>3</sup> F	Title XXI CHIP (EFMAP) <sup>4</sup> G	Utilization Review (75% FFP) <sup>5</sup> H	Title XIX Medicaid (FMAP) <sup>6</sup> I	Admin and Fees (50% FFP) <sup>7</sup> J	Non-Federal Financial Participation Expenditures (0% FFP) <sup>8</sup> K	Federal Share (\$000s) L	% of Composite Federal Share M	
1	Inpatient Hospital	35,438	8,396	43	400	1,316		85,284	-	-	68,779	72.07%	
2	DSH	31,393	-	-	-	-	-	31,393	-	-	21,724	69.20%	
3	GME	7,187	-	-	-	-	-	7,187	-	-	4,973	69.20%	
4	IME	34,444	-	-	-	-	-	34,444	-	-	23,835	69.20%	
5	SCPH - UPL	31,026	7,634	-	-	-	-	23,392	-	-	23,821	76.78%	
6	UCC Pool	68,889	-	-	-	-	-	68,889	-	-	47,671	69.20%	
7	Physician Services	39,811	2,248	-	1,400	539	-	35,303	-	320	28,192	70.81%	
8	Prescribed Drugs	9,745	523	-	389	260	-	8,572	-	-	6,962	71.44%	
9	Dental Services	12,929	325	-	47	744	-	11,813	-	-	9,116	70.51%	
10	Transportation	7,405	971	-	84	141	-	6,209	-	-	5,442	73.50%	
11	Lab and X-Ray	2,763	98	-	132	15	-	2,518	-	-	1,955	70.76%	
12	EPSDT	1,882	4	-	0	82	-	1,795	-	-	1,311	69.64%	
13	IHS Hospital	88,049	88,049	-	-	-	-	-	-	-	88,049	100.00%	
14	Nursing Facility	6,393	1	-	3	-	-	6,390	-	-	4,422	69.17%	
15	ICF-ID	25,665	-	-	-	-	-	25,665	-	-	17,753	69.17%	
16	Clinic Services	14,385	12	-	1	856	-	13,455	-	62	9,993	69.47%	
17	Federal Qualified Health Centers	18,491	196	-	55	88	-	18,152	-	-	12,866	69.58%	
18	Other Practitioners	32,330	130	-	20	934	-	31,246	-	-	22,494	69.58%	
19	Outpatient Hospital	34,847	2,488	-	2,494	639	-	29,219	-	7	25,156	72.19%	
20	Family Planning	7,491	3,198	4,204	-	12	-	-	-	77	6,992	93.33%	
21	PACE	11,857	-	-	-	-	-	11,857	-	-	8,201	69.17%	
22	Personal Care Options	264	-	-	3	-	-	262	-	-	181	68.47%	
23	Others	5,158	272	-	51	30	-	4,805	-	-	3,658	70.91%	
24	IH CFFS 1H	9,896	3,129	0	22	191	-	5,381	1,172	-	7,603	76.82%	
25	IH FFS	14,187	7,025	0	1	240	-	6,918	-	2	11,812	83.26%	
26	Premium Assistance Program	7	-	-	-	-	-	-	-	-	-	0.00%	
27	Subtotal	611,883	124,700	4,247	5,102	6,087	-	470,149	1,172	476	462,961	75.66%	
28	AIDS, DD and MF (DOH)	272,512	-	-	-	-	-	412	270,438	1,662	188,202	69.06%	
29	MH Via Waivers (DOH)	26,194	-	-	-	-	-	678	24,542	974	17,973	68.62%	
30	MI Via Waiver (D&E)	14,031	-	-	-	-	-	353	13,032	645	9,598	68.41%	
31	Mi Via Waiver BI	5,371	-	-	-	-	-	168	5,006	198	3,685	68.62%	
32	Misc. Waivers	923	-	-	-	-	-	-	923	-	638	69.14%	
33	Subtotal	319,050	-	-	-	-	-	1,611	313,940	3,480	220,097	68.99%	
34	Physical Health MCO 1H	599,943	3,564	2,918	-	24,221	-	569,240	-	-	418,750	69.80%	
35	Behavioral Health MCO 1H	127,233	1,151	-	-	5,654	-	120,428	-	-	88,847	69.83%	
36	ColTS 1H	452,043	5,982	-	300	-	-	445,761	-	-	314,550	69.58%	
37	State Coverage Insurance 1H	105,251	4,066	-	-	18,662	-	82,520	-	3	75,743	71.96%	
38	Subtotal	1,284,489	14,763	2,918	300	48,537	-	1,217,949	-	3	897,890	69.90%	
39	Centennial Care 2H-Physical Health	750,356	5,803	-	1,638	26,801	-	716,114	-	-	523,440	69.76%	
40	Centennial Care 2H-LTSS	470,309	4,219	-	373	-	-	465,717	-	-	326,787	69.48%	
41	Centennial Care 2H-Behavioral Health	156,860	788	-	-	6,178	-	149,894	-	-	109,315	69.69%	
42	Subtotal	1,377,525	10,810	-	2,010	32,879	-	1,331,725	-	-	959,542	69.66%	
43	Medicare Part A	690	-	-	-	-	-	690	-	-	478	69.17%	
44	Medicare Part B	91,028	4,128	-	-	-	-	77,214	-	9,686	57,537	63.21%	
45	Medicare Part D	25,159	-	-	-	-	-	-	-	26,159	-	0.00%	
46	Subtotal	117,877	4,128	-	-	-	-	77,904	-	35,845	58,014	49.22%	
47	Utilization	-	6,599	-	-	-	6,599	-	-	-	4,950	75.00%	
48	HIT Incentive Payment	12,751	12,751	-	-	-	-	-	-	-	12,751	100.00%	
49	Contracts	18,016	-	-	-	-	-	-	16	18,000	8	0.04%	
50	Subtotal	37,366	12,751	-	-	-	6,599	-	16	18,000	17,708	47.39%	
51	Rate Increase for Primary Care Services	18,165	17,193	-	-	8	-	963	-	0	17,867	98.36%	
52	Health Insurance Providers Fee	30,536	-	-	-	1,050	-	29,486	-	-	21,228	69.52%	
53	Woodwork (Children)	-	-	-	-	-	-	-	-	-	-	-	-
54	WASH Impact (Children)	-	-	-	-	-	-	-	-	-	-	-	-
55	Woodwork (Aged)	-	-	-	-	-	-	-	-	-	-	-	-
56	Health Home	-	-	-	-	-	-	-	-	-	-	-	-
57	Subtotal	48,701	17,193	-	-	1,058	-	30,449	-	0	39,094	80.27%	
58	SCI Adults Up to 138% FPL - Physical Health	-	-	-	-	-	-	-	-	-	-	-	-
59	Medicaid Expansion - Physical Health	382,198	382,198	-	-	-	-	-	-	-	382,198	100.00%	
60	Medicaid Expansion - Behavioral Health	30,967	30,967	-	-	-	-	-	-	-	30,967	100.00%	
61	Subtotal	413,165	413,165	-	-	-	-	-	-	-	413,165	100.00%	
62													
63	Current Year Charged to Future Year	(7,567)	-	-	-	-	-	(7,567)	-	-	(5,270)	69.65%	
64													
65	Grand Total	4,202,499	597,510	7,165	7,412	88,662	8,210	3,434,550	4,667	54,323	3,063,201	72.89%	

