

# Colorado Adult Prenatal Coverage in Child Health Plan *Plus* (CHP+)

*Section 1115 Demonstration Annual Report*

*Demonstration Year 6: August 1, 2020 - July 31, 2021*

*Federal Reporting Period: October 1, 2020 - September 30, 2021*

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## Abbreviations

Abbreviation	Meaning
ACC	Accountable Care Collaborative
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CKF	Covering Kids and Families
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act of 2009
CHP+	Child Health Plus
CMS	Centers for Medicare and Medicaid Services
COVID-19	Coronavirus
DMHC	Denver Health Medicaid Choice
DY	Demonstration Year
ECHO	Experience of Care and Health Outcomes
EQR	External Quality Review
FFS	Fee-For-Service
FPL	Federal Poverty Level
HCPF	Department of Health Care Policy & Financing
HEDIS	Healthcare Effectiveness Data and Information Set
HMA-Burns	Burns & Associates, a Division of Health Management Associates
HSAG	Health Services Advisory Group, Inc.
KPI	Key Performance Indicators
LBW	Low Birth Weight
MAGI	Modified Adjusted Gross Income
MCO	Managed Care Organization
MOM	Maternal Opioid Misuse
NCQA	National Committee for Quality Assurance
NFP	Nurse Family Partnership
ODD	Opioid Use Disorder
PEAK	Online Member Enrollment and Benefit Management Site
PHE	Public Health Emergency
PN+	Prenatal Plus
RAE	Regional Accountable Entity
RMHP Prime	Rocky Mountain Health Plans Medicaid Prime
SFY	State Fiscal Year
STC	Special Terms and Conditions
SUD	Substance Use Disorder
WIC	Women, Infants and Children

## Introduction

Colorado has had a long-standing Section 1115(a) waiver demonstration which was originally approved in 2002 that has been extended to include the demonstration period from August 1, 2020 through July 31, 2025. The demonstration waiver was selected as a mechanism to allow Colorado to continue to provide coverage to uninsured pregnant women with family income using Modified Adjusted Gross Income (MAGI) equivalent above 141 and through 195 percent of the federal poverty level (FPL).

Name: Colorado Adult Prenatal Coverage in Child Health Plus (CHP+)

Project Number: 21-W-00014/8

Approval Date: December 21, 2020

Approval Period: December 18, 2020 through July 31, 2025

Time Period Covered by Report: August 1, 2020 through July 31, 2021

## History

In September 2002, the State of Colorado received approval from the Centers for Medicare and Medicaid Services (CMS) for a four-year demonstration period through September 2006, for its “Adult Prenatal Coverage in CHP+” program. This program permitted the state to use Title XXI funds to expand coverage to uninsured pregnant women with family incomes between 133% and 185% of the FPL. Subsequently, in January 2006, CMS approved an amendment to the demonstration. This allowed Colorado to expand eligibility for uninsured pregnant women, under the demonstration, from above 185% to 200% of the FPL.

On September 29, 2006, CMS approved Colorado’s request to renew the demonstration for a three-year period through September 30, 2009. CMS then approved Colorado’s extension request, which extended the program through June 2012. On July 30, 2012, Colorado received approval to expand coverage for uninsured pregnant women from 200% to 250% of the FPL. In April 2015, the Colorado Department of Health Care Policy and Financing (the Department, or HCPF) submitted an application for an extension of Colorado’s Title XXI section 1115 demonstration project No. 21-W-00014/8. This extension effectively continued the project at the 2012 FPL levels.

Section 111 of the Children’s Health Insurance Program Reauthorization Act (CHIPRA) added Section 2112(b)(1)(A) of the Social Security Act, which specifies that a state must first cover pregnant women in Medicaid to at least 185% of the FPL before expanding coverage to pregnant women in the Children’s Health Insurance Program (CHIP). Section 111 of CHIPRA also added a provision to provide states the option to provide necessary prenatal, delivery and postpartum care to targeted low-income pregnant women through the Title XXI State Plan.

To comply with the spirit of CHIPRA, Colorado submitted a Medicaid State Plan Amendment and received approval for transitioning pregnant women from 133% to 185% of the FPL to the Medicaid State Plan and provide full Medicaid benefits to these women. The State has continued to receive Title XXI funds for uninsured pregnant women from 133% to 185% of the FPL. In addition, the State submitted and received approval for a corresponding CHIP State Plan Amendment to transition pregnant women above 185% of the FPL to 250% of the FPL to the CHIP State plan. As required under Special Terms and Conditions (STCs) #17, the State transitioned coverage of pregnant women from this demonstration to the Medicaid State Plan and the CHIP State Plan, effective January 1, 2013.<sup>1</sup>

Under this demonstration's five-year renewal period, August 1, 2015 through July 31, 2020, temporarily extended through December 31, 2020, Colorado expanded the income eligibility level for uninsured pregnant Medicaid expansion clients who would have been covered under CHP+ if not for the FPL expansion of above 141 through 195 percent. Aiming to further the objectives of Titles XIX and XXI by providing necessary prenatal, delivery, and postpartum care to low-income pregnant women within the program cohort, CMS granted Colorado expenditure authorities under section 2104 of the Social Security Act (Act) to provide eligible pregnant women coverage under the Medicaid State Plan and receive federal matching of demonstration costs not otherwise matchable as Title XXI funds.

On December 21, 2020, Colorado received a final five-year extension through July 31, 2025 to continue implementation of its pre-CHIPRA coverage of pregnant women from 133 to 185 percent of the FPL (at the MAGI-equivalent of above 141-195% of the FPL) in accordance with section 2112(f) of the Act.

## Goals

Colorado continues to use the Child Health Plus (CHP+) 1115 Demonstration to improve the health status of low-income pregnant women and their newborns by using the following goals to guide the administration and implementation of the demonstration.

1. Decrease the uninsured rate for pregnant women;
2. Increase prenatal and postpartum care for pregnant women enrolled in the demonstration, and;
3. Increase the number of healthy babies born to pregnant women enrolled in the demonstration.

To achieve these goals, Medicaid clients who identified as pregnant receive a call to complete a prenatal risk assessment and a PHQ9, which together aim to identify community and educational resources that may benefit the clients. Such resources

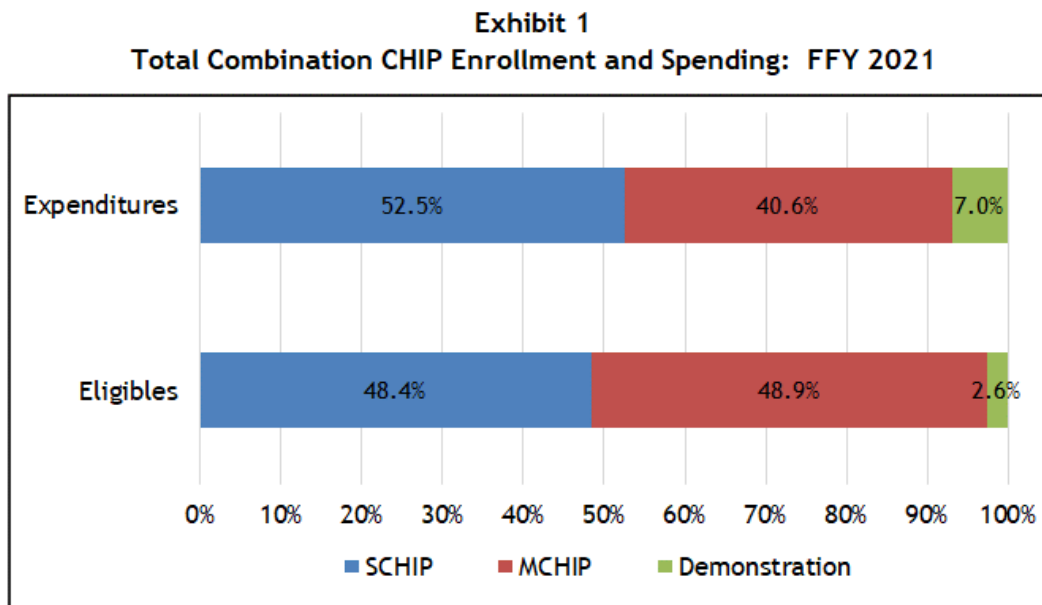
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<sup>1</sup> The federal poverty levels listed in the Historical Summary of the Demonstration Project section are pre-MAGI-converted levels.

include Women, Infants and Children (WIC), Prenatal Plus (PN+), Nurse Family Partnership (NFP), and Healthy Start. Members who have been identified as high risk are enrolled in the Intensive Case Management Program.

