

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY 12 Projection (Lag Model) by Categories of Service with Actual Data Thru June 2013 (\$000s)

Line No.	Description	FY 11 Title XIX Projection C	FY 12 % Completion D	Title XIX Actual Paid YTD E	Actual Paid Lump Sum YTD F	Projected Lump Sum G	Adjustments H	Title XIX Projection I	% Change from FY 11 J	CHIPISCI YTD K	CHIPISCI Projection L	Total Medicaid Projection M	Mar 2013 Projection N	Change from Previous O	Line No. P
1	Inpatient Hospital	101,266	98.3%	90,343	-	-	-	91,942	-9.2%	822	836	92,778	93,221	(442)	1
2	DSH	29,106	100.0%	29,862	29,862	29,862	-	29,862	2.6%	-	-	29,862	29,862	-	2
3	GME	7,187	100.0%	7,187	7,187	7,187	-	7,187	0.0%	-	-	7,187	7,187	-	3
4	IME	29,954	100.0%	30,851	30,851	30,851	-	30,851	3.0%	-	-	30,851	30,851	-	4
5	SCPH	284,580	100.0%	207,413	207,413	207,413	-	207,413	-21.6%	-	-	207,413	207,413	-	5
6	Physician Services	50,818	99.8%	50,241	10,979	10,979	-	50,353	-0.9%	748	751	51,104	51,023	81	6
7	Prescribed Drugs	11,754	99.9%	10,280	-	-	-	10,295	-12.4%	286	286	10,581	10,595	(14)	7
8	Dental Services	12,156	100.0%	13,586	-	-	-	13,588	11.8%	964	964	14,552	14,551	13	8
9	Transportation	7,256	99.9%	7,621	-	-	-	7,631	5.2%	176	176	7,807	7,794	13	9
10	Lab and X-Ray	3,454	99.4%	3,610	-	-	-	3,630	5.1%	27	27	3,656	3,659	(2)	10
11	EPSTD	2,304	100.0%	2,238	-	-	-	2,239	-2.8%	113	113	2,352	2,350	2	11
12	IHS Hospital	80,427	99.6%	79,033	-	-	-	79,376	-1.3%	-	-	79,376	79,422	(47)	12
13	Nursing Facility	3,416	95.7%	2,638	-	-	-	2,755	-19.4%	-	-	2,755	2,801	(47)	13
14	ICF MR	24,856	100.0%	24,862	-	-	-	24,862	0.0%	-	-	24,862	24,862	-	14
15	Clinic Services	11,828	100.0%	12,986	-	-	-	12,987	9.8%	934	934	13,921	13,922	(1)	15
16	Federal Qualified Health Centers	24,404	100.0%	24,224	20,806	20,806	-	24,234	-0.7%	104	104	24,338	22,863	1,475	16
17	Other Practitioners	37,826	99.9%	37,407	-	-	-	37,428	-1.1%	1,104	1,104	38,532	38,544	(12)	17
18	Outpatient Hospital	31,943	99.0%	34,480	-	-	-	34,834	9.0%	775	783	35,616	35,314	302	18
19	Family Planning	7,710	99.6%	7,975	-	-	-	8,010	3.9%	14	14	8,024	8,008	16	19
20	PACE	11,032	100.0%	11,210	-	-	-	11,210	1.6%	-	-	11,210	11,210	-	20
21	Personal Care Options	963	99.9%	567	-	-	-	587	-41.2%	-	-	587	588	(1)	21
22	Others	5,732	97.6%	5,555	1,075	1,075	131	5,694	-0.7%	36	36	5,730	6,092	(362)	22
23	BH CFS	32,546	98.8%	28,226	-	-	-	28,566	-12.2%	916	928	29,495	29,661	(166)	23
24	Premium Assistance Program	1,231	100.0%	33	-	-	-	33	-97.3%	-	-	33	33	-	24
25	Subtotal FFS	793,752	99.6%	722,429	308,173	308,173	131	725,547	-8.6%	7,017	7,056	732,604	731,808	795	25
26	AIDS, DD and MF (DOH)	276,730	100.0%	274,823	-	-	2,907	274,786	-0.7%	-	-	274,786	274,860	(75)	26
27	Mi Via Waivers (DOH)	11,467	100.0%	10,642	-	-	-	10,645	-7.2%	-	-	10,645	10,648	(3)	27
28	Mi Via Waivers (DAE)	17,737	100.0%	18,941	-	-	-	18,943	6.8%	-	-	18,943	18,943	-	28
29	Mi Via Waiver BI (ALTSD)	10,590	100.0%	10,991	-	-	-	10,994	3.8%	-	-	10,994	11,001	(7)	29
30	Subtotal HCBW	316,524	100.0%	315,396	-	-	6,327	315,367	-0.4%	-	-	315,367	315,451	(85)	30
31	Physical Health MCO	1,031,812	99.9%	1,012,841	(1,461)	(265)	-	1,014,036	-1.7%	48,434	48,434	1,062,470	1,062,764	(295)	31
32	Behavioral Health MCO	231,702	100.0%	241,494	1,328	1,328	-	241,494	4.2%	11,152	11,152	252,646	252,731	(85)	32
33	ColTS	861,383	99.8%	863,456	9,045	11,023	-	865,427	0.5%	-	-	865,427	865,490	(63)	33
34	State Coverage Insurance	202,709	100.0%	153,753	3,271	3,271	-	153,764	-24.1%	84,576	84,576	238,340	243,820	(5,479)	34
35	Subtotal MCO	2,327,606	99.9%	2,271,543	12,184	15,358	-	2,274,721	-2.3%	144,162	144,162	2,418,863	2,424,805	(5,922)	35
36	Medicare Part A	991	100.0%	750	750	750	-	750	-24.3%	-	-	750	750	-	36
37	Medicare Part B	91,862	100.0%	89,616	89,616	89,616	-	89,616	-2.4%	-	-	89,616	89,616	-	37
38	Medicare Part D	12,217	100.0%	24,404	24,404	24,404	-	24,404	99.8%	-	-	24,404	24,404	-	38
39	Subtotal Medicare	105,069	100.0%	114,769	114,769	114,769	-	114,769	9.2%	-	-	114,769	114,769	-	39
40	Utilization	7,414	100.0%	8,499	8,499	8,499	-	8,499	14.6%	na	na	8,499	8,499	-	40
41	HIT Incentive Payments	-	100.0%	37,131	37,131	37,131	-	37,131	na	-	-	37,131	37,131	-	41
42	Prior Years Charged to Current Year	-	0	-	-	-	-	12,813	na	-	-	12,813	12,813	-	42
43	Prior Years Charged to Future Year	-	na	-	-	-	-	-	na	-	-	-	-	-	43
44	Current Year Charged to Future Year	-	na	-	-	-	-	-	na	-	-	-	-	-	44
45		-		-	-	-	-	-		-	-	-	-	-	45
46		-		-	-	-	-	-		-	-	-	-	-	46
47	Total	3,550,366	99.5%	3,469,768	480,757	483,931	6,457	3,488,849	-1.7%	151,179	151,218	3,640,067	3,645,278	(5,211)	47