  

	HSD Budget	Billed Amount	Collection YTD	HSD Projection
68	State Share Revenues:			
70	Department of Health (Line 28 & 29) <sup>9</sup>	100,412	92,873	100,412
71	Department of Health Additional Need (Surplus)	-	-	(7,302)
72	Department of Health for Early Intervention	5,500	6,663	6,663
73	Department of Health for FQHCs	500	482	482
74	Department of Health for EC	1	-	-
75	Children, Youth and Families	-	-	-
76	County Supported Medicaid Fund	26,426	25,709	25,709
77	Tobacco Settlement Revenue, Base	9,220	9,220	9,220
78	Tobacco Settlement Revenue	-	-	-
79	Total Operating Transfers In	142,059	134,946	135,184
80				
81	UNM SCI IGT	6,403	9,018	9,018
82	School Based Health Services (Part of Line 16)	4,091	4,467	2,759
83	Physicians UPL UNM	2,811	1,780	1,780
84	Sole Community Provider Hospital Fund	97,276	32,948	25,921
85	UNM SCPH IGT	-	4,664	4,664
86	Drug Rebates	1,251	41,521	41,521
87	Fraud	872	-	4,738
88	Tort and Insurance Carrier Refund	-	-	-
89	Income Diversion Trust	486	481	481
90	Buy-In Recovery	215	133	133
91	Cost Settlement	3,388	909	909
92	Estate Recovery	9	8	8
93	Misc. Revenue	-	561	561
94	HMS-RAC-TPL/Subrogation	-	996	996
95	Total Other Revenues	116,802	94,398	93,489
96				
97	General Fund Need	-	-	904,771
98				
99	FY 14 Op Bud 3	-	-	917,888
100	Union Payback Liability	-	-	(4,151)
101	Prior Year Liability	-	-	(3,001)
102	Transfer to Admin	-	-	(1,067)
103	Reversion	-	-	(4,898)
104				
105	State Revenue Surplus / (Shortfall)	-	-	-
106				
107	State Revenue Surplus / (Shortfall) Assoc. with Expenditures Charged to FY15	-	-	(2,297)

  

PROJECTED REVENUES	
Federal Revenues	3,063,201
Federal Disallowance	-
All State Revenues	1,139,297
Potential Receivable Allowance <sup>10</sup>	-
Total State Revenue Need	1,139,297

  

Notes:

- HIT, IHS, QI-1, Refugees, and Medicaid Expansion are eligible for 100% FFP.
- Health Homes, sterilization and FPW costs are eligible for 90% FFP.
- Breast and cervical cancer (BCC) program with enhanced FMAP.
- CHIP is a Title XXI program with EFMAP. SCI parents are reimbursed at REMAP for one quarter of SFY14 but shown in the EFMAP column.
- Utilization review is federally matched at 75%; admin. expenses.
- Title XIX expenditures are matched with regular FMAP. The FY 2014 FMAP was published in the Federal Register in November 2012.
- Administration expenditures are eligible for 50% FFP.
- Pregnancy termination, special needs and state only buy-in (Medicare Part B & D) expenditures are not eligible for federal financial participation.
- DOH for Medicaid DD, AIDS, MF and Mi Via waiver services projected revenue is without the 3% for admin.
- The potential receivable allowance in FY14 has been reamassed by HSD and a contractor. The outcome of the research is that the HSD has reconciled the account receivable balances and no longer needs to reflect this allowance on the projection.