## Enrollment and Benefits Information

The HCPF has responsibility for the administration and oversight of Colorado’s CHIP as well as the CHP+ program under the waiver and state plan authorities. During federal fiscal year (FFY) 2021, CHP+ comprised 2.6% of the total enrollment of 136,627 and 7.0% of the total of \$351 million in expenditures for Colorado’s total combined CHIP program (refer to Exhibit 1).



Source: CHP+ Demonstration Extension Application and FFY 2021 Allotment Neutrality Report

In this demonstration, a member is considered "enrolled" in the program if the member gave birth during the demonstration year and had an FPL of above 141 through 195 percent FPL during the month of the birth. A member is counted in an enrollment month if the member was enrolled in Medicaid during the month (regardless if the member was pregnant or within the 60-day postpartum period). Members who were pregnant but did not give birth during the demonstration year were not counted in this enrollment population for this report.

In demonstration year six (DY 6), there were 2,907 unduplicated pregnant women enrolled. Since the start of the demonstration, monthly enrollment of pregnant women and births has trended upward from a low of 1,448 in DY 1 to a high of 2,828 in DY 6 (refer to Exhibit 2 on the following page).

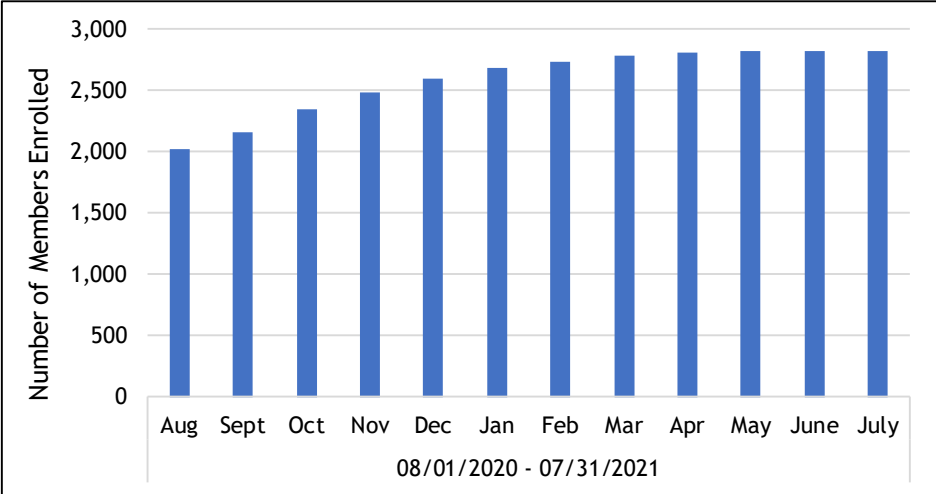
Exhibit 2 Enrollment in the CHP+ Prenatal Demonstration by Year				
Demonstration Year	Start of Demonstration Year	End of Demonstration Year	Lowest Enrollment Month in Year	Highest Enrollment Month in Year
DY 1	Aug 1, 2015	July 31, 2016	1,448	2,122
DY 2	Aug 1, 2016	July 31, 2017	1,571	2,161
DY 3	Aug 1, 2017	July 31, 2018	1,666	2,267
DY 4	Aug 1, 2018	July 31, 2019	1,569	2,256
DY 5	Aug 1, 2019	July 31, 2020	1,914	2,142
DY 6	Aug 1, 2020	July 31, 2021	2,027	2,828

In DY 6, the number of members who maintained eligibility at any FPL increased steadily over the year (refer to Exhibit 3). This is similar to what was observed in the last quarter of DY 5 but differs from the downward trend observed in the last quarter of the four prior demonstration years.

While enrollment in the demonstration increased, the number of members remaining at the same FPL increased (refer to Exhibit 4) during the first three quarters of DY 6 and remained higher than what was observed in the last quarter of the five prior demonstration years.

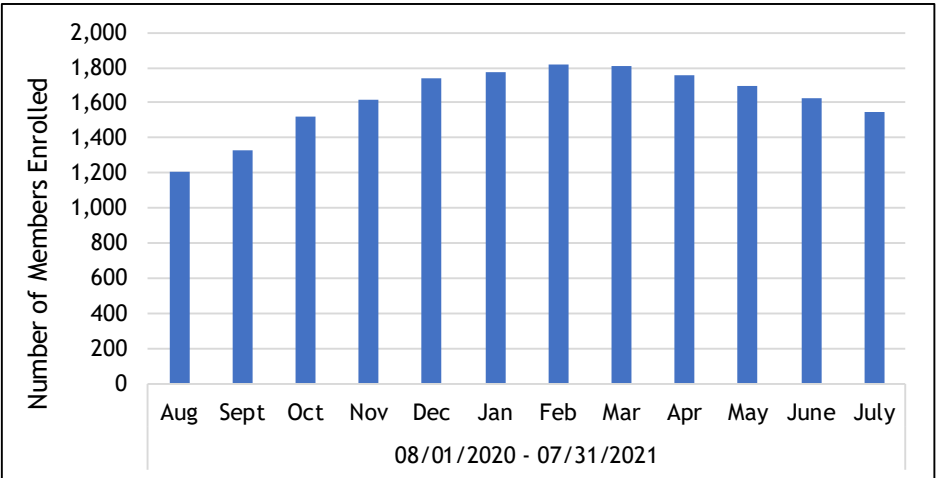
The observed trends in DY 6, increased members and reductions in members changing FPL cohorts, are likely heavily influenced by the Coronavirus (COVID-19) pandemic and resulting public health emergency.

Exhibit 3  
CHP+ Members Enrollment by Month - Any FPL Level



Source: CO CHP+ Enrollment Data

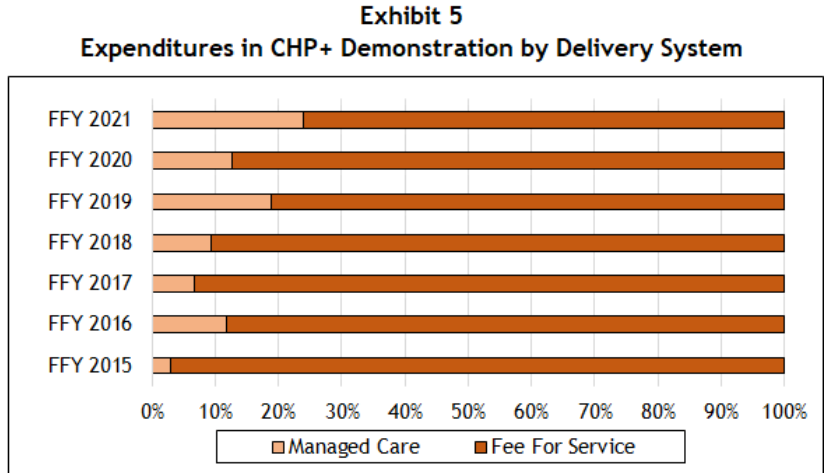
Exhibit 4  
CHP+ Members Enrollment by Month - Same FPL Level



