



CO L O R A D O

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
Children's Basic Health Plan

FY 2025-26 and FY 2026-27 Budget Request

February 2026

TABLE OF CONTENTS

CHILDREN'S BASIC HEALTH PLAN	1
CBHP CAPITATION PAYMENTS	3
Exhibit A - Calculation of Current Total Long Bill Group Impact	5
Exhibit B - Calculation of Fund Splits.....	5
Exhibit C - Children's Basic Health Plan Summary	6
Exhibit D - CBHP Caseload	6
Exhibit E - Children's Basic Health Plan Funding Sources	7
Exhibit F - Estimate and Request by Eligibility Category	8
Exhibit G - Children's Basic Health Plan Bottom Line Impacts to Expenditure	10
Exhibit H - CBHP Retroactivity Adjustment and Claims Distribution Adjustment Multiplier.....	12
Exhibit I - CBHP Capitation Rate Trends and Forecasts	13
Exhibit J - Forecast Model Comparisons	14
CBHP Caseload	16
<i>CBHP Caseload Models</i>	16
<i>Model Selection</i>	16
Children's Basic Health Plan Caseload Forecast	17
<i>Children's Caseload Projections (Exhibit D)</i>	17
<i>Prenatal Caseload Projections (Exhibit D)</i>	19

CHILDREN'S BASIC HEALTH PLAN

The following is a description of the budget projection for the Children's Basic Health Plan.

Points of Interest

- Federal funding for the CHIP program was reauthorized, retroactive to October 1, 2017. The program has been reauthorized for six years initially then an additional four years, expiring September 30, 2027.
- Federal financial participation was also reauthorized at the additional 23% increase for FFY 2017-18 and FFY 2018-19. Beginning in FFY 2019-20, the federal match rate was reduced by 11.50% and in FFY 2020-21 the federal match rate was reduced to 65.00%.
- With the passage of the ACA and the enhanced federal financial participation, the Department has been able to pay for the state's share of costs entirely with cash funds. With the expiration of the enhanced match in FY 2020-21, the Department started funding a portion of the expenses with General Fund due to the exhaustion of the CHP+ Trust fund.
- In the 2017 legislative session, SB 17-267 "Sustainability of Rural Colorado" was passed and creates the Colorado Healthcare Affordability and Sustainability Enterprise within the Department to manage the Healthcare Affordability and Sustainability (HAS) Fee, which replaces the Hospital Provider Fee assess under current law. Beginning in FY 2017-18, the state share of the populations with FPL greater than 205% will be paid with the HAS Fee.
- Beginning January 2014, an income rating code used to identify clients from 201%-205% changed to 201%-213% as part of the MAGI conversion. Clients under 205% FPL receive funding from the CHP Trust Fund while clients over 205% FPL receive funding from the Healthcare Affordability and Sustainability (HAS) fee fund. With the implementation of the interChange, the Department is now able to identify discrete FPLs for CHP+ members. Between January 2014 and March 2017, the Department used a distribution of clients over 200% FPL prior to January 2014 to assign clients with that income rating code to the appropriate cohorts.
- Following the declaration of a public health emergency by the Secretary of Health and Human Services during the COVID-19 pandemic, CMS notified states that an increased FMAP would be available for each calendar quarter occurring during the public health emergency, including retroactively to January 1, 2020. To be eligible to receive the 6.2 percentage point FMAP increase (4.34 percentage points in CHIP), states were required to adhere to a set of requirements that included, but were not limited to, maintaining eligibility standards, methodologies, and procedures; covering medical costs related to the testing, services, and treatment of COVID-19; and not terminating individuals from Medicaid if such individuals were enrolled in the Medicaid program as of the date of the beginning of the emergency period or during the emergency period. The Consolidated Appropriations Act of 2023 decoupled the

continuous coverage requirement and the additional federal match from the public health emergency declaration. The continuous coverage requirement and additional federal match ended on March 31, 2023. The 6.2 percent additional match steps down to 5.0 percent from April 2023 through June 2023, 2.5 percent from July through September 2023, and 1.5 percent from October through December 2023, after which there is no more additional match. For CHIP, the 4.34 percent additional match steps down to 3.5 percent from April 2023 through June 2023, 1.75 percent from July through September 2023, and 1.05 percent from October through December 2023, after which there is no additional match.

- As part of the effort to modernize the CHP+ program, the Department ended the State Managed Care Network (SMCN), the administrative service organization (ASO) for the CHP+ program, at the end of SFY 2020-21. Moving forward, all CHP+ eligible members will be enrolled into a managed care organization (MCO). The goals of expanding the managed care delivery model within the CHP+ program are to improve continuity of care for members and reduce duplicative administrative tasks through leveraging the Department’s existing capabilities and infrastructure.
- HB 22-1289, “Health Benefits for Colorado Children and Pregnant Persons”, authorized the Department to provide full health insurance coverage for Colorado pregnant individuals who would qualify for Medicaid and CHP+ if not for their immigration status, extending coverage for 12 months postpartum at the CHP+ federal matching rate. It also ensures comprehensive health insurance coverage for all Colorado children who would otherwise be eligible for Medicaid and CHP+.