FY 12 Operating Budget
3,759,876
Projected Surplus/(Shortfall)
119,809

- Notes:
 1. (Line 9) Transportation consists of Non-emergency transportation, Ambulance, and Maintenance.
 2. (Line 22) Other Programs consists of Prosthetics, RHC, RTC, Waiver Services, Hospice, Home Health, Group Health Insurance Premiums, and Medical Supplies.
 3. (Line 32) ACT/BEH EA is part of Managed Care BH. The BH program began in SFY 2006.
 4. (Line 33) ColTS - This program began in SFY 2009.
 5. (Line 34) The estimate of the SCI expenditure includes the impact of the administrative recertification.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY12 Revenues by Source (\$000s) - LAG Model

Line No. A	Description B	FY 12 Projection C	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										% of Composite Federal Share M
			IHS, Refugees & UNM UPL (100% FFP) ¹ D	Sterilization & Family Planning Services (90% FFP) ² E	Breast & Cervical Cancer Program (EFMAP) ³ F	Title XXI CHIP & SCI (EFMAP) ⁴ G	Utilization Review (75% FFP) ⁵ H	Title XIX Medicaid (FMAP) ⁶ I	Admin and Fees (50% FFP) ⁷ J	Non-Federal Participation Expenses (0% FFP) ⁸ K	Federal Share (\$000s) L		
1	Inpatient Hospital	92,778	(0)	24	775	836	-	-	91,143	-	-	64,543	69.57%
2	DSH	29,862	-	-	-	-	-	-	29,862	-	-	20,712	69.36%
3	GME	7,187	-	-	-	-	-	-	7,187	-	-	4,993	69.46%
4	IME	30,851	-	-	-	-	-	-	30,851	-	-	21,375	69.28%
5	SCPH	207,413	40,519	-	-	-	-	-	166,894	-	-	156,466	75.44%
6	Physician Services	51,104	42	-	2,480	751	-	-	47,263	-	569	35,377	69.23%
7	Prescribed Drugs	10,581	15	-	833	286	-	-	9,446	-	1	7,456	70.46%
8	Dental Services	14,552	78	-	88	964	-	-	13,441	-	-	10,224	70.26%
9	Transportation	7,807	1	-	86	176	-	-	7,543	-	0	5,445	69.75%
10	Lab and X-Ray	3,656	11	-	255	27	-	-	3,364	-	-	2,567	70.22%
11	EPSDT	2,352	2	-	1	113	-	-	2,236	-	-	1,644	69.93%
12	IHS Hospital	79,376	79,375	-	-	-	-	-	-	-	0	79,375	100.00%
13	Nursing Facility	2,755	-	-	7	-	-	-	2,748	-	-	1,911	69.38%
14	ICF MR	24,862	-	-	-	-	-	-	24,862	-	-	17,266	69.45%
15	Clinic Services	13,921	-	-	316	934	-	-	12,533	-	139	9,676	69.51%
16	Federal Qualified Health Centers	24,338	1	-	98	104	-	-	24,135	-	-	16,926	69.54%
17	Other Practitioners	38,532	4	-	41	1,105	-	-	37,380	-	3	26,858	69.70%
18	Outpatient Hospital	35,616	25	-	3,205	783	-	-	31,598	-	5	25,094	70.46%
19	Family Planning	8,024	2,372	5,582	-	-	-	-	-	-	71	7,396	92.16%
20	PACE	11,210	-	-	-	-	-	-	11,210	-	-	7,787	69.46%
21	Personal Care Options	587	-	-	2	-	-	-	565	-	-	394	69.47%
22	Others	5,730	40	-	62	36	-	-	5,459	131	1	3,972	69.33%
23	BH CFFS	29,495	6,882	0	69	928	-	-	19,139	2,476	-	22,188	75.23%
24	Premium Assistance Program	33	-	-	-	-	-	-	-	-	33	-	0.00%
25	Subtotal FFS	732,604	129,368	5,806	8,297	7,042	-	-	578,891	2,806	822	549,644	75.03%
26	AIDS, DD and MF (DOH)	274,786	-	-	-	-	-	401	271,868	2,517	-	190,368	69.28%
27	Mi Via Waivers (DOH)	10,645	-	-	-	-	-	741	9,835	68	-	7,410	69.62%
28	Mi Via Waiver (D&E)	18,943	-	633	-	-	-	1,300	16,900	110	-	13,397	70.73%
29	Mi Via Waiver BI (ALTSD)	10,994	-	-	-	-	-	843	10,094	57	-	7,670	69.76%
30	Subtotal HCBW	315,367	-	633	-	-	-	3,286	308,897	2,752	-	218,846	69.39%
31	Physical Health MCO	1,062,470	8,801	5,143	-	48,434	-	-	999,582	-	510	745,719	70.19%
32	Behavioral Health MCO	252,646	1,328	-	24	11,129	-	-	240,165	-	-	176,926	70.03%
33	CoLTS	865,427	11,023	-	585	-	-	-	853,819	-	-	604,573	69.86%
34	State Coverage Insurance	238,340	2,959	-	-	84,876	-	-	150,482	-	12	177,329	74.40%
35	Subtotal MCO	2,418,883	24,112	5,143	609	144,439	-	-	2,244,048	-	522	1,704,547	70.47%
36	Medicare Part A	750	-	-	-	-	-	-	750	-	-	521	69.47%
37	Medicare Part B	89,616	4,199	-	-	-	-	-	75,260	-	10,157	56,478	63.02%
38	Medicare Part D	24,404	-	-	-	-	-	-	-	-	24,404	-	0.00%
39	Subtotal Medicare	114,769	4,199	-	-	-	-	-	76,010	-	34,580	56,999	49.66%
40	Utilization	8,499	-	-	-	-	-	8,499	-	-	-	6,375	75.00%
41	HIT Incentive Payments	37,131	37,131	-	-	-	-	-	-	-	-	37,131	100.00%
42													
43	Prior Years Charged to Current Year	12,813	147	(1)	-	(16)	-	-	12,674	1	8	8,975	70.05%
44													
45	Current Year Charged to Future Year	-	-	-	-	-	-	-	-	-	-	-	na
46													
47	Total	3,640,067	194,957	11,381	8,906	151,464	11,785	3,220,280	5,359	35,912	2,582,517	70.95%	