Source: CO CHP+ Enrollment Data

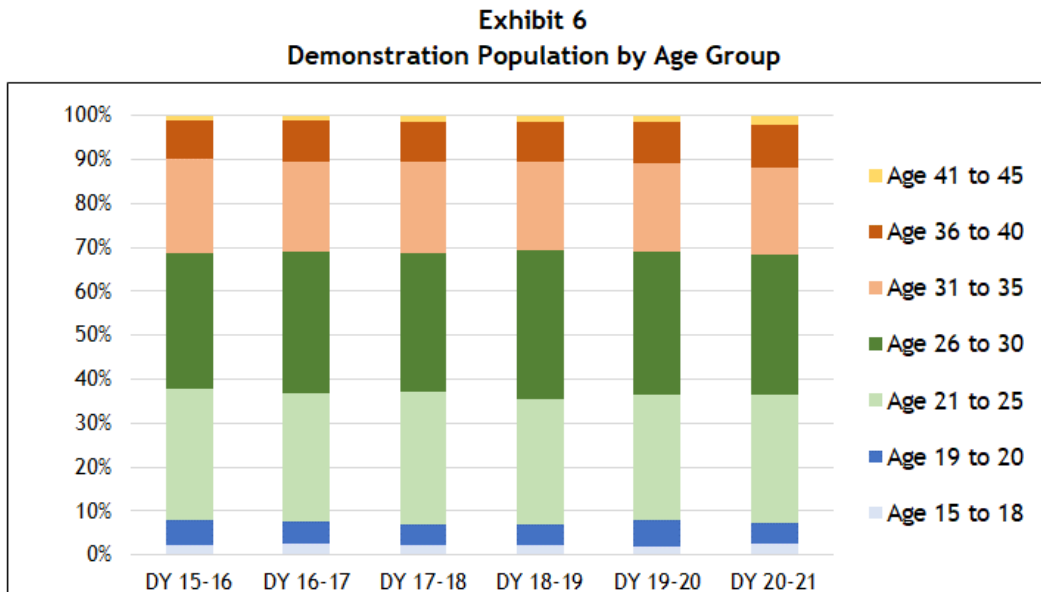


CHP+ enrollees are entitled to receive all mandatory and optional state plan services approved under the Medicaid state plan. Services are provided through a combination of fee-for-service (FFS) and managed care delivery systems that vary geographically. During DY 6, the majority of Colorado’s CHP+ demonstration expenditures were for care provided through the FFS delivery system, although the proportion of payments to managed care plans continues to increase over time (refer to Exhibit 5).



Source: CO CHP+ Allotment Neutrality Report

Exhibit 6 distributes enrollment in the demonstration by the age of the members. Just over 60 percent of the women enrolled are between the ages of 21 and 30 (green portions of exhibit). Distribution remains largely unchanged over the six years of the demonstration.



Source: CO CHP+ Client Data

## Outreach and Innovation Activities

The Department remains committed to outreach and enrollment activities aimed at helping individuals get and keep health care coverage. Activities include identifying which Coloradans are eligible for health coverage, helping them learn about health insurance options, assessing eligibility, and assisting with enrollment and renewal.

Outreach and enrollment “is important because it helps get individuals access to needed health care services, and access to health care means improved health for the people of Colorado.”<sup>2</sup> For pregnant women, access (or lack thereof) to timely and high-quality prenatal care has long term ramifications. Pregnant women who receive prenatal care are less likely to have low birth weight babies, as well as other obstetric complications that can lead to longer hospital stays, poor birth outcomes, and increased financial and personal burdens to families and Colorado communities.

Over the past several years, the Department has worked to identify gaps and opportunities related to member engagement and enrollment. Ideas for bridging this gap in coming years include:

- Focus on population specific needs and target messaging to make interactions more meaningful. HCPF elevated direct interactions to understand needs/barriers for: members with disabilities, corrections population, deaf and hard-of-hearing community, and monolingual Spanish-speaking members.
- Employ more “pull strategies” that aim to understand member experience without a presumed agenda, such as qualitative research methods, focus groups, and in-home interviews.
- Face-to-Face is an important factor in building trust with members. Individual interactions with members first focus on identifying the member’s hierarchy of needs. Meet members where they are by stationing staff at detox centers, jails, soup kitchens, parole offices, and DHS offices.
- Member engagement requires trust with the member. Train staff in motivational interviewing techniques to facilitate trust and relationship building.

## PEAKHealth

In 2013, Colorado launched the PEAK website, modernizing enrollment and allowing members to apply for insurance online rather than having to apply in person. During DY 6, the Department continued to reduce barriers and expand access by continuing to promote the PEAK smart phone application which allows members to update and interface with their health benefits through a device through their phone. The new Mobile App for Health First Colorado and Child Health Plan Plus (CHP+) Members allows members to access member ID cards, see if benefits are active, search for providers and more.

## Community Outreach

Effective July 1, 2020, the Healthy Communities Program for Members shifted to the Regional Accountable Entities (RAEs). The Healthy Communities Program provided outreach to newly enrolled families with children under the age of 21 and pregnant

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<sup>2</sup> <https://www.coloradohealth.org/reports/promising-practices-outreach-and-enrollment>

women enrolled in Health First Colorado (Colorado’s Medicaid Program) and Child Health Plan Plus (CHP+). Moving forward, outreach will be performed by the RAEs and Managed Care Organizations (MCOs) as it aligns well with their existing work and provides cost savings opportunities.

### Colorado Covering Kids and Families<sup>3</sup>

Colorado Covering Kids and Families (CKF) is a statewide coalition of nearly 200 organizations and more than 400 individuals with experience and expertise in outreach and enrollment in Colorado’s health insurance affordability programs. CKF’s mission is to “...improve how Coloradans access and retain affordable health coverage.” CKF accomplishes the mission “...by supporting community-based organizations, bridging the experiences of community-based assisters with state agencies, and advocating for policy and systems improvements”.

### Member Involvement

The Department is committed to hearing the voices of its members and offers multiple avenues for members to participate and offer their perspective and input. Members who sign up to be part of the Virtual Member Network will receive an email survey about once a month. When members respond within 5 days, they will earn a gift card in exchange for participation.

Members are also invited to participate in the Member Experience Advisory Council. The council meets once a month in Denver with call-in options available. Members are encouraged to give the Department staff feedback to help make programs better for all members. Members are also invited to participate in committees that are of interest to them relating to a wide variety of topics such as the behavioral health and substance use disorder benefit, children services, and payment reform.

### Video Series

The Department continues to create video content throughout the year related to accessing physical, prenatal, mental health, prescription drugs, family planning, and dental health services. Videos are available through YouTube and various social media platforms in order to reach members and potential members. The Department is acknowledging and addressing the barriers to health literacy for many Health First and CHP+ members by using multiple platforms.<sup>4</sup>

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<sup>3</sup> <https://ckf.cchn.org/about/about-us/mission-values/>

<sup>4</sup> <https://www.healthfirstcolorado.com/news-resources/>

## Demonstration Operations, Policies and Issues

### Operational and Policy Updates

While much of DY 6 was consumed with reacting to and ensuring access to members through the public health emergency, Colorado was able to make the following policy changes related to the demonstration.

- September 2020 - The Colorado Department of Public Health & Environment published a newsletter with important information on COVID-19 for maternity care service providers, including a COVID-19 guidance document for labor and delivery and breastfeeding.<sup>5</sup>
- July 2021 - Effective July 1, 2021, all CHP+ eligible members were automatically enrolled into a CHP+ Managed Care Organization (MCO). As a result, the CHP+ State Managed Care Network no longer pays for health care services for CHP+ members delivered after June 30, 2021.<sup>6</sup>

### Substance Use Disorder Updates

In addition to the operational and policy updates listed above, Colorado implemented its Section 1115 Substance Use Disorder (SUD) Demonstration effective January 1, 2021. The demonstration is designed to provide access to residential and inpatient care settings to treat SUD, including pregnant women.

### Legislative Updates

The 2021 legislative session ended on June 8, 2021. The General Assembly recessed due to the COVID-19 pandemic in January 2021 and reconvened on February 16, 2021 to continue the full 120-day session. The session included expansion of eligibility for postpartum care from 60 days to 12 months (SB21-194) effective July 1, 2022.<sup>7</sup> During the upcoming year, the department will be focused on implementation activities including a request to amend the demonstration to expand postpartum eligibility.