History and Background Information

Children’s Basic Health Plan (CBHP), also known as Children’s Health Plan *Plus* (CHP+), provides affordable health insurance to children under the age of 19 and pregnant women in low-income families (up to 260% of the federal poverty level) who do not qualify for Medicaid and do not have private insurance. CHP+ offers a defined benefit package that uses privatized administration.

The federal government implemented this program in 1997, giving states an enhanced match on state expenditures for the program. Colorado began serving children in April of 1998. Where available, children enroll in a health maintenance organization. CHP+ also has an extensive self-insured managed care network that provides services to children until they enroll in a selected health maintenance organization, and to those children who do not have geographic access to a health maintenance organization. All pregnant women enrolled in CHP+ receive services through the State’s self-funded network.

The number of CHP+ enrollees and their per capita costs fluctuate due to changes in economic conditions, federal and state policies, and a number of other factors, resulting in changes in CHP+ program expenditures. Changes in funding

from sources such as the Tobacco Master Settlement Agreement and Tobacco Taxes also increase the volatility in funding needs. Thus, the Department periodically updates its caseload and expenditure forecast based on recent experience and submits funding requests to the General Assembly. This ensures that the Department has sufficient spending authority to cover expenditures for CHP+ clients and the program's administration.

The eligible CHP+ populations are:

- Children to 205% FPL (Medical and Dental)
- Children 206%-260% FPL (Medical and Dental)
- Prenatal to 205% FPL (Medical and Dental)
- Prenatal 206%-260% FPL (Medical and Dental)

CBHP CAPITATION PAYMENTS

The CBHP Capitation Payments line item reflects the appropriation that funds CBHP services throughout Colorado through managed care providers contracted by the Department. CHP+ children and prenatal members are served by a health maintenance organization (HMO) at a fixed monthly cost. Actual and estimated caseload ratios between HMOs and the self-funded network are used to develop blended capitation rates and per capita costs.

In FY 2013-14, there was a budget amendment passed (BA-11) to align the CHP+ oral health care benefits with the CHIPRA legislation of 2009. CHP+ dental coverage had been lacking periodontics care, orthodontic care, prosthodontic care, and the required coverage of all medically necessary oral health care. Such services were added to the scope of coverage and the dental program's annual maximum was increased from \$600 to \$1000. These changes in the oral health care benefits led to significant increases in the dental rates beginning in FY 2014-15.

Effective July 1, 2010, the Department implemented a new reimbursement schedule for inpatient hospital payments and effective October 31, 2016 implemented a new reimbursement schedule for outpatient hospital payments. The Department is now using the Colorado Medicaid Diagnosis Related Groups (DRGs) for inpatient services and the Colorado Medicaid Enhanced Ambulatory Patient Groups (EAPGs) for outpatient services.

Analysis of Historical Expenditure Allocations across Eligibility Categories

Historical expenditure allocations across eligibility categories reflects the expenditures reported in the Colorado Financial Reporting System (COFRS). Beginning July 1, 2014, the Department transitioned from COFRS to Colorado

Operations Resource Engine (CORE). Historical expenditure through FY 2013-14 is from COFRS and historical expenditure from FY 2014-15 and ongoing is from CORE.

Description of Transition to New Methodology

As part of its ongoing efforts to continuously improve the projections, as well as to provide access to information more specific than overall per-capita rates, the Department has moved to a capitation trend forecast model beginning with the FY 2014-15 Request. In short, the methodology examines the trend in capitation rates across each eligibility category and applies that trend to the average per-claim, incurred expense rate. By examining the capitation rate trends for each eligibility category, rather than a weighted rate for all categories, future expenditures are forecasted per the characteristics of a specific eligibility category: the actuarially agreed-upon capitation rate and caseload for the nine categories rather than the previous three (children's medical, children's dental, and prenatal). In addition to viewing the nine eligibility categories separately, the Department has divided up the categories further to analyze each group that has a specific rate. This grouping separates by age as well as FPL. The different age groups apply only to children: 0-1, 2-5, and 6-18. The same FPL brackets apply to both children and prenatal: under 100%, 101%-156%, 157%-200%, 201%-205%, and 206%-260%. These individual analyses are then aggregated in the FPL brackets 0%-205% and 206%-260%. The age groups are each considered separately. By tying forecasted capitation rates directly to each category, the methodology may provide more accurate estimates of expenditures by eligibility category as well as provide an additional window of transparency into the forecasting process by presenting a clear link between total expenditure and the rates being paid to health maintenance organizations.