	HSD Budget	Billed Amount	Collection YTD	HSD Projection
49				
50	State Share Revenues:			
51	Department of Health (Line 29 & 31)	92,922	87,974	93,218
52	Department of Health Reversion	-	-	(3,357)
53	Department of Health Additional Need / (Surplus)	-	-	(1,887)
54	Department of Health for Early Intervention	5,000	6,760	6,760
55	Department of Health for FQHCs	500	482	482
56	Department of Health for EC	1	-	-
57	Children, Youth and Families	200	-	-
58	County Supported Medicaid Fund	24,571	25,468	25,468
59	Aging and Long Term Services Prior Year Expenses	-	264	264
60	Total Operating Transfers In	123,194	120,948	120,948
61				
62	School Based Health Services (Part of Line 16)	3,338	4,011	3,719
63	Physician UPL UNM	1,503	3,351	3,351
64	UNM SCI IGT	-	15,458	15,458
65	Sole Community Provider Hospital Fund (Line 5)	91,956	57,860	57,860
66	SCPH - CMS Settlement ¹²	-	(7,032)	(5,831)
67	Drug Rebates	1,093	-	1,779
68	Fraud	1,545	-	825
69	Tort and Insurance Carrier Refund	244	-	-
70	Tort and Insurance Carrier Refund-Edit Adjustment	-	-	-
71	Income Diversion Trust	534	-	515
72	Buy-In Recovery	240	-	214
73	Cost Settlement	2,816	-	1,575
74	Estate Recoveries	-	-	11
75	Tobacco Settlement Revenue, Base	-	-	9,456
76	Tobacco Settlement Revenue	28,502	-	19,605
77	Total Other Revenues ¹¹	131,771	73,648	108,537
78	General Fund Need ¹³			849,467
79	Appropriation in FY12			857,214
80	Senate Bill 3, Section 1			11,807
81	Senate Bill 3, Section 1 for prior year			(11,807)
82	House Bill 2, Section 6 for deficiency			35,000
83	House Bill 2, Section 6 for deficiency			(35,000)
84	Prior Year Liability Balances			(5,404)
85	State Revenue Surplus / (Shortfall)			2,342

PROJECTED REVENUES	
Federal Revenues	2,582,517
Federal Waiver Denial ¹⁰	(20,494)
All State Revenues	1,078,043

- Notes:**
- IHS, UPL, QI-1 and Refugees are eligible for 100% FFP.
 - Only sterilization and FPW costs are eligible for 90% FFP.
 - Breast and cervical cancer (BCC) program with enhanced FMAP.
 - CHIP and SCI are Title XXI programs with enhanced FMAP.
 - Utilization review is federally matched at 75%; HCBW admin. expenses.
 - Title XIX expenditures with regular FMAP.
 - 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, AIDS, MF and MVA waiver services; projected revenue is without the 3% for admin.
 - CMS denied HSD's request for a waiver of timely filing of SCPH claims.
 - HSD received BAR authority to increase the budget above five percent.
 - Fixed amount from FY12 payments agreed upon to pay remaining portion of CMS settlement.
 - The General Fund Need is Total Expenditures less: projected Federal Revenues; Federal Waiver Denial; Operating Transfers In; and, Other Revenues.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY 13 Projection (Leg Model) by Categories of Service with Actual Data Thru June 2013 (\$000s)

Line No.	Description	FY 12 Title XX Projection	FY 13 % Completion	Title XX Actual Paid YTD	Actual Paid Lump Sum YTD	Projected Lump Sum	Adjustments	Title XX Projection	% Change from FY 12	CHIP/SCI YTD	CHIP/SCI Projection	Total Medicaid Projection	June 2013 Projection	Change from Previous	Line No.
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Inpatient Hospital	92,376	88.5%	84,798	-	-	-	95,948	3.8%	900	1,018	96,865	96,570	285	1
2	DSH	29,862	43.3%	13,401	30,957	30,957	-	30,957	3.7%	-	-	30,957	30,957	-	2
3	GME	7,187	100.0%	7,187	7,187	7,187	-	7,187	0.0%	-	-	7,187	7,551	(364)	3
4	IME	30,851	74.7%	23,494	23,494	31,470	-	31,470	2.0%	-	-	31,470	31,470	-	4
5	SCPH-UPL	207,413	86.3%	82,044	82,044	92,955	-	92,955	-55.2%	-	-	92,955	68,889	24,066	5
6	Physician Services	50,280	85.8%	46,481	8,457	10,953	591	54,175	7.7%	745	835	55,011	55,785	(774)	6