## Consumer Issues

### Grievance and Appeals

Colorado collects grievance and appeal data from the Medicaid managed care organizations for CHP+ populations in total, including the Adult Prenatal demonstration enrollees. To date, there have been 61 grievances (or 0.45 per 1000 CHP+ enrollee) and 171 appeals (or 1.25 per 1000 CHP+ enrollees) reported during state fiscal year 2021, with most quarters below 50 grievances or appeals (refer to

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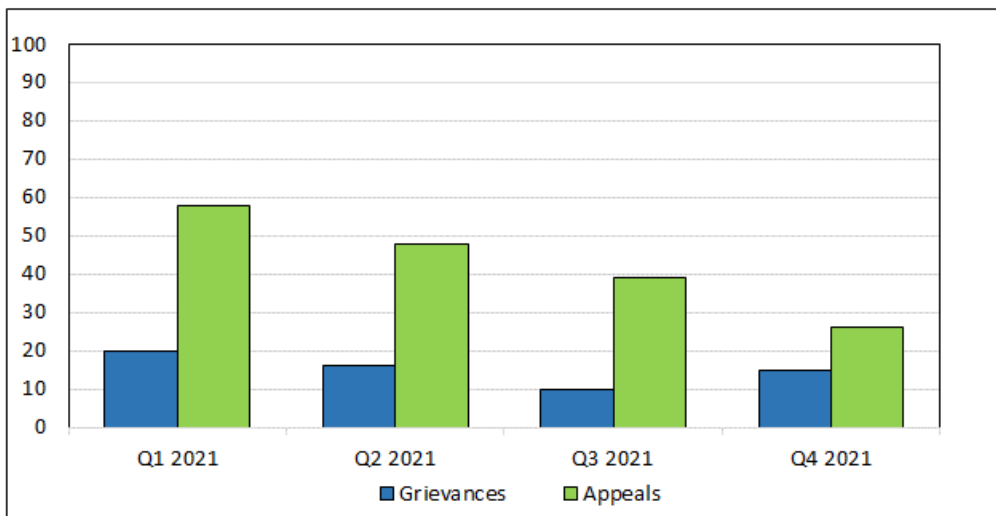
<sup>5</sup> [https://hcpf.colorado.gov/sites/hcpf/files/Provider%20News%20%26%20Resources%20-%20Issue%201%209-4-2020\\_UPDATED%209-24-2020.pdf](https://hcpf.colorado.gov/sites/hcpf/files/Provider%20News%20%26%20Resources%20-%20Issue%201%209-4-2020_UPDATED%209-24-2020.pdf)

<sup>6</sup> [https://hcpf.colorado.gov/sites/hcpf/files/Bulletin%200721\\_B2100465.pdf](https://hcpf.colorado.gov/sites/hcpf/files/Bulletin%200721_B2100465.pdf)

<sup>7</sup> [https://leg.colorado.gov/sites/default/files/2021a\\_194\\_signed.pdf](https://leg.colorado.gov/sites/default/files/2021a_194_signed.pdf)

Exhibit 7). The most common type of grievance is for Financial and Billing (29 of 61 grievances), while the most common reason for appeals is denial or limited authorization of a requested service (131 of 171 appeals). Grievances were satisfactorily resolved for 100% (61) of the cases. Appeals led to overturning the original decision in 50% (85) of the cases. There were no appeals that resulted in a state fair hearing.

**Exhibit 7**  
**Number of CHP+ Grievances and Appeals (Member or Provider)**  
**As Reported by Managed Care Organizations**  
**State Fiscal Year 2021**



Source: Data self-reported by the MCOs to Colorado Health Care Policy & Financing

### Maternity Advisory Council<sup>8</sup>

On November 1, 2020, the Department enacted a Maternity Bundle rule, which requires the creation of a Maternity Advisory Council composed mainly of Black, Indigenous and People of Color (BIPOC) to leverage with lived experience in Medicaid maternity care to inform existing and emerging policy. The Council is under development as of the submission date of this report.

The Maternity Advisory Committee will review program data, provide input on member quality and experience metrics and give recommendations to help improve member experiences and maternity outcomes. Group members will be invited to provide guidance on the strategic direction of programs, which will guide the Department and providers to improve member experience in maternity care. Members involved in the process will be invited to review updates and give feedback on quality metrics.

<sup>8</sup> <https://hcpf.colorado.gov/maternity-advisory-committee>

## Quality Assurance and Monitoring Activity

The Department is constantly striving to improve upon the Health First program in Colorado by evaluating quality of care and performance measures, increasing access, and reducing healthcare waste. In 2020, the Department released its written strategy for assessing and improving the quality of managed care services. The Department's Quality Strategy serves as the blueprint for advancing its commitment to improve quality health care delivered through the RAEs and their contracted MCO. It adheres to the prescribed flow of required key elements, while highlighting the goals, priorities, and guiding principles for continuous measurement, assessment and improvement of health care services for Health First Colorado.<sup>9</sup>

The strategy outlines the use of standard assessment tools including the Healthcare Effectiveness Data and Information Set (HEDIS®), Behavioral Health Organization metrics, Experience of Care and Health Outcomes (ECHO) Survey, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, and Performance Improvement Plans.

### HEDIS

The HEDIS® is a set of standardized performance measures designed to assess the operation and performance of health care plans. During this reporting year, the Department provided Medicaid services to members via the FFS program and two MCOs – Denver Health Medicaid Choice (DHMC) and Rocky Mountain Health Plans Medicaid Prime (RMHP).

To provide an objective, comparative review of the Colorado Medicaid health plans' quality-of-care outcomes and performance measures, the Department required its MCOs to report results following HEDIS protocols. Each MCO underwent a HEDIS Compliance Audit™ through a licensed organization in order to verify the processes used to report valid HEDIS rates. All final audit results were submitted to Health Services Advisory Group, Inc. (HSAG), the Department's external quality review organization (EQRO). HSAG examined the measures among different domains of care: Pediatric Care, Access to Care and Preventive Screening, Mental/Behavioral Health, Living with Illness, and Use of Services.

It should be noted that the HEDIS® data sets evaluate the operations of the Medicaid and CHP+ programs related to all members. The HEDIS® data is not specific to the demonstration population or the prenatal program.

In the 2020 HEDIS Aggregate Report for Health First Colorado (Colorado's Medicaid Program)<sup>10</sup>, NCQA recommends a break in trending between 2020 and prior years due

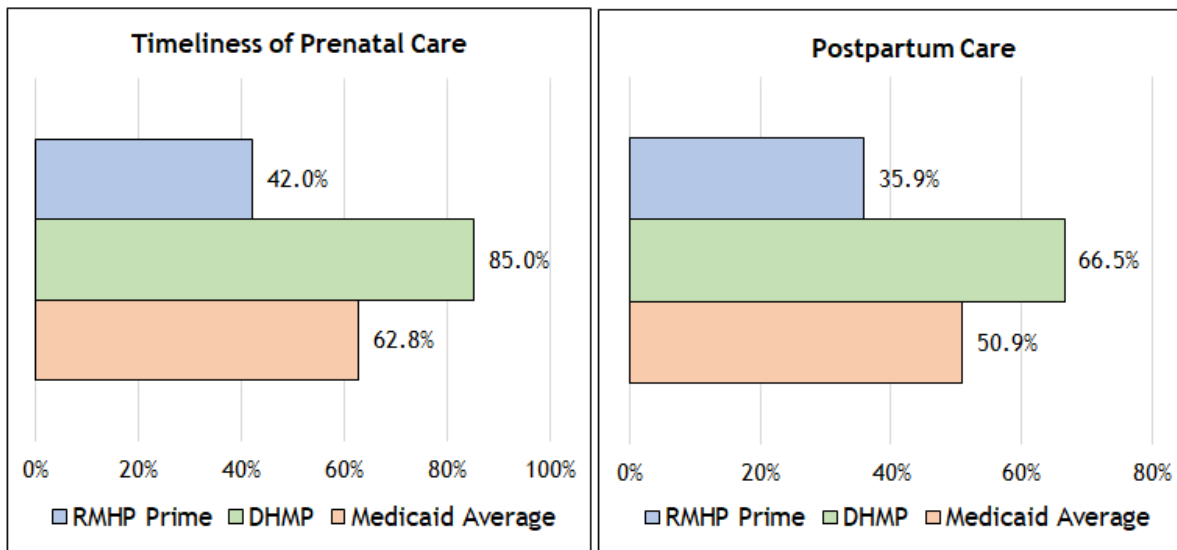
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<sup>9</sup> <https://hcpf.colorado.gov/quality-and-health-improvement-reports>