In estimating the future per capita costs, the Department incorporates claims distribution and retroactivity adjustments to the projected rates. The adjustments are described in further detail in Exhibit H.

Additionally, the Department has incorporated an incurred but not reported methodology, similar to the Medicaid Behavioral Health Program Request submitted by the Department. The Department adjusts projections to capture the reality that some CBHP claims incurred in any one fiscal year may not be paid during that same fiscal year. Similarly, some portion of expenditure in any fiscal year will be payments on claims incurred in prior fiscal years.

The following narrative describes in greater detail the assumptions and calculations used in developing the current year and out-year for the Children's Basic Health Plan. It should be noted that the data and values in many of the exhibits are contained and/or calculated in one or more other exhibits which may come before or after the exhibit being described. When this occurs, the source exhibit will be noted.

EXHIBIT A - CALCULATION OF CURRENT TOTAL LONG BILL GROUP IMPACT

Effective with the November 1, 2013, Budget Request, the Department includes Exhibit A which presents a concise summary of spending authority affecting Children's Basic Health Plan. In this exhibit the Department sums the total spending authority by fund source, including the Long Bill and any special bills which have appropriations that affect the Department. The total spending authority is compared to the total projected current year expenditures from Exhibit B. The difference between the two figures is the Department's Supplemental Request for the current fiscal year.

For the request year, the Department starts with the prior year's appropriation including special bills and adds in any required annualizations. This total is the Base Amount for the Request year. The total Base Amount is compared to the total projected request year expenditure from Exhibit B. The difference between the two figures is the Department's Funding Request in the November Budget Request and the Department's Budget Amendment in the February Supplemental Budget Request.

EXHIBIT B - CALCULATION OF FUND SPLITS

Exhibit B details fund splits for all Children's Basic Health Plan budget lines for the current fiscal year Supplemental and the out-year Budget Request. Capitation expenditures are split between traditional clients and expansion clients. The State share for the traditional clients (0%-205% FPL) is funded from the CBHP Trust fund and the State share for expansion clients (206%-260% FPL) is funded from the Healthcare Affordability and Sustainability Fee Fund (SB 17-267).

The Patient Protection and Affordable Care Act (Sec. 2101 (a)) enhanced the CHP+ FMAP 23 percentage points beginning October 1, 2015, through September 30, 2019 (SSA 2105 (b)). This enhanced FMAP from the ACA fully expired as of September 30, 2020, and beginning in FY 2020-21, the Department began funding the program with a combination of General Fund and CHP+ Trust Fund for members to 205% FPL.

The Families First Coronavirus Response Act passed in response to the COVID-19 pandemic allows states to claim an enhanced FMAP through the end of the calendar quarter in which the Secretary of Health and Human Services has declared a public health emergency (PHE) or extended that emergency. The Consolidated Appropriations Act of 2023 decoupled the continuous coverage requirement and the additional federal match from the public health emergency declaration. The continuous coverage requirement and additional federal match now both end on March 31, 2023. The current 4.34 percent additional match steps down to 3.5 percent from April 2023 through June 2023, 1.75 percent from July through September 2023, and 1.05 percent from October through December 2023, after which there is no more additional match. In addition, the Department is also expecting to recover payments in FY 2024-25, FY 2025-26, and FY

2026-27 for prior year dates of service. Due to state fiscal rules, the Department is unable to offset current year expenditure for prior year recoveries, and therefore, the recoveries are counted as revenue to cash funds.

EXHIBIT C - CHILDREN'S BASIC HEALTH PLAN SUMMARY

Exhibit C presents a summary of Children's Basic Health Plan caseload and capitation expenditures itemized by eligibility category and a summary of the bottom line adjustments to expenditure, as well as expenditures for CBHP Administration. The net capitation payments include the impacts of the reconciliations for manual enrollments. Exhibit F illustrates the build to the final expenditure estimates presented in this exhibit.

EXHIBIT D - CBHP CASELOAD

Exhibit D contains the caseload history for each of the eligibility categories broken down by federal poverty level (0%-205% and 206%-260%) and broken down by age group for children's categories (ages 0-1, 2-5, and 6-18). Each of the tables that comprise Exhibit D is described below. Forecast details for CHP+ caseload can be found below in this narrative.

Children's Basic Health Plan Caseload by Fiscal Year

Caseload for the Children's Basic Health Plan is displayed in one table showing caseload by all CHP+ eligibility categories. Figures for fiscal years up to the present fiscal year are actual caseloads, while the current fiscal year and the request year caseloads are estimates. The caseload numbers are used in numerous exhibits throughout the Children's Basic Health Plan Exhibits and narrative. Caseload numbers for children are used twice, once for medical and once for dental.

Children's Basic Health Plan Caseload by Month

The table in Exhibit D show the actual caseload by month as reported in the JBC monthly report for the three most recent fiscal years. The Department uses data for members attributed to HMOs as the basis for thee forecast because it is a more accurate reflection of actual caps that will be paid in the fiscal year. All capitations paid for clients not initially tied to an HMO is captured in bottom line impacts.