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY 15 Lag Model with Centennial Care and Medicaid Expansion with Actual Data Thru March 2015 (\$000s)

No.	Description	FY 14 Title XIX Projection	FY 15 % Completion	Title XIX Actual	Actual Paid Lump Sum/ Others YTD	Projected Lump Sum	Others	FY 15 Title XIX Projection	% Change from FY 14	CHIP YTD Paid	CHIP Projection	FY 15 TOTAL Medicaid	November 2014 Projection	Change from Previous
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Inpatient Hospital	94,123	48.30%	42,469	-	-	-	87,928	-6.58%	210	434	88,362	95,350	(6,988)
2	DSH	31,393	38.56%	12,028	12,028	31,195	-	31,195	-0.63%	-	-	31,195	31,195	-
3	GME	7,187	46.68%	3,594	3,594	7,697	-	7,697	7.10%	-	-	7,697	7,697	-
4	IME	34,444	23.31%	13,818	13,818	59,268	-	59,268	72.07%	-	-	59,268	32,081	27,187
5	Safety Net Care	99,916	0.00%	-	-	34,445	-	34,445	-65.53%	-	-	34,445	34,445	-
6	HQI Pool	-	0.00%	-	-	1,412	-	1,412	-	-	-	1,412	1,412	-
7	Physician Services	39,272	54.22%	20,237	-	5,571	-	37,428	-4.69%	391	615	38,043	35,647	2,396
8	IHS Hospital	88,049	64.00%	70,872	-	-	-	110,745	25.78%	-	-	110,745	101,737	9,008
9	ICF-ID	25,665	66.46%	17,389	-	-	-	26,166	1.95%	-	-	26,166	26,173	(7)
10	Clinic Services	13,529	60.65%	9,060	-	-	-	14,940	10.43%	853	1,407	16,347	16,489	(142)
11	Federal Qualified Health Centers	18,403	61.14%	2,508	-	-	-	4,102	-77.71%	72	118	4,220	4,383	(163)
12	Other Practitioners	31,396	65.75%	17,788	-	-	-	27,056	-13.82%	701	1,066	28,122	28,301	(179)
13	Outpatient Hospital	34,208	65.72%	24,422	-	-	-	37,161	8.63%	490	746	37,907	31,266	6,641
14	PACE	11,857	74.93%	8,869	-	-	-	11,837	-0.17%	-	-	11,837	11,914	(77)
15	Others	52,746	66.63%	29,762	-	-	-	44,744	-15.17%	963	1,366	46,110	43,460	2,650
16	BH FFS	23,659	64.57%	20,933	-	-	-	32,430	37.07%	357	544	32,974	31,538	1,436
17	Subtotal	605,846	51.80%	293,749	29,439	139,588	-	568,555	-6.16%	4,036	6,295	574,850	533,089	41,761
18	DD and MF (DOH)	272,394	69.43%	193,727	284	58	498	279,045	2.44%	-	-	279,045	277,922	1,123
19	MI Via Waivers (DOH)	25,874	57.57%	27,000	24	32	1,967	46,899	81.26%	-	-	46,899	47,119	(220)
20	Subtotal	298,268	67.72%	220,727	308	90	2,464	325,944	9.28%	-	-	325,944	325,040	904
21	Centennial Care-Physical Health	1,299,276	70.56%	1,072,908	-	23,964	217	1,543,173	18.77%	55,972	56,726	1,599,899	1,566,350	33,549
22	Centennial Care-LTSS	943,048	73.18%	680,448	-	12,035	136	929,323	-1.46%	-	548	929,872	929,246	626
23	Centennial Care-Behavioral Health	272,258	72.75%	224,804	-	2,760	60	314,303	15.44%	13,263	12,947	327,250	322,163	5,087
24	Subtotal	2,514,582	71.66%	1,978,160	-	38,759	412	2,786,799	10.83%	69,234	70,221	2,857,020	2,817,759	39,261
25	Medicare Part A	690	90.26%	1,289	-	-	-	1,428	106.87%	-	-	1,428	1,004	424
26	Medicare Part B	91,028	84.34%	86,536	-	-	-	102,607	12.72%	-	-	102,607	102,752	(145)
27	Medicare Part D	26,159	73.21%	22,697	-	-	-	31,005	18.53%	-	-	31,005	30,231	774
28	Subtotal	117,877	81.84%	110,572	-	-	-	135,040	138.11%	-	-	135,040	133,987	1,053
29	Utilization	6,599	32.33%	1,617	-	-	-	5,000	-24.24%	-	-	5,000	5,000	-
30	HIT	12,751	31.90%	1,914	-	-	-	6,000	-52.94%	-	-	6,000	6,000	-
31	Contracts	18,016	-	-	-	-	-	-	-100.00%	-	-	-	-	-
32	Subtotal	37,366	32.10%	3,531	-	-	-	11,000	-70.56%	-	-	11,000	11,000	-
33	Rate Increase for Primary Care Services	18,165	0.00%	-	-	25,256	-	25,256	39.03%	-	-	25,256	20,048	5,208
34	Health Home	-	-	-	-	-	-	-	-	-	-	-	-	-
35	Health Insurance Providers Fee	30,536	0.00%	-	-	-	-	72,123	136.19%	-	1,272	73,395	72,245	1,150
36	Subtotal	48,701	0.00%	-	-	25,256	72,123	97,379	99.95%	-	1,272	98,651	92,293	6,358
37	Medicaid Expansion - Physical Health	469,006	71.03%	821,284	-	9,045	150	1,156,238	146.53%	-	-	1,156,238	1,111,276	44,962
38	Medicaid Expansion - Behavioral Health	30,967	73.35%	63,220	-	714	-	86,191	178.33%	-	-	86,191	82,463	3,728
39	Subtotal	499,973	71.19%	884,504	-	9,759	150	1,242,429	148.50%	-	-	1,242,429	1,193,739	48,690
40	Prior Years Charged to Current Year	-	na	-	-	-	7,567	7,567	-	-	-	7,567	-	7,567
42	Current Year Charged to Future Year	(7,567)	na	-	-	-	(85,543)	(85,543)	-	-	-	(85,543)	-	(85,543)
43	Grand Total	4,115,046	68.99%	3,491,193	29,748	213,453	(2,827)	5,089,168	23.67%	73,271	77,789	5,166,957	5,106,907	60,050

Notes:  
1. (Row 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.