<sup>10</sup> Colorado Department of Health Care Policy & Financing and Health Services Advisory Group. 2020 HEDIS Aggregate Report for Health First Colorado (Colorado's Medicaid Program). October 2020. Retrieved from: [https://hcpf.colorado.gov/sites/hcpf/files/CO2020\\_Medicaid\\_HEDIS-Aggregate\\_Report\\_F1.pdf](https://hcpf.colorado.gov/sites/hcpf/files/CO2020_Medicaid_HEDIS-Aggregate_Report_F1.pdf).

to changes in the technical specifications for the measures. Therefore, only the aggregate results for Timeliness of Prenatal and Postpartum Care are presented (refer to Exhibit 8 on the following page). For the timeliness metrics, the MCO performance varied by 43 percentage points (left box); for the postpartum care metric, by 30 percentage points (right box).

**Exhibit 8**  
**HEDIS 2020 Prenatal and Postpartum Care**



Source: Colorado 2020 HEDIS Aggregate Report for Health First Colorado (Colorado's Medicaid Program)

### Accountable Care Collaborative<sup>11</sup>

The Accountable Care Collaborative (ACC) is at the core of the state’s Medicaid program. Launched in 2011, its fundamental premise is that regional communities are in the best position to deliver the programs that will improve member health and reduce costs. For this reason, the program uses Regional Accountable Entities (RAEs) to manage care for each of the seven regions of the state. The program is authorized by Section 25.5-5 Part 4 C.R.S.

The ACC has four core components:

1. Regional Accountable Entities (RAEs), one for each of the state’s seven regions.
2. Primary Care Medical Providers (PCMPs). Each member has a PCMP, which serves as a medical home. PCMPs are paid fee-for-service for the health care they provide and receive a per-member-per-month payment from the RAEs for their medical home services.
3. Comprehensive community-based system of mental health and substance use disorder services. RAEs receive a per-member-per-month capitation payment to provide all covered behavioral health care and services to members.

<sup>11</sup> <https://hcpf.colorado.gov/accphase2>



4. Data and analytics. The Department, RAEs, PCMPs, and partners have access to actionable data and information.

### Key Performance Indicators<sup>12</sup>

The Key Performance Indicators (KPI) measures are designed to assess the functioning of the overall system and the individual RAEs; they have been chosen to signal the direction of the ACC and focus RAE performance on ACC objectives and HCPF priorities. For this reason, the Department has chosen a robust set of measures that go beyond traditional HEDIS or clinical measures. The Department has attempted to choose measures that indicate the RAEs' progress in building a coordinated, community-based approach to serve the needs of members, use state resources wisely, and promote health and wellbeing in their region.

Incentive Payments are a central component of the ACC Pay-for-Performance. Since the initiation of the ACC Program, the Department has made incentive payments for performance on identified KPIs to signal program-level goals and objectives; encourage improved performance at the PCMP and regional level; and reward Regional Accountable Entities and managed care entities for meeting certain levels of performance. In Phase II of the ACC, incentive payments for KPIs are one of four components of Pay-for-Performance.

The KPI program is established so that RAEs have the ability to earn incentive payments on up to nine measures. KPIs were developed to assess the overall health and functioning of the Health First Program as a whole, as well as being able to track the performance of individual RAEs. Annually, the Department reviews, revises, and implements new measures as appropriate. The nine KPIs for 2020-2021 include:

1. Behavioral Health Engagement
2. Dental Visits
3. Well Visits
4. Prenatal Engagement
5. Emergency Department Visits
6. Health Neighborhood
7. Postpartum Follow-Up Care
8. Well-Child Checks (Ages 3-9)
9. 30-day Follow-Up Care Following Inpatient Discharge

The Department recognizes the importance of high-quality perinatal care for mother, child, and community. As the RAEs begin to take shape, prenatal and postnatal care engagement is a KPI that has an incentive payment tied to meeting certain goals, underscoring the importance of this measure to the Department.

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<sup>12</sup><https://hcpf.colorado.gov/sites/hcpf/files/Accountable%20Care%20Collaborative%20Public%20Reporting%20Key%20Performance%20Indicators%20KPI%20Methodology%20SFY2020-2021%20November%202020.pdf>



In 2021, the Department published the Evaluation and Effectiveness Review of the Medicaid Quality Strategy for assessing and improving the quality of managed care services, including the KPIs. For Prenatal engagement, six of the seven RAEs met their Target for Tier 2 by exceeding their prenatal visits baseline in the fourth quarter of FY 2020.<sup>13</sup>

## Maternity Dashboard

Colorado is invested in continually improving maternal health outcomes. This has been a focus of the Accountable Care Collaborative, with emphasis on improving prenatal engagement as a KPI. Alongside this priority, the Department is performing a state and national review of population management including the use of tools to evaluate and monitor prenatal outcomes in the CHP+ and Medicaid population. During DY6, the Department partnered with the Colorado Department of Public Health & Environment (CDPHE) to create the Maternity Dashboard as a tool using birth certificate and claims data. The dashboard has capabilities to view birth outcomes by using forty demographic filters and display results in tabular and graphical formats; with the ability to drill down to more granular levels (e.g., region, outcome, facility and race). By linking newborn birth certificate data with the birth parent’s Medicaid ID and claims data, the Department has the ability to gain a better understanding of the relationship between health and social risks during pregnancy and birth outcomes.<sup>14</sup>

## Demonstration Evaluation

During the reporting period, Burns & Associates, a division of Health Management Associates, (HMA-Burns) submitted a proposal through a competitive bid process to be retained for professional services to facilitate the research and design of the Colorado Adult Prenatal Coverage in CHP+ Section 1115 demonstration evaluation with the Department. The current contract was entered into effective March 1, 2021 with an end date of December 31, 2022.

As part of the procurement, HMA-Burns was required to submit a work plan, including major tasks and milestones to complete the scope of work. A summary of key demonstration deliverables produced in DY6 is found in Exhibit 9.

<b>Exhibit 9</b>			
<b>Demonstration Deliverables Produced in Demonstration Year 6</b>			
<b>Deliverable</b>	<b>Time Period</b>	<b>Initial Draft</b>	<b>Final Draft</b>
Evaluation Design Plan	2020 to 2025	May 15, 2021	September 10, 2021
Annual Monitoring Report	DY5	September 10, 2021	
Annual Monitoring Report	DY6	October 30, 2021	
Summative Evaluation	2015 to 2020	September 10, 2021	

<sup>13</sup>[https://hcpf.colorado.gov/sites/hcpf/files/2021%20Evaluation%20and%20Effectiveness%20Review\\_0.pdf](https://hcpf.colorado.gov/sites/hcpf/files/2021%20Evaluation%20and%20Effectiveness%20Review_0.pdf)

<sup>14</sup><https://hcpf.colorado.gov/sites/hcpf/files/Maternity%20Report%20-%20Sept2021.pdf>

## Transition Plan Updates

The demonstration continued through DY 6 without need for changes to a transition plan. The demonstration is expected to continue forward through the approved demonstration period.

## Post Award Forum

Colorado uses its State Medical Assistance and Services Advisory Council meetings to provide updates on demonstration implementation to ensure that all interested parties are afforded the opportunity to provide meaningful comments on the demonstration progress. The DY 6 post award forum was held on June 16, 2021. No comments or issues have been raised by stakeholders.