From January 2013 to January 2014, caseload decreased steadily for populations under 205 percent of the federal poverty level (FPL) due to the implementation of SB 11-008 and SB 11-250 and the MAGI conversion, while increasing for populations above 205 percent FPL. More recently, between January 2025 and June 2025, caseload remained stable until beginning to decrease in April 2026 as a result of a CMS requirement that children whose family income declines into

Medicaid MAGI Child eligibility must be transitioned prospectively from CHP+ into Medicaid. This change lowered caseload relative to prior forecasts, and the Department has revised estimates beginning at a lower baseline, with expectations that enrollment will resume gradual growth once this transition trend stabilizes. A graph of recent caseload is included in Exhibit D-4.

Children's Basic Health Plan Per Capita Historical Summary

Children's Basic Health Plan per capita is displayed in one table. The table displays per capita by all CBHP eligibility categories; children's categories are displayed twice to show medical and dental per capita. Figures for fiscal years up to the present fiscal year are actual per capita, while the current fiscal year and the request year per capita are estimates. Calculated per capita in Exhibit D-Per Capita Historical Summary represent the estimated per capita including all expenditure adjustments for the given fiscal year. Forecasted per capita without bottom line adjustments can be found in Exhibit F. Calculations are described in Exhibits F through J.

Children's Basic Health Plan Historical Expenditures Summary

The history of expenditures shows total capitation expenditures for all CBHP eligibility categories. Medical and dental expenditures are listed separately. Actual expenditures through FY 2013-14 by eligibility category are available from the Colorado Financial Reporting System (COFRS) and actual expenditures for FY 2013-14 are also reported in Exhibit C-Expenditure Summary. Actual expenditure from FY 2014-15 and forward are from the Colorado Operations Resource Engine (CORE). This exhibit also includes a similar summary of expenditure for all forecast years.

EXHIBIT E - CHILDREN'S BASIC HEALTH PLAN FUNDING SOURCES

Traditional Population Expenditures and Funding

This exhibit shows expenditures for the traditional population in isolation and provides additional detail to the calculation of fund splits. Traditional populations include those from 0%-205% FPL. These populations receive the enhanced CHP+ Federal Match and receive cash funds from the CHP Trust Fund, CO Immunization Fund, and Health Care Expansion Fund. Once the available cash funds have been used, the General Fund covers the remaining State share of expenditures for

clients under 205% FPL. The available funding from the CHP Trust Fund and the CO Immunization Fund is forecasted using the published projections in the February 2025 Tobacco MSA Payment Forecast, allocation changes from HB 16-1408 “Cash Fund Allocations for Health-related Programs”, and the actual expenditures from prior years. Calculations can be found in Exhibit E.

As described above for Exhibit B, the CHP+ Federal Match increased by 23 percentage points in October 2015 and remained in effect until September 30, 2019. Beginning October 1, 2020, when the enhanced federal match rate stepped down, the Department began using General Fund for this population as there was not enough revenue in the CHP+ Trust Fund to support expenditures.

Expansion Population Expenditures and Funding

HB 09-1293 established a funding mechanism for a series of expansion clients. The set of expansion clients that are funded through the bill are children and prenatal clients with income 206%-260% FPL. These populations also receive the enhanced CHP+ Federal Match. Services for these clients are funded through the Healthcare Affordability and Sustainability Fee Cash Fund. This exhibit shows expenditures for the expansion population in isolation and provides additional detail to the calculation of fund splits.

Children’s Health Plan Plus Enrollment Fees

The Department no longer collects enrollment fees per HB 22-1289. A historical summary of enrollment fees can be found in Exhibit E.

EXHIBIT F - ESTIMATE AND REQUEST BY ELIGIBILITY CATEGORY

Exhibit F provides capitation expenditure calculations for the current fiscal year and the request year.

The Department has adopted a methodology based on forecasting a capitation rate, multiplying that rate by monthly caseload, multiplying again by the number of months that the forecasted rate will be in effect, and then adjusting for incurred claims that will be paid in subsequent years as well as for claims from former years that will be paid in the year of the request. The methodology is a zero-based budget tool that allows the Department to examine projected expenditures each year without building in inappropriate assumptions, estimates, or calculations from preceding years.

The forecasted capitation rate is derived from Exhibits H through J and will be presented in more detail below. The caseload is the same as displayed in Exhibit D.

To adjust the calculations for cash accounting, the Department makes two adjustments to the calculation: first, the Department subtracts the incurred amount estimated to be paid in subsequent periods; then, the Department adds the claims incurred in prior periods expected to be paid in the forecast period. These adjustments transform the estimated incurred expenditure to a cash-based figure. The basis for these adjustments is described in this narrative below and is shown in the Exhibit F.