2. (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.

No.	Description	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										
		FY 15 Projection	HIT, IHS, Refugees & Medicaid Expansion (100% FFP) <sup>1</sup>	Health Homes, Sterilization & Family Planning Services (90% FFP) <sup>2</sup>	Breast & Cervical Cancer Program (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 (\$000s)	% of Composite Federal Share
A	B	C	D	E	F	G	H	I	J	K	L	M
1	Inpatient Hospital	88,362	32,942	26	15	434	-	54,944	-	-	71,555	80.98%
2	DSH	31,195	-	-	-	-	-	31,195	-	-	21,728	69.65%
3	GME	7,697	-	-	-	-	-	7,697	-	-	5,361	69.65%
4	IME	59,268	-	-	-	-	-	59,268	-	-	41,280	69.65%
5	Safety Net Care	34,445	-	-	-	-	-	34,445	-	-	23,991	69.65%
6	HQJ Pool	1,412	-	-	-	-	-	1,412	-	-	984	69.65%
7	Physician Services	38,043	8,465	-	38	615	-	28,799	-	126	29,017	76.27%
8	IHS Hospital	110,745	110,745	-	-	-	-	-	-	-	110,745	100.00%
9	ICF-ID	26,166	-	-	-	-	-	26,166	-	-	18,201	69.59%
10	Clinic Services	16,347	95	-	-	1,407	-	14,809	-	36	11,514	70.44%
11	Federal Qualified Health Centers	4,220	873	-	2	118	-	3,228	-	-	3,212	76.11%
12	Other Practitioners	28,122	443	-	1	1,066	-	26,613	-	-	19,799	70.40%
13	Outpatient Hospital	37,907	8,999	-	177	746	-	27,985	-	-	29,192	77.01%
14	PACE	11,837	-	-	-	-	-	11,837	-	-	8,231	69.54%
15	Others	46,110	11,968	2,555	23	1,366	-	30,160	-	38	36,341	78.81%
16	BH FFS	32,974	16,369	0	1	544	-	16,054	-	6	27,946	84.75%
17	<b>Subtotal</b>	<b>574,850</b>	<b>190,899</b>	<b>2,581</b>	<b>257</b>	<b>6,295</b>	<b>-</b>	<b>374,612</b>	<b>-</b>	<b>206</b>	<b>459,097</b>	<b>79.86%</b>
18	DD and MF (DOH)	279,045	-	-	-	-	498	277,117	1,430	-	193,851	69.47%
19	Mi Via Waivers (DOH)	46,899	-	-	-	-	843	44,836	1,220	-	32,439	69.17%
20	<b>Subtotal</b>	<b>325,944</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,341</b>	<b>321,953</b>	<b>2,650</b>	<b>-</b>	<b>226,290</b>	<b>69.43%</b>
21	Centennial Care-Physical Health	1,599,899	23,804	-	3,467	56,726	-	1,515,903	-	-	1,125,322	70.34%
22	Centennial Care-LTSS	929,872	12,035	-	720	-	-	917,117	-	-	650,364	69.94%
23	Centennial Care-Behavioral Health	327,250	2,760	-	208	12,947	-	311,335	-	-	229,613	70.16%
24	<b>Subtotal</b>	<b>2,857,020</b>	<b>38,599</b>	<b>-</b>	<b>4,395</b>	<b>69,672</b>	<b>-</b>	<b>2,744,355</b>	<b>-</b>	<b>-</b>	<b>2,005,299</b>	<b>70.19%</b>
25	Medicare Part A	1,428	-	-	-	-	-	1,428	-	-	993	69.53%
26	Medicare Part B	102,607	3,884	-	-	-	-	90,285	-	8,438	66,668	64.97%
27	Medicare Part D	31,005	-	-	-	-	-	-	-	31,005	-	0.00%
28	<b>Subtotal</b>	<b>135,040</b>	<b>3,884</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>91,713</b>	<b>-</b>	<b>39,442</b>	<b>67,661</b>	<b>50.10%</b>
29	Utilization	5,000	-	-	-	-	5,000	-	-	-	3,750	75.00%
30	HIT	6,000	6,000	-	-	-	-	-	-	-	6,000	100.00%
31	Contracts	-	-	-	-	-	-	-	-	-	-	-
32	<b>Subtotal</b>	<b>11,000</b>	<b>6,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>9,750</b>	<b>88.64%</b>
33	Rate Increase for Primary Care Services	25,256	15,184	-	-	56	-	10,015	-	-	22,193	87.87%
34	Health Home	-	-	-	-	-	-	-	-	-	-	-
35	Health Insurance Providers Fee	73,395	22,334	-	-	1,272	-	49,789	-	-	57,958	78.97%
36	<b>Subtotal</b>	<b>98,651</b>	<b>37,518</b>	<b>-</b>	<b>-</b>	<b>1,329</b>	<b>-</b>	<b>59,804</b>	<b>-</b>	<b>-</b>	<b>80,151</b>	<b>81.25%</b>
37	Medicaid Expansion - Physical Health	1,156,238	1,156,087	-	-	-	-	150	-	-	1,156,087	99.99%
38	Medicaid Expansion - Behavioral Health	86,191	86,191	-	-	-	-	-	-	-	86,191	100.00%
39	<b>Subtotal</b>	<b>1,242,429</b>	<b>1,242,278</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>150</b>	<b>-</b>	<b>-</b>	<b>1,242,278</b>	<b>99.99%</b>
40												
41	Prior Years Charged to Current Year	7,567	-	-	-	-	-	7,567	-	-	5,270	69.65%
42	Current Year Charged to Future Year	(85,543)	-	-	-	-	-	(85,543)	-	-	(60,197)	70.37%
43												
44	<b>Grand Total</b>	<b>5,166,957</b>	<b>1,519,178</b>	<b>2,581</b>	<b>4,652</b>	<b>77,297</b>	<b>6,341</b>	<b>3,514,610</b>	<b>2,650</b>	<b>39,649</b>	<b>4,035,600</b>	<b>78.10%</b>