## Financial, Budget Neutrality Development and Issues

In accordance with STCs Section VIII. General Financial Reporting, the Department is submitting a summary of expenditures and the demonstration and CHIP budget/allotment neutrality report. A summary table of demonstration expenditures by demonstration year is presented in Exhibit 10 below.

<b>Exhibit 10</b>	
<b>Demonstration Population Expenditures (&gt;141 through 195% FPL)</b>	
Demonstration Period	Expenditure
8/1/2015 - 7/31/2016	\$17,941,864
8/1/2016 - 7/31/2017	\$14,722,934
8/1/2017 - 7/31/2018	\$18,905,554
8/1/2018 - 7/31/2019	\$22,511,714
8/1/2019 - 7/31/2020	\$29,340,705
8/1/2020 - 7/30/2021	\$25,634,796

Source: Colorado HCPF

The Demonstration Budget Neutrality Worksheet analysis is found in Exhibit 11 on pages 15 to 16 of this report. The Template of Projected Expenditures from the July 31, 2020 application is found in Exhibit 12 on pages 17 to 18 of this report. Overall, the expenditures for CHIP and the demonstration remain below the allotment in each year of the demonstration.

## Enclosures and Attachments

None. All required exhibits are included in the report.

**Exhibit 11: Demonstration Budget Neutrality Worksheet for Demonstration Year 6 - FFY 2020 - FFY 2025**

<b>COLORADO</b>	<b>FFY 2020</b>	<b>FFY 2021</b>	<b>FFY 2022</b>	<b>FFY 2023</b>	<b>FFY 2024</b>	<b>FFY 2025</b>
	<b>Federal Fiscal Year</b>	<b>Federal Fiscal Year +1</b>	<b>Federal Fiscal Year +2</b>	<b>Federal Fiscal Year +3</b>	<b>Federal Fiscal Year +4</b>	<b>Federal Fiscal Year +5</b>
State's Allotment	\$315,357,876	\$333,264,336	\$352,187,550	\$352,187,550	\$352,187,550	\$352,187,550
Funds Carried Over From Prior Year(s)	\$46,495,074	\$89,849,286	\$174,846,118	\$276,657,293	\$282,053,806	\$295,276,504
SUBTOTAL (Allotment + Funds Carried Over)	\$361,852,950	\$423,113,622	\$527,033,668	\$525,893,686	\$525,893,686	\$525,893,686
Reallocated Funds (Redistributed or Retained that are Currently Available)						
TOTAL (Subtotal + Reallocated funds)	\$361,852,950	\$423,113,622	\$527,033,668	\$525,893,686	\$525,893,686	\$525,893,686
State's Enhanced FMAP Rate	79.76%	69.34%	66.09%	65.00%	65.00%	65.00%
<b>COST PROJECTIONS OF APPROVED SCHIP PLAN</b>						
<b>Benefit Costs</b>						
Insurance payments						
Managed care	\$214,626,564.59	\$184,676,368.92	\$173,864,300.00	\$177,515,450.30	\$181,243,274.76	\$185,049,383.53
per member/per month rate @ # of eligibles	\$235.46 @ 75,961	\$232.53 @ 66,185	\$209.95 @ 69,009	\$214.36 @ 69,009	\$218.86 @ 69,009	\$223.46 @ 69,009
<b>Total Benefit Costs</b>	<b>\$214,626,565</b>	<b>\$184,676,369</b>	<b>\$173,864,300</b>	<b>\$177,515,450</b>	<b>\$181,243,275</b>	<b>\$185,049,384</b>
(Offsetting beneficiary cost sharing payments)	(\$745,014)	(\$158,817)	(\$1,161,651)	(\$1,161,651)	(\$1,161,651)	(\$1,161,651)
<b>Net Benefit Costs</b>	<b>\$213,881,551</b>	<b>\$184,517,552</b>	<b>\$172,702,649</b>	<b>\$176,353,799</b>	<b>\$180,081,624</b>	<b>\$183,887,733</b>
<b>COST PROJECTIONS OF APPROVED MCHIP PLAN</b>						
<b>Benefit Costs</b>						
Insurance payments						
Managed care	\$16,009,313	\$26,780,282	\$25,208,770	\$25,574,297	\$25,945,124	\$26,321,329
per member/per month rate @ # of eligibles	\$126.66 @ 58,048	\$177.81 @ 66,833	\$184.46 @ 70,946	\$187.13 @ 70,946	\$189.84 @ 70,946	\$192.6 @ 70,946
Fee for Service	\$72,222,117	\$115,825,292	\$131,828,814	\$133,740,332	\$135,679,567	\$137,646,920
<b>Total Benefit Costs</b>	<b>\$88,231,430</b>	<b>\$142,605,574</b>	<b>\$157,037,584</b>	<b>\$159,314,629</b>	<b>\$161,624,691</b>	<b>\$163,968,249</b>
<b>Administration Costs</b>						
Personnel	\$422,096	\$328,713	\$328,713	\$328,713	\$328,713	\$328,713
General administration	\$1,254,542	\$976,992	\$976,992	\$976,992	\$976,992	\$976,992
Contractors/Brokers (e.g., enrollment contractors)	\$2,217,908	\$1,727,227	\$1,727,227	\$1,727,227	\$1,727,227	\$1,727,227
Claims Processing	\$2,034,148	\$1,584,122	\$1,584,122	\$1,584,122	\$1,584,122	\$1,584,122
Outreach/marketing costs	\$2,025,087	\$1,577,065	\$1,577,065	\$1,577,065	\$1,577,065	\$1,577,065
Other	\$290,656	\$226,352	\$226,352	\$226,352	\$226,352	\$226,352
<b>Total Administration Costs</b>	<b>\$8,244,436</b>	<b>\$6,420,472</b>	<b>\$6,420,472</b>	<b>\$6,420,472</b>	<b>\$6,420,472</b>	<b>\$6,420,472</b>
10% Administrative Cap						
Federal Title XXI Share	\$247,541,076	\$231,279,131	\$222,168,610	\$214,968,215	\$214,968,215	\$214,968,215
State Share	\$62,816,341	\$102,264,467	\$113,992,095	\$115,752,116	\$115,752,116	\$115,752,116
<b>TOTAL COSTS OF APPROVED CHIP PLANS</b>	<b>\$310,357,417</b>	<b>\$333,543,598</b>	<b>\$336,160,705</b>	<b>\$330,720,331</b>	<b>\$330,720,331</b>	<b>\$330,720,331</b>