After calculating total expenditure for capitations, the anticipated reconciliation payments for manual enrollments for each fiscal year are estimated and added to total expenditure. The sum of expenditure for capitation payments and reconciliation payments for manual enrollments is the total CBHP Capitation Payments summarized in Exhibit C. Following the addition of projected reconciliation payments for manual enrollments are any applicable bottom-line impacts to expenditure. Details are discussed below in Exhibit G.

Actuarially Certified Capitation Rates

Capitated rates for the health maintenance organizations are required to be actuarially certified and approved by CMS, thus actuarially certified rate increases could reasonably be expected to be good predictors of future costs. As such, the Department used trends on the historically certified capitation rates to derive the capitation rate presented in Exhibit F. The methodology for determining the forecasted capitation rate is the subject of Exhibits H through J.

Incurred-but-not-Reported Estimates

To estimate the necessary adjustments to convert the projection to a cash basis, the Department estimates monthly incurred-but-not-reported (IBNR) adjustments based on historical data. Monthly adjustments are required because, for example, claims incurred in July of the current fiscal year have eleven more months of the fiscal year in which the claims can be paid; however, claims incurred in June of the fiscal year only have the remainder of that month in which to be paid before the payment becomes part of the next fiscal year's expenditure.

The Department examined historical data from the last five fiscal years and determined the prior fiscal years would provide a representative model for the likelihood of claims being paid in the year in which they are incurred. Exhibit F-4 presents the percentage of claims paid in a twelve-month period that come from that same period and those which come from previous periods.

EXHIBIT G - CHILDREN'S BASIC HEALTH PLAN BOTTOM LINE IMPACTS TO EXPENDITURE

DentaQuest MLR Reconciliation

The Department requires its dental contractor to maintain a medical loss ratio (MLR) of 80% or greater. In the past, the Department has recouped funds from the contractor due to having a ratio of less than 80%.

Manual Enrollment "Capitation Gap" Payments

The Department makes reconciliation payments for members that were manually enrolled. Previously, these were projected by applying growth rates from projected caseload (Exhibit D) and rate inflation (Exhibit I) to the expenditure for reconciliation payments for manual enrollments in the previous fiscal year. Due to the introduction of the interChange system these manual enrollment reconciliation can now be handled in the capitation payments each month, within a lookback period of four months. This forecast adjustment captures the missing payments for members outside the four-month window.

Newborn Delivery "Kick" Payments

The Department issues a case rate ("kick") payment for the newborn delivery services rendered by the MCOs for members 19 or older and who are eligible and enrolled at the time of service. This kick payment rate is developed during the capitation rate setting process and presented to the CHP+ MCOs at each rate setting cycle. This payment is processed quarterly.

Newborn Reinsurance

Beginning in FY 2021-22, the Department implemented a reinsurance model for newborns enrolled to CHP+ MCOs. Under the reinsurance model, MCOs will cover all newborn costs up to an agreed upon maximum threshold. Costs that exceed that maximum threshold will be shared between the MCO and the Department in a predetermined risk-sharing arrangement.

COVID Vaccinations

Per section 9811 of The American Rescue Plan Act (ARPA), a 100% FFP is available for COVID-19 vaccines and their administration through the last day of the first calendar quarter following the end of the public health emergency (PHE).

The PHE declared by the Secretary of Health and Human Services expired on May 11, 2023. Therefore, the 100% FFP for COVID-19 vaccinations and their administration is effective through September 30, 2024.

Specialty Drug Payments

Due to the unpredictable and sometimes high cost of specialty drugs, the Department reimburses CHP+ MCOs for specialty drug costs more than \$100,000 per treated member. For this reimbursement, each CHP+ MCO submits quarterly claims data for all members that exceed the specialty drug threshold. The Department then verifies the enrollment and eligibility status of each client before assigning the payment, which is a set percentage of claims expenditure.

Respiratory Syncytial Virus (RSV) Vaccines

On July 17, 2023, the U.S. Food and Drug Administration (FDA) approved the biologics license application for a single dose of Nirsevimab for prevention of RSV-associated lower respiratory tract infection (LRTI) in infants born during or entering their first RSV season and in children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season. The RSV vaccines will be available to eligible children enrolled in CHP+ beginning October 1, 2023.

HB 23-1300 Continuous Eligibility Medical Coverage

Upon receipt of maximum federal financial participation, by January 1, 2026, the bill requires the Department to extend the continuous eligibility population to children under three years of age, including those who will be eligible under HB 22-1289 at the time of implementation. Under the bill, this population will not be disenrolled from CHP+ until they reach the age of three.