	HSD Budget	Billed Amount	Collection YTD	HSD Projection
48 State Share Revenues:				
49 Department of Health (Line 17 & 18) <sup>9</sup>	99,041	68,395	60,616	103,293
50 Department of Health Additional Need (Surplus)	-	-	-	(3,246)
51 Department of Health for Early Intervention	8,392	5,157	4,282	8,142
52 Department of Health for FQHCs	482	480	480	480
53 Department of Health for EC	1	-	-	1
54 Children, Youth and Families	-	-	-	-
55 County Supported Medicaid Fund	26,891	21,845	15,518	26,891
56 Tobacco Settlement Revenue, Base	9,220	-	-	9,220
57 Tobacco Settlement Revenue	-	-	-	-
58 Total Operating Transfers In	<b>144,027</b>	<b>95,077</b>	<b>80,895</b>	<b>144,781</b>
59				
60 School Based Health Services (Part of Line 10)	3,325	1,724	1,301	4,637
61 Physician UPL UNM	1,675	-	271	1,691
62 Safety Net Care <sup>11</sup>	38,728	-	-	790
63 County Supported Hospital Payments <sup>11</sup>	-	-	12,282	23,801
64 UNM IGT	16,323	-	-	22,604
65 Drug Rebates <sup>12</sup>	19,466	-	28,834	37,378
66 Fraud	872	-	179	223
67 Tort and Insurance Carrier Refund	-	-	-	-
68 Income Diversion Trust	486	-	416	541
69 Buy-In Recovery	215	-	126	157
70 Cost Settlement	500	-	462	556
71 Estate Recovery	9	-	1	1
72 Misc. Revenue <sup>13</sup>	-	-	150	195
73 HHS-RAC-TPL Subrogation	-	-	727	1,000
74 Total Other Revenues	<b>81,599</b>	<b>44,747</b>	<b>44,747</b>	<b>93,573</b>
75				
76 General Fund Need	-	-	-	893,003
77				
78 SB 313/HB2	-	-	-	891,003
79 HB2 - Section 5, 2015 Supplemental	-	-	-	2,000
80				
81 State Revenue Surplus / (Shortfall)	-	-	-	-
82				
83 State Revenue Surplus / (Shortfall) Assoc. with Expenditures Charged to FY16	-	-	-	(25,347)

PROJECTED REVENUES	
Federal Revenues	4,035,600
Federal Disallowance <sup>10</sup>	-
All State Revenues	1,131,357

- Notes:**
- HIT, IHS, QI-1, Medicaid Expansion, and Refugees are eligible for 100% FFP.
  - Health Homes, sterilization and FPW costs are eligible for 90% FFP.
  - Breast and cervical cancer (BCC) program with enhanced FMAP.
  - CHIP is a Title XXI program with enhanced FMAP.
  - Utilization review is federally matched at 75%; admin. expenses.
  - Title XIX expenditures with regular FMAP.
  - The FFY 2015 FMAP was published in the Federal Register in November 2013.
  - Administration expenditures are eligible for 50% FFP.
  - Pregnancy termination, special needs and state only buy-in (Part B) expenditures are not eligible for federal financial participation.
  - DOH for Medicaid DD, MF and MiVia waiver services; projected revenue is without the 3% for admin.
  - There is a placeholder for potential federal disallowances.
  - The projected revenue from the counties to the Safety Net Care and Hospital payments is reduced by \$9 million, contingent upon the counties providing financial support for them.
  - It is assumed seven quarters of MCO Drug Rebates will be collected in FY 15.
  - Miscellaneous revenue includes TPL and CS&S Recoveries.