**Exhibit 11: Demonstration Budget Neutrality Worksheet for Demonstration Year 6 - FFY 2020 - FFY 2025**

<b>COLORADO</b>	<b>FFY 2020</b>	<b>FFY 2021</b>	<b>FFY 2022</b>	<b>FFY 2023</b>	<b>FFY 2024</b>	<b>FFY 2025</b>
<b>COST PROJECTIONS OF 1115 DEMONSTRATION PROPOSAL</b>						
Demonstration Population (pregnant women 142% - 195% FPL)						
Insurance payments						
Managed care	\$3,916,133	\$5,852,986	\$1,888,704	\$1,965,574	\$2,045,573	\$2,128,828
per member/per month rate @ # of eligibles	\$1,041.93 @ 2,453	\$565.72 @ 3,609	\$847.04 @ 4,199	\$894.51 @ 4,138	\$930.92 @ 4,138	\$968.81 @ 4,138
Fee for Service	\$26,754,114	\$18,647,119	\$40,792,132	\$42,452,372	\$44,180,183	\$45,978,317
<b>Total Benefit Costs for Waiver Population</b>	<b>\$30,670,247</b>	<b>\$24,500,106</b>	<b>\$42,680,836</b>	<b>\$44,417,946</b>	<b>\$46,225,756</b>	<b>\$48,107,145</b>
<b>Total Benefit Costs</b>	\$30,670,247	\$24,500,106	\$42,680,836	\$44,417,946	\$46,225,756	\$48,107,145
(Offsetting beneficiary cost sharing payments) * Premium Payments will be net of cost sharing						
<b>Net Benefit Costs</b>	\$30,670,247	\$24,500,106	\$42,680,836	\$44,417,946	\$46,225,756	\$48,107,145
Federal Title XXI Share	\$24,462,588.70	\$16,988,373.27	\$28,207,764.51	\$28,871,664.92	\$30,046,741.68	\$31,269,644.06
State Share	\$6,207,657.92	\$7,511,732.40	\$14,473,071.49	\$15,546,281.11	\$16,179,014.75	\$16,837,500.65
<b>TOTAL COSTS FOR DEMONSTRATION</b>	<b>\$30,670,247</b>	<b>\$24,500,106</b>	<b>\$42,680,836</b>	<b>\$44,417,946</b>	<b>\$46,225,756</b>	<b>\$48,107,145</b>
<b>TOTAL PROGRAM COSTS (State Plan + Demonstration)</b>	<b>\$341,027,664</b>	<b>\$358,043,703</b>	<b>\$378,841,541</b>	<b>\$375,138,277</b>	<b>\$376,946,087</b>	<b>\$378,827,476</b>
Total Federal Title XXI Funding Currently Available (Allotment + Reallocated Funds)	\$361,852,950	\$423,113,622	\$527,033,668	\$525,893,686	\$525,893,686	\$525,893,686
Total Federal Title XXI Program Costs (State Plan + Demonstration)	<b>\$272,003,664.69</b>	<b>\$248,267,503.99</b>	<b>\$250,376,374.39</b>	<b>\$243,839,880.07</b>	<b>\$245,014,956.83</b>	<b>\$246,237,859.21</b>
Unused Title XXI Funds Expiring (Allotment or Reallocated)						
Remaining Title XXI Funds to be Carried Over (Equals Available Funding - Costs - Expiring Funds)	\$89,849,285.52	\$174,846,117.63	\$276,657,293.20	\$282,053,806.40	\$280,878,729.64	\$279,655,827.25

**Exhibit 12: Demonstration Budget Template of Projected Expenditures from July 31, 2020 Application**

**1115 Demonstration Extension Application - Budget Template With Historical & Projected Expenditures**

<b>COLORADO</b>	<b>FFY 2015</b>	<b>FFY 2016</b>	<b>FFY 2017</b>	<b>FFY 2018</b>	<b>FFY 2019</b>	<b>FFY 2020</b>	<b>FFY 2021</b>	<b>FFY 2022</b>	<b>FFY 2023</b>	<b>FFY 2024</b>	<b>FFY 2025</b>
	<b>Federal Fiscal Year -5</b>	<b>Federal Fiscal Year -4</b>	<b>Federal Fiscal Year -3</b>	<b>Federal Fiscal Year -2</b>	<b>Federal Fiscal Year -1</b>	<b>Federal Fiscal Year</b>	<b>Federal Fiscal Year +1</b>	<b>Federal Fiscal Year +2</b>	<b>Federal Fiscal Year +3</b>	<b>Federal Fiscal Year +4</b>	<b>Federal Fiscal Year +5</b>
State's Allotment	\$157,511,557	\$228,329,398	\$210,135,383	\$270,402,569	\$298,413,539	\$315,357,876	\$315,357,876	\$315,357,876	\$352,187,550	\$352,187,550	\$352,187,550
Funds Carried Over From Prior Year(s)	\$97,768,837	\$86,450,144	\$86,279,015	\$98,298,761	\$83,200,533	\$46,495,074	\$101,485,396	\$186,241,501	\$263,608,431	\$294,639,591	\$295,276,504
<b>SUBTOTAL (Allotment + Funds Carried Over)</b>	<b>\$255,280,394</b>	<b>\$314,779,542</b>	<b>\$296,414,398</b>	<b>\$368,701,330</b>	<b>\$381,614,072</b>	<b>\$361,852,950</b>	<b>\$416,843,272</b>	<b>\$501,599,377</b>	<b>\$525,893,686</b>	<b>\$525,893,686</b>	<b>\$525,893,686</b>
Reallocated Funds (Redistributed or Retained that are Currently Available)											
<b>TOTAL (Subtotal + Reallocated funds)</b>	<b>\$255,280,394</b>	<b>\$314,779,542</b>	<b>\$296,414,398</b>	<b>\$368,701,330</b>	<b>\$381,614,072</b>	<b>\$361,852,950</b>	<b>\$416,843,272</b>	<b>\$501,599,377</b>	<b>\$525,893,686</b>	<b>\$525,893,686</b>	<b>\$525,893,686</b>
State's Enhanced FMAP Rate	66.71%	88.50%	88.01%	88.00%	88.00%	76.51%	65.00%	65.00%	65.00%	65.00%	65.00%
<b>COST PROJECTIONS OF APPROVED SCHIP PLAN</b>											
<b>Benefit Costs</b>											
Insurance payments											
Managed care	\$117,903,938	\$123,353,654	\$141,907,980.17	\$188,991,081.53	\$210,827,181.19	\$185,558,963.00	\$194,980,225.00	\$202,135,034.00	\$206,379,869.71	\$210,713,846.98	\$215,138,837.76
per member/per month rate @ # of eligibles	187.70 @ 52,346 avg elig/mo	187.18 @ 54,549 avg elig/mo	\$169.31 @ 69,603 avg elig/mo	\$192.32 @ 81,893 avg elig/mo	\$274.65 @ 80,967	\$203.38 @ 76,032	\$209.61 @ 77,519	\$212.89 @ 79,121	\$217.36 @ 79,121	\$221.93 @ 79,121	\$226.59 @ 79,121
<b>Total Benefit Costs</b>	<b>\$117,903,938</b>	<b>\$123,353,654</b>	<b>\$141,907,980</b>	<b>\$188,991,082</b>	<b>\$210,827,181</b>	<b>\$185,558,963</b>	<b>\$194,980,225</b>	<b>\$202,135,034</b>	<b>\$206,379,870</b>	<b>\$210,713,847</b>	<b>\$215,138,838</b>
(Offsetting beneficiary cost sharing payments)	(\$1,135,268)	(\$826,734)	(\$495,694)	(\$580,095)	(\$1,023,877)	(\$1,131,280)	(\$1,135,947)	(\$1,161,651)	(\$1,161,651)	(\$1,161,651)	(\$1,161,651)
<b>Net Benefit Costs</b>	<b>\$116,768,670</b>	<b>\$122,526,920</b>	<b>\$141,412,286</b>	<b>\$188,410,986</b>	<b>\$210,827,181</b>	<b>\$184,427,683</b>	<b>\$193,844,278</b>	<b>\$200,973,383</b>	<b>\$205,218,219</b>	<b>\$209,552,196</b>	<b>\$213,977,187</b>
<b>COST PROJECTIONS OF APPROVED MCHIP PLAN</b>											
<b>Benefit Costs</b>											
Insurance payments											
Managed care	\$14,747,350	\$14,382,637	\$13,728,229	\$9,968,618	\$14,612,491	\$17,372,270	\$18,638,744	\$19,504,965	\$19,787,787	\$20,074,710	\$20,365,793
per member/per month rate @ # of eligibles	\$176.95 @ 53,747 avg elig/mo	\$154.16 @ 61,103 avg elig/mo	\$81.55 @ 65,503 avg elig/mo	\$145.63 @ 62,854 avg elig/mo	\$194.83 @ 57,995	\$178.46 @ 57,088	\$181.27 @ 58,121	\$183.71 @ 58,856	\$186.37 @ 58,856	\$189.07 @ 58,856	\$191.81 @ 58,856
Fee for Service	\$99,378,269	\$98,652,959	\$50,395,546	\$99,868,755	\$120,881,144	\$104,881,546	\$107,790,728	\$110,241,983	\$111,840,492	\$113,462,179	\$115,107,380
<b>Total Benefit Costs</b>	<b>\$114,125,619</b>	<b>\$113,035,595</b>	<b>\$64,123,775</b>	<b>\$109,837,373</b>	<b>\$135,493,635</b>	<b>\$122,253,816</b>	<b>\$126,429,472</b>	<b>\$129,746,948</b>	<b>\$131,628,279</b>	<b>\$133,536,889</b>	<b>\$135,473,174</b>
<b>Administration Costs</b>											
Personnel	\$157,219	\$252,957	\$371,521	\$284,843	\$580,799	\$580,799	\$580,799	\$580,799	\$580,799	\$580,799	\$580,799
General administration	\$959,829	\$1,009,042	\$543,828	\$544,193	\$1,726,235	\$1,726,235	\$1,726,235	\$1,726,235	\$1,726,235	\$1,726,235	\$1,726,235
Contractors/Brokers (e.g., enrollment contractors)	\$1,874,853	\$1,091,567	\$1,499,241	\$993,769	\$3,051,816	\$3,051,816	\$3,051,816	\$3,051,816	\$3,051,816	\$3,051,816	\$3,051,816
Claims Processing	\$181,818	\$924,776	\$1,179,120	\$3,714,307	\$2,798,965	\$2,798,965	\$2,798,965	\$2,798,965	\$2,798,965	\$2,798,965	\$2,798,965
Outreach/marketing costs	\$1,427,908	\$1,112,097	\$1,111,190	\$1,558,611	\$2,786,497	\$2,786,497	\$2,786,497	\$2,786,497	\$2,786,497	\$2,786,497	\$2,786,497
Other	\$268,713	\$104,687	\$44,077	\$399,301	\$399,939	\$399,939	\$399,939	\$399,939	\$399,939	\$399,939	\$399,939
<b>Total Administration Costs</b>	<b>\$4,870,340</b>	<b>\$4,495,126</b>	<b>\$4,748,977</b>	<b>\$7,495,024</b>	<b>\$11,344,251</b>	<b>\$11,344,251</b>	<b>\$11,344,251</b>	<b>\$11,344,251</b>	<b>\$11,344,251</b>	<b>\$11,344,251</b>	<b>\$11,344,251</b>
10% Administrative Cap											
Federal Title XXI Share	\$157,278,584	\$212,451,013	\$185,071,862	\$269,054,177	\$314,745,259	\$243,321,501	\$215,551,701	\$222,341,978	\$214,968,215	\$214,968,215	\$214,968,215
State Share	\$78,486,045	\$27,606,629	\$25,213,176	\$36,689,206	\$42,919,808	\$74,704,249	\$116,066,300	\$119,722,604	\$115,752,116	\$115,752,116	\$115,752,116
<b>TOTAL COSTS OF APPROVED CHIP PLANS</b>	<b>\$235,764,629</b>	<b>\$240,057,642</b>	<b>\$210,285,038</b>	<b>\$305,743,383</b>	<b>\$357,665,067</b>	<b>\$318,025,750</b>	<b>\$331,618,001</b>	<b>\$342,064,582</b>	<b>\$330,720,331</b>	<b>\$330,720,331</b>	<b>\$330,720,331</b>