7	Prescribed Drugs	10,309	97.5%	10,958	-	-	-	11,241	9.0%	276	283	11,524	12,402	(878)	7
8	Dental Services	13,587	94.4%	12,706	-	-	-	13,456	-1.0%	923	978	14,434	15,115	(682)	8
9	Transportation	7,617	91.2%	7,076	-	-	-	7,754	1.8%	142	158	7,912	7,805	107	9
10	Lab and X-Ray	3,632	93.6%	3,648	-	-	-	4,017	10.6%	22	25	4,042	4,122	(80)	10
11	EP/SDT	2,237	93.6%	2,231	-	-	-	2,383	6.5%	109	116	2,500	2,440	60	11
12	IHS Hospital	79,422	91.3%	77,402	-	-	-	84,759	6.7%	-	-	84,759	85,000	(240)	12
13	Nursing Facility	2,801	71.7%	2,316	-	-	-	3,230	15.3%	-	-	3,230	3,207	23	13
14	ICF/MR	24,862	95.2%	23,756	-	-	-	24,948	0.3%	-	-	24,948	25,016	(68)	14
15	Clinic Services	12,988	84.2%	10,789	-	-	-	12,810	-1.4%	763	894	13,704	14,762	(1,058)	15
16	Federal Qualified Health Centers	22,772	85.5%	20,350	16,845	19,752	-	23,810	4.6%	100	116	23,926	23,833	93	16
17	Other Practitioners	37,439	90.6%	33,893	-	-	-	37,428	0.0%	927	1,024	38,452	38,311	141	17
18	Outpatient Hospital	34,533	90.2%	34,642	-	-	-	38,426	11.3%	752	834	39,259	26,038	13,221	18
19	Family Planning	7,994	96.2%	8,210	-	-	-	8,534	6.8%	17	17	8,552	8,293	259	19
20	PACE	11,210	99.9%	11,854	-	-	-	11,860	5.8%	-	-	11,860	11,947	(87)	20
21	Personal Care Options	568	91.6%	607	-	-	-	663	16.8%	-	-	663	684	(20)	21
22	Others	6,056	89.5%	5,350	1,206	1,306	62	5,993	-1.2%	61	66	6,048	5,796	253	22
23	BH/CFSS	28,724	77.5%	21,822	-	-	-	28,112	-2.1%	685	915	29,027	29,745	(718)	23
24	Premium Assistance Program	33	99.9%	18	-	-	-	18	-45.3%	-	-	18	11	7	24
25	Subtotal FFS	724,755	86.3%	545,033	152,634	194,860	654	632,025	-12.8%	6,412	7,278	639,303	605,749	33,555	25
26	AIDS, DD and MF (DOH)	274,860	91.1%	257,986	173	201	2,576	283,329	3.1%	-	-	283,329	282,997	331	26
27	MI Via Waivers (DOH)	10,648	93.3%	10,802	22	25	1,063	14,797	39.0%	-	-	14,797	14,455	342	27
28	MI Via Waiver (D&E)	18,943	93.3%	20,720	55	70	1,660	22,216	17.3%	-	-	22,216	21,713	503	28
29	MI Via Waiver BI (ALTSD)	11,001	95.2%	10,597	15	15	-	11,132	1.2%	-	-	11,132	10,783	350	29
30	Subtotal HCBW	315,451	91.4%	303,105	264	311	6,210	331,473	5.1%	-	-	331,473	329,948	1,526	30
31	Physical Health MCO	1,014,331	98.0%	1,080,172	50,203	61,807	5,429	1,112,664	9.7%	48,751	49,278	1,161,941	1,163,492	(1,551)	31
32	Behavioral Health MCO	241,579	95.7%	247,772	305	1,018	-	248,485	2.9%	11,507	11,524	260,009	259,869	140	32
33	ColTS	865,490	98.4%	907,439	13,790	24,813	323	921,756	6.5%	-	-	921,756	924,187	(2,431)	33
34	State Coverage Insurance	159,086	98.2%	138,528	6,149	12,092	576	145,557	-8.5%	76,194	76,259	221,816	222,656	(841)	34
35	Subtotal MCO	2,280,486	98.2%	2,383,908	70,448	99,731	6,329	2,428,461	6.5%	136,452	137,061	2,565,522	2,570,205	(4,683)	35
36	Medicare Part A	750	100.0%	778	778	778	-	778	3.8%	-	-	778	772	6	36
37	Medicare Part B	89,616	100.0%	87,368	87,368	87,368	-	87,368	-2.5%	-	-	87,368	87,759	(390)	37
38	Medicare Part D	24,404	86.2%	22,400	22,400	25,102	-	25,102	2.9%	-	-	25,102	25,171	(69)	38
39	Subtotal Medicare	114,769	97.6%	110,546	110,546	113,248	-	113,248	-1.3%	-	-	113,248	113,702	(453)	39
40	Utilization	8,499	100.0%	8,143	8,143	8,143	-	8,143	-4.2%	-	-	8,143	9,800	(1,657)	40
41	HIT Incentive Payments	37,131	100.0%	31,367	31,367	31,367	-	31,367	na	-	-	31,367	31,539	(172)	41
42	Contracts	-	-	1,755	1,755	1,760	-	1,760	na	-	-	1,760	6,005	(4,245)	42
43	Prior Years Charged to Current Year	12,813	na	-	-	-	-	-	na	-	-	-	-	-	43
44	Current Year Charged to Future Year	58,444	na	41,265	41,265	41,270	-	41,270	na	-	-	41,270	47,344	(6,074)	44
45	Subtotal	3,493,905	95.6%	3,393,858	375,157	449,139	13,192	3,546,478	1.5%	142,864	144,339	3,690,817	3,665,946	23,870	45
46	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	46