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

DRAFT

FY 15 Total Medial with Centennial Care and Medicaid Expansion (50006)

No.	Description	FY 14 Title XIX Projection C	FY 15 Title XIX Projection D	Δ Price E	\$ Impact F	Δ Recipient G	\$ Impact H	Δ Utilization I	\$ Impact J	Projected Lump Sum K	Others L	FY 16 Title XIX Projection M	% Change from FY 15 Projection N	FY 15 Title XIX Projection O	FY 16 Title XIX Projection P	FY 16 Total Medicaid Projection Q	FY 16 Budget Request R	Change from Budget Request S	No.	
1	Inpatient Hospital	87,928	87,928	0.00%	0.00%	3.24%	4,908	0.00%	-	-	-	92,956	5.24%	434	442	92,977	96,533	(3,556)	1	
2	DOH	7,135	-	-	-	-	-	-	-	32,070	-	92,020	2.64%	-	-	92,000	96,533	(3,556)	2	
3	DOH	7,135	-	-	-	-	-	-	-	-	-	7,913	2.80%	-	-	7,913	7,913	-	3	
4	HOME	52,426	-	-	-	-	-	-	-	60,528	-	60,528	2.80%	-	-	60,528	32,979	27,549	4	
5	Safety Net Care	3,445	-	-	-	-	-	-	-	68,689	-	68,689	200.00%	-	-	68,689	68,689	-	5	
6	MOH Pool	1,412	-	-	-	-	-	-	-	4,295	-	4,295	200.00%	-	-	4,295	4,295	-	6	
7	Physician Services	37,418	31,858	0.00%	-	4.25%	1,553	0.00%	-	6,074	-	39,285	4.95%	615	626	39,931	39,137	774	7	
8	PHS Hospital	110,745	110,745	0.00%	2,148	2.86%	3,248	0.00%	-	-	-	116,141	4.87%	-	-	116,141	104,586	11,555	8	
9	PHS IHS	26,186	26,186	0.00%	13,946	0.00%	243	0.00%	-	-	-	26,409	0.93%	-	-	26,409	26,959	(550)	9	
10	Clinic Services	14,940	14,940	0.00%	20,239	0.00%	2,857	0.00%	-	-	-	35,562	138.03%	-	-	35,562	35,562	-	10	
11	Federal Qualified Health Centers	4,102	4,102	0.00%	17,965	0.00%	2,657	0.00%	-	-	-	14,077	3.76%	-	-	14,077	14,077	-	11	
12	Other Practitioners	77,056	77,056	0.00%	-	1.95%	80	0.00%	-	-	-	77,584	1.95%	-	-	77,584	28,469	(49,115)	12	
13	Outpatient Hospital	37,165	37,165	0.00%	-	1.95%	528	0.00%	-	-	-	38,697	4.03%	-	-	38,697	31,582	7,115	13	
14	PACE	11,837	11,837	0.00%	-	0.00%	1,488	0.00%	-	-	-	11,837	0.00%	-	-	11,837	11,837	-	14	
15	Others	44,744	44,744	0.00%	-	3.85%	1,715	0.00%	-	-	-	46,357	4.05%	-	-	46,357	44,542	1,815	15	
16	HIT	52,650	52,650	0.00%	10	2.93%	848	0.00%	-	-	-	53,358	2.95%	-	-	53,358	51,622	1,736	16	
17	Subtotal	638,555	638,556	4.71%	20,188	3.75%	18,898	0.00%	-	180,518	100	696,779	11.87%	8,253	4,977	651,253	696,779	(45,526)	17	
18	DO and MF (DOH)	278,045	278,045	0.00%	-	-1.70%	(9,590)	0.00%	-	33	508	284,488	3.19%	-	-	284,488	287,127	(2,639)	18	
19	Mt Via Weibers (DOH)	46,859	46,859	0.00%	-	38.00%	8,218	0.00%	-	33	2,054	57,869	2.37%	-	-	57,869	57,869	-	19	
20	Subtotal	324,904	324,904	0.00%	-	-0.37%	(1,372)	0.00%	-	66	2,562	342,315	4.45%	-	-	342,315	345,025	(2,710)	20	
21	Centennial Care-Physical Health	1,543,173	1,518,902	0.00%	-	1.92%	29,235	1.91%	29,086	24,135	91	1,611,570	4.45%	56,776	58,919	1,670,489	1,647,611	23,878	21	
22	Centennial Care-LTS	939,323	917,153	0.00%	-	1.19%	10,910	0.16%	1,443	12,935	14,634	956,164	2.89%	546	546	956,710	950,046	6,664	22	
23	Centennial Care-Behavioral Health	314,303	311,483	0.00%	-	1.85%	5,765	0.07%	221	2,160	2,337	322,547	7.62%	12,847	13,150	325,737	329,283	(3,546)	23	
24	Subtotal	2,796,799	2,747,538	0.00%	-	1.67%	45,909	1.13%	31,160	39,230	26,463	2,890,341	5.71%	70,221	72,967	2,963,247	2,927,940	35,307	24	
25	Medicare Part A	1,438	1,438	0.00%	-	-1.58%	(84)	0.00%	-	-	-	1,438	-1.58%	-	-	1,438	755	683	25	
26	Medicare Part B	102,607	102,607	0.00%	-	0.87%	892	0.00%	-	-	-	103,499	0.86%	-	-	103,499	102,200	1,299	26	
27	Medicare Part D	31,025	31,025	0.00%	1,335	1.69%	545	0.00%	-	-	-	32,383	6.62%	-	-	32,383	32,012	371	27	
28	Subtotal	135,040	135,040	0.00%	1,335	0.62%	849	0.00%	-	-	-	137,319	1.61%	-	-	137,319	136,907	412	28	
29	Utilization	5,000	-	-	-	-	-	-	4,900	4,900	-	4,900	-4.00%	-	-	2,000	2,000	-	29	
30	HIT	6,000	-	-	-	-	-	-	6,000	6,000	-	6,000	-38.18%	-	-	6,000	6,000	-	30	
31	Subtotal	11,000	-	-	-	-	-	-	6,900	6,900	-	6,900	-38.18%	-	-	6,900	6,900	-	31	
32	Rate Increase for Primary Care Services	25,256	-	-	-	-	25,010	-0.97%	-	25,010	-	25,010	-0.97%	-	26	23,036	21,850	1,186	32	
33	Health Home	71,123	-	-	-	-	-	-	-	-	17,000	12,000	-	-	-	12,000	12,000	-	33	
34	Health Insurance Providers Fee	37,879	-	-	-	-	-	-	78,891	-	78,891	115,401	8.69%	1,272	1,307	79,638	77,517	2,121	34	
35	Subtotal	1,156,238	1,147,043	0.00%	-	21.47%	245,694	2.61%	36,366	9,045	6,614	1,444,762	24.95%	1,352	1,352	1,167,739	1,111,568	56,171	35	
36	Medical Expansion - Physical Health	86,131	85,477	0.00%	-	13.20%	11,286	2.31%	2,332	714	466	100,175	16.22%	-	-	100,175	133,945	(33,770)	36	
37	Medical Expansion - Behavioral Health	1,282,429	1,235,515	-	-	20.85%	256,590	2.59%	58,539	9,259	7,080	1,344,937	24.85%	-	-	1,344,937	1,427,277	(82,340)	37	
38	Subtotal	1,368,568	1,320,992	-	-	16.98%	168,876	1.83%	60,594	10,714	7,566	1,449,912	19.56%	-	-	1,449,912	1,551,222	(101,310)	38	
39	Prior Years Charged to Current Year	7,587	na	na	-	na	-	na	-	-	85,543	85,543	1080.50%	-	-	85,543	-	85,543	39	
40	Current Year Charged to Future Year	(85,543)	na	na	-	na	-	na	-	-	-	-	-	-	-	-	-	-	40	
41	Subtotal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	41
42	Subtotal	5,083,168	4,867,543	0.44%	21,536	6.33%	313,446	1.60%	87,568	260,669	212,542	5,768,934	13.96%	77,789	78,675	5,847,610	5,550,377	297,233	42	
43	Grand Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43