Fee-for-Service Expenditures

CHP+ billing differs slightly from Health First Colorado (Colorado's Medicaid program). If a CHP+ member's eligibility start date occurs prior to the member's enrollment with a CHP+ MCO, any services provided during the retro eligibility period must be billed to the state fiscal agent Gainwell via the Colorado interChange. Pharmacy claims are submitted to Prime Therapeutics. All CHP+ eligible members will be mandatorily enrolled into a participating CHP+ MCO on the date the member's CHP+ eligibility determination is received from the Colorado Benefits Management System (CBMS) by the Colorado interChange. As a result, a member's date of enrollment into an MCO may not be the same as the member's CHP+ eligibility start date. Members will be enrolled into an MCO based in part on the county in which they live. Providers

should submit claims to the MCO once a CHP+ member is enrolled into an MCO. Providers should reference the MCO's contracted rates and associated provider resources when submitting CHP+ claims to the MCO.

EXHIBIT H - CBHP RETROACTIVITY ADJUSTMENT AND CLAIMS DISTRIBUTION ADJUSTMENT MULTIPLIER

Capitations are paid for clients from the date the client's eligibility is effective, resulting in claims paid retroactively. As such, any projection which derives expenditure by using non-retroactive caseload must take into account these retroactive claims. Since expenditures are calculated as the estimated capitation rate multiplied by the non-retroactive caseload, an adjustment for retroactivity can be applied to either the forecasted capitation rate or the caseload figure. To maintain the uniform presentation of caseload across all Departmental estimates and requests, the Department chose to make its retroactivity adjustment to the forecasted capitation rate itself.

Additionally, claims-based data (as it is derived from the actual money spent on each claim) is the actual driver of expenditure. Examining the capitation rate for forecasting allows the Department and policy makers to see the relationship of the capitation payments paid to the health maintenance organizations (HMOs) to total expenditure. Forecasting based on trends in the capitation rate will only be as accurate as the relationship between that capitation trend and any trends in the rates of per-claim expenditure. These two rates can trend similarly, but any difference in trends needs to be captured to ensure the accuracy of the forecast. The different trends are usually related to the incidence of payments for partial months of eligibility, which fluctuate for reasons unrelated to the CBHP Capitation program. This difference is captured through a partial-month adjustment multiplier.

Retroactivity Adjustment Multiplier

To adjust the forecasted capitation rate to capture the omission of retroactivity from caseload, the Department analyzed the last seven years of claims and caseload data. Exhibit H presents the average monthly claims as compared to the average monthly caseload for those years across eligibility categories. The Department did experience a significant number of duplicate claims through calendar year 2013, but these duplicate claims have been removed from this analysis. Historically, the Department's methodology for calculating the retroactivity factor was to use claims and caseload data for each cohort (i.e., Children to 205% FPL Medical, Children to 205% FPL Dental, Children 206%-260% FPL Medical, etc.), but due to trouble identifying a subset of the population, 201%-205% FPL, retroactivity is skewed. As a result, the new methodology used is to calculate an aggregate retroactivity factor based on all children for medical and dental, and all prenatal adults across all FPL groups and use that single factor for both FPL groups for children and prenatal women. Details on the selected retroactivity adjustment can be found in this exhibit.

Claims Distribution Adjustment Multiplier

To derive the claims distribution adjustment multiplier for the purpose of capturing any difference in trends between the capitation rate trends and the trends on per-claim expenditure, the last seven years of data were examined.

As presented in Exhibit H, for each eligibility category, the amount paid divided by claims was compared to the weighted capitation rate (weighted by proportion of total claims within an eligibility category covered by an individual HMO). Then, the claims-based rate as a percentage of the capitation rate was calculated, providing a simple comparison of any trend in claims-based rates as compared to capitation rates. Details on the selected claims distribution adjustment for each eligibility group can be found in this exhibit.

EXHIBIT I - CBHP CAPITATION RATE TRENDS AND FORECASTS

As presented above, the expenditure forecast was derived by examining the trend on the capitation rate and then applying that trend to the monthly cost per client (i.e., the claims-based rate). For the purpose of trend analysis, the weighted capitation rate (weighted by proportion of total claims within an eligibility category covered by an individual health maintenance organization or state managed care network) was examined. Exhibit I presents historical data as well as the forecasted weighted rates. Rates are first presented by poverty level and age group, and then aggregated by poverty level for all ages.

The weighted rate is presented along with the percentage change from the previous fiscal year. The multiple forecast trend models and the criteria for selecting the forecasted capitation rate point estimate are presented in Exhibit J.

Based on the Department's calculations and rate-setting process and input from the health maintenance organizations, the Department's actuaries certify a capitation rate range for each HMO and eligibility type; the Department is permitted to pay any rate within this range and maintain an actuarially sound capitation payment. To develop the range, the actuaries calculate a single rate (the "point estimate") and the upper and lower bounds around this rate that maintain actuarial soundness.