FY 13 Operating Budget: 3,759,876
Projected Surplus(Shortfall): 69,059

- Notes:
- (Line 9) Transportation consists of Non-emergency transportation, Ambulances, and Maintenance.
 - (Line 22) Other Programs consists of Prosthetics, RHC, RTC, Waiver Services, Hospice, Home Health, Group Health Insurance Premiums, and Medical Supplies.
 - (Line 32) ACT/BEA is part of Managed Care BH. The BH program began in SFY 2006.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY13 Revenues by Source (\$000s) - LAG Model

Line No. A	Description B	FY 13 Projection C	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										% of Composite Federal Share N	
			IHS, Refugees & UNM UPL (100% FFP) ¹ D	Sterilization & Family Planning Services (90% FFP) ² E	Breast & Cervical Cancer Program (EFMAP) ³ F	SCI (REMAP) ⁴ G	Title XXI CHIP & SCI (EFMAP) ⁵ H	Utilization Review (75% FFP) ⁶ I	Title XIX Medicaid (FMAP) ⁷ J	Admin and Fees (50% FFP) ⁸ K	Non-Federal Financial Participation Expenses (0% FFP) ⁹ L	Federal Share (\$000s) M		
1	Inpatient Hospital	96,865	11	36	753	-	1,018	-	-	95,048	-	-	67,124	69.30%
2	DSH	30,957	-	-	-	-	-	-	-	30,957	-	-	21,382	69.07%
3	GME	7,187	-	-	-	-	-	-	-	7,187	-	-	4,964	69.07%
4	IME	31,470	-	-	-	-	-	-	-	31,470	-	-	21,737	69.07%
5	SCPH-UPL	92,955	-	-	-	-	-	-	-	92,955	-	-	64,250	69.12%
6	Physician Services	55,011	536	-	2,864	-	835	-	-	50,413	-	362	38,317	69.65%
7	Prescribed Drugs	11,524	38	-	802	-	283	-	-	10,400	-	2	8,079	70.10%
8	Dental Services	14,434	137	-	73	-	978	-	-	13,246	-	-	10,119	70.11%
9	Transportation	7,912	2	-	112	-	158	-	-	7,641	-	-	5,494	69.44%
10	Lab and X-Ray	4,042	3	-	203	-	25	-	-	3,811	-	-	2,816	69.68%
11	EPSDT	2,500	3	-	0	-	116	-	-	2,380	-	-	1,740	69.61%
12	IHS Hospital	84,759	84,683	-	-	-	-	-	-	-	-	96	84,663	99.89%
13	Nursing Facility	3,230	-	-	-	-	-	-	-	3,230	-	-	2,231	69.09%
14	ICF MR	24,948	-	-	-	-	-	-	-	24,948	-	-	17,246	69.13%
15	Clinic Services	13,704	1	-	1	-	894	-	-	12,798	-	11	9,542	69.63%
16	Federal Qualified Health Centers	23,926	3	-	126	-	116	-	-	23,680	-	-	16,630	69.51%
17	Other Practitioners	38,452	7	-	66	-	1,024	-	-	37,354	-	1	26,681	69.39%
18	Outpatient Hospital	39,259	72	-	3,282	-	834	-	-	35,070	-	2	27,540	70.15%
19	Family Planning	8,552	2,984	5,516	-	-	-	-	-	-	-	52	7,948	92.94%
20	PACE	11,860	-	-	-	-	-	-	-	11,860	-	-	8,200	69.14%
21	Personal Care Options	663	-	-	2	-	-	-	-	662	-	-	459	69.15%
22	Others	6,048	53	-	174	-	66	-	-	5,693	62	0	4,211	69.63%
23	BH CFFS	29,027	6,815	0	108	-	915	-	-	18,694	2,495	-	21,783	75.04%
24	Premium Assistance Program	18	-	-	-	-	-	-	-	-	-	18	-	0.00%
25	Subtotal FFS	639,303	95,328	5,552	8,566	-	7,281	-	-	519,498	2,557	543	473,157	74.01%
26	AIDS, DD and MF (DOH)	283,329	-	-	-	-	-	-	454	280,242	2,632	-	195,377	68.96%
27	Mi Via Waivers (DOH)	14,797	-	-	-	-	-	-	-	13,665	1,132	-	10,010	67.65%
28	Mi Via Waiver (D&E)	22,216	-	-	-	-	-	-	-	20,396	1,819	-	15,007	67.55%
29	Mi Via Waiver BI (ALTSD)	11,132	-	-	-	-	-	-	-	10,204	928	-	7,517	67.53%
30	Subtotal HCBW	331,473	-	-	-	-	-	-	454	324,508	6,511	-	227,912	68.76%
31	Physical Health MCO	1,161,941	16,751	5,332	-	-	49,278	-	-	1,090,460	-	121	814,099	70.06%
32	Behavioral Health MCO	260,009	1,018	-	28	-	11,524	-	-	247,439	-	-	181,156	69.67%
33	CoLTS	921,756	11,330	-	707	-	-	-	-	909,720	-	-	641,014	69.54%
34	State Coverage Insurance	221,816	6,060	-	-	76,688	-	-	-	139,058	-	10	158,734	71.56%
35	Subtotal MCO	2,565,522	35,159	5,332	734	76,688	60,801	-	-	2,386,677	-	131	1,795,003	69.97%
36	Medicare Part A	778	-	-	-	-	-	-	-	778	-	-	538	69.14%
37	Medicare Part B	87,368	4,021	-	-	-	-	-	-	73,656	-	9,692	54,948	62.89%
38	Medicare Part D	25,102	-	-	-	-	-	-	-	-	-	25,102	-	0.00%
39	Subtotal Medicare	113,248	4,021	-	-	-	-	-	-	74,434	-	34,794	55,488	49.00%
40	Utilization	8,143	-	-	-	-	-	-	8,143	-	-	-	6,107	75.00%
41	HIT Incentive Payments	31,367	31,367	-	-	-	-	-	-	-	-	-	31,367	100.00%
42	Contracts	1,760	-	-	-	-	-	-	-	-	1,760	-	880	50.00%
43	Prior Years Charged to Current Year	-	-	-	-	-	-	-	-	-	-	-	-	na
44	Current Year Charged to Future Year	-	-	-	-	-	-	-	-	-	-	-	-	na
45	Subtotal	41,270	31,387	-	-	-	-	-	8,143	-	1,760	-	38,354	92.93%
46	Total	3,690,817	165,874	10,884	9,301	76,688	68,082	8,597	3,305,114	10,829	35,467	2,589,912	70.17%	

	HSD Budget	Billed Amount	Collection YTD	HSD Projection
50	State Share Revenues:			
51	Department of Health (Line 29 & 31) ¹⁰	95,871	69,828	60,027
52	Department of Health Additional Need / (Surplus)	-	-	(2,815)
53	Department of Health for Early Intervention	5,000	5,582	5,044
54	Department of Health for FQHCs	500	482	482
55	Department of Health for EC	1	-	1
56	County Supported Medicaid Fund	25,600	24,507	15,687
57	Total Operating Transfers In	128,972	100,399	81,240
58				
59	UNM SCI IGT	23,760	16,286	14,929
60	School Based Health Services (Part of Line 16)	3,821	1,504	1,474
61	Physician UPL UNM	2,759	2,608	2,608
62	Sole Community Provider Hospital Fund (Line 5)	85,650	57,843	58,551
63	SCPH - SFY12	-	-	7,446
64	SCPH - Refund to counties	-	-	(10,840)
65	Drug Rebates	1,251	-	22,680
66	Fraud	872	923	923
67	Tort and Insurance Carrier Refund	-	239	239
68	Income Diversion Trust/Estate Recoveries	495	553	553
69	Buy-In Recovery	215	187	187
70	Cost Settlement	3,542	-	1,400
71	Misc. Revenue	-	331	331
72	HMS RAC-TPL/Subrogation	-	1,936	1,936
73	Tobacco Settlement Revenue, Base	9,456	9,456	9,456
74	Tobacco Settlement Revenue	19,046	19,046	19,046
75	Total Other Revenues ¹³	150,867	78,241	122,073
76	General Fund Need ¹⁴	-	-	865,174
77	Appropriation in FY13	-	-	894,325
78	Transfer to Admin Budget	-	-	(1,416)
79	State Revenue Surplus / (Shortfall)	-	-	27,735

PROJECTED REVENUES	
Federal Revenues	2,589,912
Federal Disallowances ¹¹	-
Contingency Appropriation ¹¹	-
Federal Disallowances ¹²	(19,800)
All State Revenues	1,120,704

Notes:

1. IHS, UPL, QI-1 and Refugees are eligible for 100% FFP.
2. Only sterilization and FPW costs are eligible for 50% FFP.
3. Breast and cervical cancer (BCC) program with enhanced FMAP.
4. SCI parents are reimbursed at REMAP for 3 yrs.
5. CHIP is Title XXI programs with enhanced FMAP.
6. Utilization review is federally matched at 75%; HCBW admin. expenses.
7. Title XIX expenditures with regular FMAP.
8. Administration expenditures are eligible for 50% FFP.
9. Pregnancy termination, special needs and state only buy-in (Part B) expenditures are not eligible for federal financial participation.
10. DOH for Medicaid DD, AIDS, MF and MV in waiver services; projected revenue is without the 3% for admin.
11. The est. Federal disallowance is not expected to come in SFY13 and the contingency appropriation associated with that may not be needed.
12. Disallowance for DSH payments. HSD is appealing the disallowance and anticipates that this will probably not be satisfied in SFY13.
13. Tobacco revenues are distributed based on receipts & subject to revision.
14. The General Fund Need is Total Expenditures less: projected Federal Revenues; Federal Waiver Denial; Operating Transfers In; & Other Revenues.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY 14 Trend Model with Catastrophic Care and Medicaid Expansion