Notes:

- (Row 15) Others correlates: Transportation, Lab/Imaging, Prosthetics, RHC, Hospice, Home Health, Medical Supplies, Prescribed Drug, Dental Services, EPOI, Nursing Facility, Maintenance, Family Planning, PCO.
- (Lines 21-23, 36-37) - Column I) Others under the managed care projection lines reflect the additional cost of NMHP, the HIT payments and additional adjustment for nursing facility costs.

5/6/2015

FY 16 Trend Model with Centennial Care and Medicaid Expansion (\$000s)

No. A	Description B	FY 16 Projection C	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										
			HIT, IHS, Refugees, Medicaid Expansion & CHIP (ACA) (100% FFP) <sup>1</sup> D	Health Homes, Sterilization & Family Planning Services (90% FFP) <sup>2</sup> E	Breast & Cervical Cancer Program (EFMAP) <sup>3</sup> F	Title XXI CHIP (EFMAP) <sup>4</sup> G	Utilization Review (75% FFP) <sup>5</sup> H	Title XIX Medicaid (FMAP) <sup>6</sup> I	Admin and Fees (50% FFP) <sup>7</sup> J	Non-Federal Financial Participation Expenses (0% FFP) <sup>8</sup> K	Federal Share (\$000s) L	% of Composite Federal Share M	
1	Inpatient Hospital	92,977	36,948	40	36	59	-	-	55,894	-	-	76,336	82.10%
2	DSH	32,020	-	-	-	-	-	-	32,020	-	-	22,533	70.37%
3	GME	7,913	-	-	-	-	-	-	7,913	-	-	5,568	70.37%
4	IME	60,928	-	-	-	-	-	-	60,928	-	-	42,875	70.37%
5	Safety Net Care	68,889	-	-	-	-	-	-	68,889	-	-	48,477	70.37%
6	HQII Pool	4,295	-	-	-	-	-	-	4,295	-	-	3,022	70.37%
7	Physician Services	39,911	9,931	-	67	111	-	-	29,666	-	136	30,915	77.46%
8	IHS Hospital	116,141	116,141	-	-	-	-	-	-	-	-	116,141	100.00%
9	ICF-ID	26,409	-	-	-	-	-	-	26,409	-	-	18,545	70.24%
10	Clinic Services	35,562	34,562	-	-	-	-	-	966	-	34	35,242	99.10%
11	Federal Qualified Health Centers	4,376	1,062	-	3	27	-	-	3,284	-	-	3,392	77.51%
12	Other Practitioners	28,669	1,343	-	1	234	-	-	27,091	-	-	20,559	71.71%
13	Outpatient Hospital	39,417	10,578	-	241	170	-	-	28,429	-	-	30,864	78.30%
14	PACE	11,858	-	-	-	-	-	-	11,858	-	-	8,323	70.19%
15	Others	47,948	14,451	2,265	41	342	-	-	30,817	-	32	34,433	80.15%
16	HM FFS	33,942	17,461	0	2	136	-	-	16,335	-	8	29,035	85.54%
17	Subtotal	651,255	242,478	2,305	390	1,078	-	-	404,795	-	210	530,261	81.42%
18	DD and MF (DOH)	284,608	-	-	-	-	-	508	282,770	1,330	-	199,558	70.15%
19	Mi Via Waivers (DOH)	57,869	-	-	-	-	-	882	55,714	1,273	-	40,450	69.90%
20	Subtotal	342,477	-	-	-	-	-	1,389	338,484	2,603	-	240,109	70.11%
21	Centennial Care-Physical Health	1,670,489	68,195	-	3,601	14,688	-	-	1,584,005	-	-	1,194,418	71.50%
22	Centennial Care-LTSS	956,421	12,035	-	-	257	-	-	944,130	-	-	674,719	70.55%
23	Centennial Care-Behavioral Health	335,737	12,878	-	182	3,273	-	-	319,604	-	-	239,729	71.40%
24	Subtotal	2,962,647	92,907	-	3,783	18,219	-	-	2,847,739	-	-	2,108,866	71.18%
25	Medicare Part A	834	-	-	-	-	-	-	834	-	-	585	70.19%
26	Medicare Part B	101,499	4,069	-	-	-	-	-	90,305	-	9,124	67,454	65.17%
27	Medicare Part D	32,883	-	-	-	-	-	-	-	-	32,883	0.00%	
28	Subtotal	137,216	4,069	-	-	-	-	-	91,140	-	42,007	64,400	48.99%
29	Utilization	4,800	-	-	-	-	-	4,800	-	-	-	3,600	75.00%
30	HIT	2,000	2,000	-	-	-	-	-	-	-	-	2,000	100.00%
31	Subtotal	6,800	2,000	-	-	-	-	4,800	-	-	-	5,600	82.35%
32	Rate Increase for Primary Care Services	25,036	6,257	-	-	26	-	-	18,753	-	-	19,420	77.57%
33	Health Home	12,000	-	12,000	-	-	-	-	-	-	-	10,800	90.00%
34	Health Insurance Providers Fee	79,698	27,690	-	-	1,307	-	-	50,701	-	-	64,306	80.69%
35	Subtotal	116,733	33,947	12,000	-	1,332	-	-	69,454	-	-	94,326	80.98%
36	Medicaid Expansion - Physical Health	1,444,762	1,444,762	-	-	-	-	-	-	-	-	1,444,762	100.00%
37	Medicaid Expansion - Behavioral Health	100,175	100,175	-	-	-	-	-	-	-	-	100,175	100.00%
38	Subtotal	1,544,937	1,544,937	-	-	-	-	-	-	-	-	1,544,937	100.00%
39													
40	Prior Years Charged to Current Year	85,543	-	-	-	-	-	-	85,543	-	-	60,197	70.37%
41	Current Year Charged to Future Year	-	-	-	-	-	-	-	-	-	-	-	-
42													
43	Grand Total	5,847,610	1,920,338	14,305	4,173	20,629	6,189	-	9,837,155	2,603	42,217	4,652,536	79.56%