It is important to note the overall weighted point estimate presented in the exhibit is weighted across several factors. First, the rate is weighted within an eligibility category. Within an eligibility category, the rate is weighted by the health maintenance organizations' proportion of claims processed within that eligibility category, the proportion attributable to each FPL category (0%-100%, 101%-156%, 157%-200%, and above 200%), and for children the proportion for each age range (ages 0-1, 2-5, and 6-18). Next, that rate is then weighted across all eligibility categories (with the weight derived

from the total number of claims processed within an eligibility category as a percentage of total claims processed across all eligibility categories). Because caseload can be increasing or decreasing independently of any one capitation rate, the weighted CBHP total rate may not be a clear indicator of the rate trends across all eligibility categories.

Exhibit I presents the weighted point estimate rates, and the trend of those rates is used for forecasting. The weighted point estimates differ from paid rates, which can change within the upper and lower bounds of the established rate range in response to new rate-setting processes and budget reduction measures. The paid rates, which are discussed below, are not presented in Exhibit F to allow for comparison across years and so as to not artificially inflate or deflate the rate trend and bias the estimated rate in future years.

EXHIBIT J - FORECAST MODEL COMPARISONS

Exhibit J produces the final capitation rate estimates that are used as the source of the expenditure calculations provided in Exhibit F. Exhibit J present the final rate estimates in their entirety. The final rate estimates are a product of model selection (discussed below) and the necessary adjustments as presented in Exhibit H.

Exhibit J also presents, a series of forecast models each eligibility category. From the models or from historical changes, a point estimate is selected as an input. Based on the point estimates, the adjustments presented in Exhibit H are then applied and the final, adjusted point estimate is then used in the expenditure calculations of Exhibit F.

Final Forecasts

Exhibit J begins by presenting the known rates from those already set through the actuarial process and the remaining point estimates of each eligibility category's rate as selected in Exhibit J (see below).

The forecasted rate is then adjusted by the claims distribution adjustment multiplier, calculated in Exhibit H. The multiplier is applied to account for the distribution of clients amongst the different HMOs. The average amount paid may not perfectly reflect the estimated claims distribution. Therefore, the multiplier is applied to convert capitation rates to a figure which is more likely to reflect actual expenditure.

Then the claims-based rate is adjusted a second time, this time by the retroactivity adjustment. From Exhibit H, this second adjustment is made to capture the retroactivity not captured by the caseload figures. As described in the narrative for Exhibit H, since caseload does not capture retroactivity, and since projected total expenditure is equal to caseload times the projected rate, either the rate or the caseload must be adjusted to capture retroactivity. To keep CBHP

caseload matched to other caseload figures presented by the Department, the adjustment is made to the projected rate yielding the final forecasted rate, which is the rate used to derive the expenditure calculation presented in Exhibit F. A similar methodology is applied to the rates in each eligibility category and for each fiscal period.

Capitation Trend Models

The forecasted capitation rates are the result of a point estimate selection from among several forecast trend models and historical information. These models are presented in Exhibit J.

For each eligibility category, four different trend model forecasts were performed: an average growth model, a two-period moving average model, an exponential growth model, and a linear growth model. The average growth model examines the rate of change in the capitation rate and applies the average rate of change to the forecast period. The two-period moving average model projects the forecast period will see a change in the capitation rate that is the average of the last two changes in the capitation rate. The exponential growth model assumes the capitation rate is increasing faster as time moves forward (a best-fit exponential equation is applied to the historical data and trended into the future). The linear growth model is a regression model on time, fitting a linear equation line to the historical data and forecasting that line into the future. Each model in the exhibit also shows what the percent change would be from the prior period.

The Department's decisions for trend factors are informed, in part, by preliminary calculations from the actual rate setting process. Because those calculations remain preliminary, the Department does not explicitly use them in estimating trend factors.

Capitation rates are required to be actuarially sound and are built from a blend of historical rates. The trends models, as presented in this exhibit, are an attempt to predict the final outcome of this rate setting process. However, the use of historical, final rates as data points for predicting future rates is limited when future periods are likely to be fundamentally different than historical periods. The Department has used the trend models to establish a range of reasonable rate values and has selected trends by considering the various factors that impact the respective eligibility populations as well as the impact that encounter data will have on the rate setting process.

CBHP CASELOAD

CBHP Caseload Models

The Department's caseload projections utilize statistical forecasting methodologies to predict CBHP caseload by eligibility category. Historical monthly caseload data is used from July 2007 to June 2025. CBHP caseload increased significantly in FY 2016-17 and coincides with the implementation of the interChange. A large percentage of the growth experienced are for members that are not tied to an HMO. For the purpose of forecasting caseload, the Department has chosen to forecast based on those clients that are actively tied to an HMO because that appears to be the best representation of actual enrollment and expenditure. As a result, caseload figures in the exhibits may not tie directly to those mentioned below for forecasting. The following forecasting models are used to forecast CBHP caseload: average growth model, two-period moving average model, exponential growth model, and linear growth model.