No.	Description	FY 13 Title XIX		FY 14 Title XIX		FY 13 Title XXI		FY 14 Title XXI		FY 14 Title Medicaid		Change from Previous							
		Projection	Projected Claims	Δ Price	\$ Impact	Δ Recipient	\$ Impact	Utilization	Δ Impact	Projected Lump Sum	Others	M	% Change from FY 13	O	P	Q	R	S	T
1	Inpatient Hospital	95,848	95,848	0.00%	-	-18.58%	(17,804)	0.00%	-	-	78,044	1,018	617	78,044	78,439	389			
2	DOSH	30,957	-	-	-	-	-	-	-	30,941	-	-	-	30,941	30,080	861			
3	3/IME	7,187	-	-	-	-	-	-	-	7,697	-	-	-	7,697	7,697				
4	4/IME	31,470	-	-	-	-	-	-	-	32,081	-	-	-	32,081	32,081				
5	5/SCPH-UPL	92,955	-	-	-	-	-	-	-	34,445	-	-	-	34,445	34,445				
6	6/UCC Pool	-	-	-	-	-	-	-	-	34,445	-	-	-	34,445	34,445				
7	7/Physician Services	55,287	44,334	0.00%	-	-24.95%	(11,061)	0.00%	-	43,802	-20,77%	835	423	44,225	45,457	1,232			
8	8/Prescribed Drugs	11,241	11,241	3.10%	348	-22.90%	(2,654)	0.00%	-	8,667	-22.90%	283	269	8,916	10,357	1,441			
9	9/Dental Services	13,456	13,456	0.00%	-	-5.57%	(885)	0.00%	-	12,112	-8.99%	978	459	12,571	12,277	-294			
10	10/Transportation	7,754	7,754	0.00%	-	-15.25%	(1,493)	0.00%	-	6,196	-20.09%	158	65	6,261	6,339	78			
11	11/Lab and X-ray	4,017	4,017	0.00%	-	-21.80%	(876)	0.00%	-	3,125	-22.23%	25	17	3,142	3,339	197			
12	12/EPST	2,383	2,383	0.00%	-	-18.77%	(447)	0.00%	-	1,879	-21.14%	116	56	1,936	1,982	46			
13	13/IHS Hospital	84,759	84,759	1.52%	1,288	-38.00%	(1,227)	0.00%	-	88,663	4.61%	-	-	88,663	88,955	292			
14	14/Nursing Facility	3,230	3,230	0.00%	-	-38.00%	(3,230)	0.00%	-	2,002	-38.00%	-	-	2,002	1,988	-14			
15	15/ICF MR	24,948	24,948	0.00%	-	6.91%	885	4.85%	669	24,948	12.13%	894	916	25,016	25,016	68			
16	16/Clinic Services	12,810	12,810	0.00%	-	-18.97%	(811)	0.00%	-	12,965	-45.55%	116	56	13,021	13,088	67			
17	17/Federal Qualified Health Centers	23,810	4,058	0.00%	-	-18.91%	(7,076)	0.00%	-	29,841	-20.27%	1,024	511	30,352	31,118	766			
18	18/Other Practitioners	37,428	37,428	0.00%	-	-22.00%	(8,454)	0.00%	-	29,522	-23.17%	834	450	29,972	32,000	2,028			
19	19/Outpatient Hospital	38,426	38,426	0.00%	-	-37.35%	(3,205)	0.00%	-	11,858	-30.01%	17	9	11,867	11,947	80			
20	20/Family Planning	8,534	8,534	0.00%	-	-80.00%	(531)	0.00%	-	4,840	-19.10%	66	25	4,865	5,094	229			
21	21/PACE	663	663	0.00%	-	-18.75%	(5,319)	0.00%	-	23,137	-18.75%	915	458	23,595	23,916	321			
22	22/Personal Care Options	5,983	4,676	0.00%	-	-	-	0.00%	-	5,330	-	-	-	5,330	5,178	-152			
23	23/Other	28,476	28,476	0.00%	-	-	-	0.00%	-	11,858	-	-	-	11,858	11,947	89			
24	24/HH CFS	8	8	0.00%	-	-	-	0.00%	-	8	-	-	-	8	8				
25	25/Premium Assistance Program	693,491	438,911	0.37%	1,637	-14.00%	(61,673)	0.17%	3,284	404,122	-14.69%	7,278	4,332	544,760	552,411	7,651			
26	26/MDX, DD and MF (DOH)	283,329	283,329	0.00%	-	7.36%	20,852	0.00%	-	300,181	7.36%	-	-	300,181	309,338	9,157			
27	27/MI Via Walkers (DOH)	14,797	14,797	0.00%	-	25.74%	3,805	0.00%	-	18,602	25.74%	-	-	18,602	18,455	-147			
28	28/MI Via Walker (D&E)	22,216	22,216	0.00%	-	-34.57%	(7,670)	0.00%	-	14,545	-34.57%	-	-	14,545	14,213	-332			
29	29/MI Via Walker BI	11,123	11,123	0.00%	-	-43.37%	(4,824)	0.00%	-	6,308	-43.37%	-	-	6,308	6,112	-196			
30	30/MI Via Walker BI	392,473	392,473	3.67%	12,162	3.67%	12,162	0.00%	-	249	343,636	3.67%	249	343,636	343,117	-519			
31	31/Physical Health MCO 1H	1,114,341	1,095,427	3.06%	35,945	0.63%	6,839	0.00%	-	5,803	49,143	49,278	25,145	613,621	624,480	10,859			
32	32/Physical Health MCO 2H	248,485	247,467	0.77%	1,886	0.55%	1,375	0.00%	-	5,511	119,846	11,524	5,534	125,380	127,709	2,330			
33	33/Behavioral Health MCO 1H	971,856	896,619	-0.97%	(8,215)	0.05%	444	0.00%	-	5,111	13,843	50,106%	-	460,019	470,784	10,765			
34	34/Con 13 IH	145,305	133,652	0.27%	13,653	0.27%	297	0.00%	-	1,986	6,229	76,259	17,042	301,068	307,585	6,517			
35	35/State Coverage Insurance 1H	2,429,387	2,323,165	1.26%	29,225	0.38%	8,955	0.00%	-	13,800	69,216	137,063	47,721	1,300,089	1,380,128	80,039			
36	36/Centennial Care 2H	-	-	-	-	-	-	-	-	11,314	80,247	27,055	27,055	1,214,543	1,165,389	-49,154			
37	37/Centennial Care 2H	-	-	-	-	-	-	-	-	500	-	6,194	-	146,953	136,487	-9,466			
38	38/Behavioral Health 2H	-	-	-	-	-	-	-	-	11,814	80,247	32,249	32,249	1,360,516	1,301,876	-58,640			
39	39/Medicare Part A	778	778	0.00%	-	0.00%	-	0.00%	-	778	-	-	-	778	778	0			
40	40/Medicare Part B	87,368	87,368	7.87%	6,676	4.33%	4,077	0.00%	-	98,321	12,544%	-	-	98,321	99,637	1,316			
41	41/Medicare Part D	25,102	25,102	0.00%	-	0.07%	6	0.00%	-	25,108	0.07%	-	-	25,108	26,471	1,363			
42	42/Medicare Part D	113,248	113,248	6.07%	6,876	3.40%	4,083	0.00%	-	124,207	9.68%	-	-	124,207	138,880	14,673			
43	43/Utilization	8,143	-	-	-	-	-	-	-	7,000	-14.04%	-	-	7,000	7,000	0			
44	44/Contracts	31,367	-	-	-	-	-	-	-	9,533	-69.61%	-	-	9,533	9,533	0			
45	45/Rate Increase for Primary Care Services	1,760	-	-	-	-	-	-	-	19,245	993.19%	-	-	19,245	19,245	0			
46	46/Rate Increase for Primary Care Services	41,270	-	-	-	-	-	-	-	9,533	-13.31%	-	-	9,533	9,533	0			
47	47/Health Home	-	-	-	-	-	-	-	-	13,816	-	-	-	13,816	13,816	0			
48	48/Insurer's Fee	-	-	-	-	-	-	-	-	23,915	-	-	-	23,915	23,915	0			
49	49/Insurer's Fee	-	-	-	-	-	-	-	-	10,881	-	-	-	10,881	10,881	0			
50	50/Woodwork (Children)	-	-	-	-	-	-	-	-	5,203	-	-	-	5,203	5,203	0			
51	51/MAGI Impact (Children)	-	-	-	-	-	-	-	-	819	-	-	-	819	819	0			
52	52/Woodwork (Aged)	-	-	-	-	-	-	-	-	49,432	-	-	-	49,432	49,432	0			
53	53/SC Adults Up to 138% FPL - Physical Health	-	-	-	-	-	-	-	-	65,931	-	-	-	65,931	65,931	0			
54	54/Newly Eligibles - Physical Health	-	-	-	-	-	-	-	-	232,444	-	-	-	232,444	232,444	0			
55	55/Newly Eligibles/SC - Behavioral Health	-	-	-	-	-	-	-	-	26,760	-	-	-	26,760	26,760	0			
56	56/Grand Total	3,549,470	3,206,549	2.37%	76,948	12.25%	402,114	0.05%	3,284	320,826	149,463	144,339	97,883	3,525,134	3,549,470	24,336			