	FY 16 Budget Request	HSD Projection
47	State Share Revenues:	
48	Department of Health (Line 18 & 19) <sup>9</sup>	103,293
49	Department of Health for Early Intervention	8,142
50	Department of Health for FQHCs	482
51	Department of Health for EC	1
52	Children, Youth and Families	-
53	County Supported/Medicaid Fund	27,590
54	Tobacco Settlement Revenue, Base	9,220
55	Tobacco Settlement Revenue	-
56	Total Operating Transfers In	148,728
57		169,907
58	School Based Health Services (Part of Line 10)	-
59	Physician UPL UNM	1,800
60	Safety Net Care <sup>11</sup>	397
61	County Supported/Hospital Payments <sup>11</sup>	25,099
62	Additional County Supported/Hospital Payments <sup>12</sup>	9,781
63	UNM IGT	14,726
64	Drug Rebates <sup>2</sup>	32,963
65	Fraud	872
66	Tort and Insurance Carrier Refund	-
67	Income Diversion Trust	486
68	Buy-in Recovery	215
69	Cost Settlement	500
70	Estate Recovery	9
71	HMS-RAC-TPL/Subrogation	500
72	Total Other Revenues	86,767
73		95,285
74	General Fund Need	929,961
75	HB 2 / SPC	891,722
76	State Revenue Surplus/(Shortfall)	(38,240)

PROJECTED REVENUES	
Federal Revenues	4,652,536
Federal Disallowance <sup>10</sup>	-
All State Revenues	1,195,073

- Notes:**
- HIT, IHS, QI-1, 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 and state only buy-in (Part B) 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 60 and 61 is the 1/12th% of the gross receipts tax contributed by the counties to support the Safety Net Care Pool and Hospital Payments.
  - Line 62 represents the additional county support to fully fund the Safety Net Care Pool
  - HSD will collect six quarters of MCO drug rebates in FY16.



**Notes:**

1. The reported enrollments for the full benefit base population and Medicaid expansion population for the months from Jul-12 to Feb-15 were based on the Monthly Eligibility Report released in March 2015. For Medicaid Expansion, the reported enrollments from the Monthly Eligibility Report for the months from Jan-14 to Mar-14 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 Mar-15 were based on the Medicaid Eligibility Report released in March 2015.
3. The estimated enrollments for the months from Jul-12 to Mar-15 were based on Monthly Eligibility Report released in March 2015 and adjusted for expected retroactive enrollments.
4. The estimated enrollments for the months Apr-15 to Jun-15 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. For Specified Low-Income Medicare Beneficiaries (SLIMBs) and Qualified Individuals (QIs) population, the estimated enrollments for the months from Jul-12 to Mar-15 were based on the reports created from the data warehouse of Medical Assistance Division on 4/15/2015 and adjusted for expected retroactive enrollments. For the months from Apr-15 to Jun-16, 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>