**Exhibit 12: Demonstration Budget Template of Projected Expenditures from July 31, 2020 Application**

**1115 Demonstration Extension Application - Budget Template With Historical & Projected Expenditures**

<b>COLORADO</b>	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025
	Federal Fiscal Year -5	Federal Fiscal Year -4	Federal Fiscal Year -3	Federal Fiscal Year -2	Federal Fiscal Year -1	Federal Fiscal Year	Federal Fiscal Year +1	Federal Fiscal Year +2	Federal Fiscal Year +3	Federal Fiscal Year +4	Federal Fiscal Year +5
<b>COST PROJECTIONS OF 1115 DEMONSTRATION PROPOSAL</b>											
Demonstration Population (pregnant women 142% - 195% FPL)											
Insurance payments											
Managed care	\$524,592	\$2,128,650	\$983,044	\$1,762,913	\$4,365,192	\$823,709	\$897,345	\$960,418	\$999,507	\$1,040,187	\$1,082,523
per member/per month rate @ # of eligibles	\$845.35 @ 1,707 avg elig/mo	\$830.82 @ 1,819 avg elig/mo	\$605.72 @ 2,039 avg elig/mo	\$605.72 @ 2,265 avg elig/mo	\$854.06 @ 2,259	\$865.56 @ 2,145	\$863.7 @ 2,234	\$867.39 @ 2,313	\$902.69 @ 2,313	\$939.43 @ 2,313	\$977.67 @ 2,313
Fee for Service	\$16,791,651	\$16,006,395	\$13,837,743	\$16,926,428	\$18,786,784	\$21,455,801	\$22,256,609	\$23,114,917	\$24,055,694	\$25,034,761	\$26,053,676
<b>Total Benefit Costs for Waiver Population</b>	<b>\$17,316,244</b>	<b>\$18,135,045</b>	<b>\$14,820,787</b>	<b>\$18,689,341</b>	<b>\$23,151,976</b>	<b>\$22,279,510</b>	<b>\$23,153,954</b>	<b>\$24,075,335</b>	<b>\$25,055,201</b>	<b>\$26,074,948</b>	<b>\$27,136,198</b>
<b>Total Benefit Costs</b>	\$17,316,244	\$18,135,045	\$14,820,787	\$18,689,341	\$23,151,976	\$22,279,510	\$23,153,954	\$24,075,335	\$25,055,201	\$26,074,948	\$27,136,198
(Offsetting beneficiary cost sharing payments) * Premium Payments will be net of cost sharing											
<b>Net Benefit Costs</b>	\$17,316,244	\$18,135,045	\$14,820,787	\$18,689,341	\$23,151,976	\$22,279,510	\$23,153,954	\$24,075,335	\$25,055,201	\$26,074,948	\$27,136,198
Federal Title XXI Share	\$11,551,666.09	\$16,049,514.52	\$13,043,774.57	\$16,446,619.65	\$20,373,738.92	\$17,046,053.10	\$15,050,070.10	\$15,648,967.75	\$16,285,880.74	\$16,948,716.08	\$17,638,528.83
State Share	\$5,764,577.48	\$2,085,530.14	\$1,777,012.35	\$2,242,720.86	\$2,778,237.12	\$5,233,456.90	\$8,103,883.90	\$8,426,367.25	\$8,769,320.40	\$9,126,231.74	\$9,497,669.37
<b>TOTAL COSTS FOR DEMONSTRATION</b>	<b>\$17,316,244</b>	<b>\$18,135,045</b>	<b>\$14,820,787</b>	<b>\$18,689,341</b>	<b>\$23,151,976</b>	<b>\$22,279,510</b>	<b>\$23,153,954</b>	<b>\$24,075,335</b>	<b>\$25,055,201</b>	<b>\$26,074,948</b>	<b>\$27,136,198</b>
<b>TOTAL PROGRAM COSTS (State Plan + Demc</b>	<b>\$253,080,872</b>	<b>\$258,192,686</b>	<b>\$225,105,825</b>	<b>\$324,432,724</b>	<b>\$380,817,043</b>						
Total Federal Title XXI Funding Currently Available (Allotment + Reallocated Funds)	\$255,280,394	\$314,779,542	\$296,414,398	\$368,701,330	\$381,614,072	\$361,852,950	\$416,843,272	\$501,599,377	\$525,893,686	\$525,893,686	\$525,893,686
Total Federal Title XXI Program Costs (State Plan	<b>\$168,830,249.92</b>	<b>\$228,500,527.29</b>	<b>\$198,115,636.49</b>	<b>\$285,500,797.00</b>	<b>\$335,118,998.10</b>	<b>\$260,367,554.55</b>	<b>\$230,601,770.85</b>	<b>\$237,990,946.15</b>	<b>\$231,254,095.89</b>	<b>\$231,916,931.23</b>	<b>\$232,606,743.98</b>
Unused Title XXI Funds Expiring (Allotment or Reallocated)											
Remaining Title XXI Funds to be Carried Over (Equals Available Funding - Costs - Expiring Funds)	\$86,450,144.08	\$86,279,014.79	\$98,298,761.31	\$83,200,533.31	\$46,495,074.22	\$101,485,395.67	\$186,241,500.81	\$263,608,430.66	\$294,639,590.58	\$293,976,755.23	\$293,286,942.49