Notes:
(Column 1) Others under the managed care projection lines (lines 32-35, 37-40) reflect the SDFH payments administered through the MCOs.
(Line 37) Centennial Care expenditures include all acute and long term care expenditures.
(Line 50) Insurer's Fee represents 1.9% impact of PPACA Health Insurance Fee as estimated in the Milliman Client Report of January 2012.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY 14 Trend Model with Centennial Care and Medicaid Expansion

No.	Description	FY 14 Projection	Federal Medicaid Expenditure Type and Federal Financial Participation Rates											
			HIT, IHS, Refugees & UNM UPL (100% FFP) ¹	Health Homes, Sterilization & Family Planning Services (90% FFP) ²	Breast & Cervical Cancer Program (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 (\$000s) L	% of Composite Federal Share M		
1	Inpatient Hospital	78,044	-	-	-	563	617	-	76,865	-	-	54,084	69.30%	
2	DSH	30,941	-	-	-	-	-	-	30,941	-	-	21,411	69.20%	
3	GME	7,697	-	-	-	-	-	-	7,697	-	-	5,324	69.17%	
4	HME	32,081	-	-	-	-	-	-	32,081	-	-	22,200	69.20%	
5	SCPH - UPL	34,445	-	-	-	-	-	-	34,445	-	-	23,825	69.17%	
6	UCC Pool	34,445	-	-	-	-	-	-	34,445	-	-	23,825	69.17%	
7	Physician Services	44,225	46	-	-	1,417	423	-	42,136	-	203	30,630	69.25%	
8	Prescribed Drugs	18,936	10	-	-	516	269	-	18,141	-	-	6,253	69.84%	
9	Dental Services	12,571	51	-	-	44	459	-	12,017	-	-	8,755	69.53%	
10	Transportation	6,261	1	-	-	91	65	-	6,104	-	-	4,345	69.39%	
11	Lab and X-Ray	3,142	4	-	-	115	17	-	3,005	-	-	2,186	69.58%	
12	EPSTD	1,936	1	-	-	0	56	-	1,878	-	-	1,344	69.43%	
13	IHS Hospital	88,669	88,499	-	-	-	-	-	-	-	164	88,669	100.00%	
14	Nursing Facility	2,002	-	-	-	-	-	-	2,002	-	-	1,385	69.18%	
15	ICF MR	24,948	-	-	-	-	-	-	24,948	-	-	17,252	69.15%	
16	Clinic Services	15,281	-	-	-	1	916	-	14,334	-	30	10,637	69.51%	
17	Federal Qualified Health Centers	13,021	0	-	-	55	56	-	12,910	-	-	9,016	69.24%	
18	Other Practitioners	30,352	2	-	-	44	511	-	29,795	-	-	21,044	69.33%	
19	Outpatient Hospital	29,972	13	-	-	1,601	450	-	27,908	-	-	20,520	69.80%	
20	Family Planning	5,338	2,604	2,674	-	-	9	-	(0)	-	51	5,018	94.00%	
21	PACE	11,858	-	-	-	-	-	-	11,858	-	-	8,199	69.14%	
22	Personal Care Options	193	-	-	-	4	-	-	128	-	-	92	69.43%	
23	Others	4,865	23	-	-	57	25	-	4,760	-	-	3,580	69.47%	
24	PH CFFS	29,595	6,524	-	-	-	458	-	14,587	2,026	-	17,985	76.22%	
25	Premium Assistance Program	8	-	-	-	-	-	-	-	-	8	-	0.00%	
26	Subtotal	544,760	97,778	2,674	4,506	4,382	-	-	432,887	2,026	456	407,772	74.83%	
27	AIDS, DD and MF (DOH)	304,181	-	-	-	-	-	-	301,094	3,086	-	208,780	69.07%	
28	MI Via Waivers (DOH)	18,602	-	-	-	-	-	-	17,470	1,132	-	12,648	67.99%	
29	MI Via Waiver (D&E)	14,545	-	-	-	-	-	-	13,462	1,084	-	9,851	67.72%	
30	MI Via Waiver BI	6,308	-	-	-	-	-	-	5,816	491	-	4,268	67.67%	
31	Subtotal	343,636	-	-	-	-	-	-	337,842	5,793	-	236,547	68.84%	
32	Physical Health MCO 1H	619,621	5,803	2,972	-	25,145	-	-	579,702	-	-	429,176	69.34%	
33	Behavioral Health MCO 1H	125,380	500	-	-	5,334	-	-	119,346	-	-	87,430	69.73%	
34	CoLTS 1H	460,019	5,511	-	-	350	-	-	454,158	-	-	319,425	69.44%	
35	State Coverage Insurance 1H	101,068	1,986	-	-	17,042	-	-	82,040	-	-	71,320	70.57%	
36	Subtotal	1,300,089	15,800	2,972	350	47,721	-	-	1,235,246	-	-	907,351	69.79%	
37	Centennial Care 2H	1,214,563	11,314	3,417	6,358	27,055	-	-	1,166,419	-	-	847,259	69.76%	
38	Behavioral Health 2H	146,353	2,567	-	-	6,194	-	-	137,592	-	-	102,639	70.19%	
39	Subtotal	1,360,916	13,881	3,417	6,358	33,249	-	-	1,304,011	-	-	949,898	69.80%	
40	Medicare Part A	778	-	-	-	-	-	-	778	-	-	534	68.64%	
41	Medicare Part B	98,321	4,021	-	-	-	-	-	83,796	-	10,504	61,981	69.54%	
42	Medicare Part D	25,108	-	-	-	-	-	-	-	-	25,108	-	0.00%	
43	Subtotal	124,207	4,021	-	-	-	-	-	84,574	-	35,612	67,515	50.53%	
44	Utilization	7,000	-	-	-	-	7,000	-	-	-	-	5,250	75.00%	
45	HIT Incentive Payment	9,533	9,533	-	-	-	-	-	-	-	-	9,533	100.00%	
46	Contracts	19,245	-	-	-	-	-	-	-	1,245	18,000	622	3.23%	
47	Subtotal	35,778	9,533	-	-	-	-	7,000	-	1,245	18,000	15,408	43.06%	
48	Rate Increase for Primary Care Services	13,816	12,888	-	-	-	-	-	928	-	-	13,530	97.93%	
49	Health Home	-	-	-	-	-	-	-	-	-	-	-	-	-
50	Insurer's Fee	24,494	-	-	-	578	-	-	23,915	-	-	17,001	69.41%	
51	Woodwork (Children)	12,430	-	-	-	1,549	-	-	10,881	-	-	8,745	70.35%	
52	MAGI Impact (Children)	5,203	-	-	-	5,203	-	-	-	-	-	4,066	78.15%	
53	Woodwork (Aged)	819	-	-	-	-	-	-	819	-	-	567	69.20%	
54	Subtotal	56,762	12,888	-	-	7,331	-	-	36,544	-	-	43,909	77.36%	
55	SCI Adults Up to 138% FPL - Physical Health	65,931	65,931	-	-	-	-	-	-	-	-	65,931	100.00%	
56	Newly Eligibles - Physical Health	232,444	-	-	-	-	-	-	-	-	-	232,444	100.00%	
57	Newly Eligibles/SCI - Behavioral Health	26,760	26,760	-	-	-	-	-	-	-	-	26,760	100.00%	
58	Subtotal	325,134	325,134	-	-	-	-	-	-	-	-	325,134	100.00%	
59	Grand Total	4,091,283	477,023	9,063	11,214	92,533	7,000	-	3,431,205	9,064	54,068	2,948,532	72.07%	

	FY 14 Budget Request	HSD Projection
63	State Share Revenues:	
64	Department of Health (Line 27 & 28) ⁹	100,412
65	Department of Health for Early Intervention	5,500
66	Department of Health for FQHCs	500
67	Department of Health for EC	1
68	Children, Youth and Families	-
69	County Supported Medicaid Fund	26,426
70	Tobacco Settlement Revenue, Base	9,220
71	Tobacco Settlement Revenue	-
72	Total Operating Transfers In	142,059
73		142,059
74	UNM SCI IGT	6,403
75	School Based Health Services (Part of Line 16)	4,091
76	Physician UPL UNM	2,811
77	Sole Community Provider Hospital Fund	97,276
78	UNM SCPH IGT	16,323
79	Drug Rebates	1,251
80	Fraud	872
81	Tort and Insurance Carrier Refund	-
82	Income Diversion Trust	486
83	Buy-In Recovery	215
84	Cost Settlement	3,388
85	Estate Recovery	9
86		9
87	Total Other Revenues	116,802
88		107,195
89		
90	General Fund Need	893,497
91		
92	FY14 Op Bud 3	917,888
93		
94	State Revenue Surplus / (Shortfall)	24,391

PROJECTED REVENUES	
Federal Revenues	2,948,532
Federal Disallowance ¹⁰	-
All State Revenues	1,142,750

- Notes:
- HIT, IHS, UPL, QI-1 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. 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 with regular FMAP. The FFY 2014 FMAP is from FFIS, released March 30, 2012, based on preliminary data.
 - 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, AIDS, MF and M&V via waiver services; projected revenue is without the 3% for admin.
 - There is a potential risk of federal disallowance associated with the PCO audit.

Notes:

1. Data for Title XIX Medicaid and Title XXI SCHIP from July 2011 to March 2013 are based on the Monthly Eligibility Report (MER) (1) adjusted for retroactive eligibility, and (2) the estimates for monthly eligibility are based on regressive equations controlling for policy effects.
2. The data for State Coverage Insurance (SCI) from July 2011 to March 2013 are the numbers of MCO enrollment by month. For FY 13 and FY 14, the enrollment reflects program change in late FY 12. Of the total SCI population, about 67 percent are Childless Adults and 33 percent are Parents.
3. The children figures are a subset of the total. Children are defined as any clients less than age 21 with no regards to eligibility criteria.
4. Premium Assistance for Kids (PAK) and Premium Assistance for Maternity (PAM). For more information on these programs, visit <http://insurenewmexico.state.nm.us/>. Outside entities are assisting MAD with enrollment into these programs.
5. These are the numbers in the Monthly Eligibility Report as posted on the MAD website available as of July 29 2013. The MER includes all clients enrolled in Medical Assistance, including retroactive and late reported eligibility. The data in the MER column from July 2011 to March 2013 are subject to revision. The usual practice is to adjust the numbers up to 30 months from its original release. All figures are updated historically to include retroactive eligibility, retroactive closures, and other late reporting eligibility changes. When the data is no longer subject to revision, the projected number on the estimates column is replaced by the actual number. Individuals are eligible for Medical Assistance if they meet the specific criteria for any of the eligibility categories. The MER does not count the number of clients qualified as SLIMBs or Q11s.
6. Specified Low-Income Medicare Beneficiaries (SLIMBs) and Qualified Individuals (Q11s). The estimates will be revised.
7. Medicaid expansion starts January 1, 2014. The enrollment figures reflect member equivalence and include adults in the current SCI program and newly eligible adults not currently eligible for Medicaid with incomes to 138% of the federal poverty level.

Sources: Monthly Eligibility Report, July 2013; *Insure New Mexico*, July 2013; Monthly Statistical Report for COE 045, June 2013

Report Release Date:

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