For each eligibility category, four different trend model forecasts were performed: an average growth model, a constant growth model, a two-period moving average model, an exponential growth model, and a linear growth model. The average growth model examines the rate of change in the capitation rate and applies the average rate of change to the forecast period. The two-period moving average model projects the forecast period will see a change in the capitation rate that is the average of the last two changes in the capitation rate. The exponential growth model assumes the capitation rate is increasing faster as time moves forward (a best-fit exponential equation is applied to the historical data and trended into the future). The linear growth model is a regression model on time, fitting a linear equation line to the historical data and forecasting that line into the future. Each model in the exhibit also shows what the percent change would be from the prior period. The Department's decisions for trend factors are informed, in part, by preliminary calculations from the actual rate setting process. Because those calculations remain preliminary, the Department does not explicitly use them in estimating trend factors.

Model Selection

Models are created for each individual group that receives a separate rate. These groups are separated by FPL for both children and prenatal: under 100%, 101%-156%, 157%-200%, 201%-205%, and 206%-260%. Children's groups are also separated by age: age groups 0-1, 2-5, and 6-18. A model is selected to forecast each group. After several different forecasts are produced, the Department chooses one for each category and then aggregated to the FPL categories for children and prenatal; under 205% and 206%-260%. When selecting a model, the Department closely analyzes the historical data as well as the goodness of fit of the model.

CHILDREN'S BASIC HEALTH PLAN CASELOAD FORECAST

Children's Caseload Projections (Exhibit D)

CHP Kids 0% to 205% FPL

- Before the COVID-19 pandemic, this population remained mostly stable with little growth or occasional declines. During the pandemic, caseload declined as many individuals transitioned into Medicaid due to lower incomes. With the end of the continuous coverage policy, the Department observed an increase in clients moving from Medicaid to CHP+ during the Medicaid unwind process, as individuals were disenrolled from Medicaid and eligible individuals enrolled in CHP+. The Department expects this population to remain stable with some growth moving forward.

This population includes the subpopulation created through SB 07-097, implemented on March 1, 2008. Children in this group have family incomes between 201% and 205% of the federal poverty level.

CHP Kids 206% to 260% FPL

- Before the COVID-19 pandemic, this population remained mostly stable with little growth or occasional declines. During the pandemic, caseload declined as many individuals transitioned into Medicaid due to lower incomes. With the end of the continuous coverage policy, the Department observed an increase in clients moving from Medicaid to CHP+ during the Medicaid unwind process, as individuals were disenrolled from Medicaid and eligible individuals enrolled in CHP+. The Department expects this population to remain stable with some growth moving forward.
- This population was created through HB 09-1293 and was implemented beginning May 1, 2010. Children in this population have family incomes between 206% and 260% of the federal poverty level.

Prenatal Caseload Projections (Exhibit D)

CHP Prenatal 0% to 205% FPL

- The prenatal caseload for clients with FPL 0% to 205% remained stable prior to the pandemic, and experienced little growth during the pandemic. Since clients in this population are disenrolled from CHP+ upon the completion of their pregnancy, the overall caseload of pregnant women will not experience the same level of churn as the children's populations. Instead, the Department expects that women whose pregnancies are completed will either lose public medical assistance or transition to a non-pregnant eligibility group under Medicaid.
- Along with the children's expansion to 205% FPL, this population includes the subpopulation that was created through SB 07-097 and was implemented beginning March 1, 2008. Prenatal women in this subpopulation have family incomes between 201% and 205% of the federal poverty level.

CHP Prenatal 206% to 260% FPL

- The prenatal caseload for clients with FPL 206% to 260% was also stable before the pandemic, with little growth during the pandemic. Upon the completion of pregnancies, clients will either lose public medical assistance or transition into a non-pregnant eligibility group on Medicaid, leading to less churn compared to the children's populations.
- This population was created through HB 09-1293 and was implemented beginning May 1, 2010. Pregnant women in this population have family incomes between 206% and 260% of the federal poverty level.

Exhibit	Title of Exhibit
Exhibit A	Calculation of Current Total Long Bill Group Impact
Exhibit B	Calculation of Fund Splits
Exhibit B	Cash Fund Report
Exhibit B	Disallowance Repayment Schedule
Exhibit C	CBHP Expenditure Summary
Exhibit D	CBHP Caseload by Fiscal Year
Exhibit D	CBHP Caseload by Month
Exhibit D	CBHP Capitation Payments Per Capita Historical Summary
Exhibit D	CBHP Historical Expenditure Summary
Exhibit E	CBHP Trust Fund Population Exhibit
Exhibit E	Healthcare Affordability and Sustainability Fee Population Exhibit
Exhibit E	Enrollment Fees Exhibit
Exhibit F	Expenditure Calculations by Eligibility Category
Exhibit F	Incurred But Not Reported Runout by Fiscal Period
Exhibit F	Incurred But Not Reported Expenditures by Fiscal Period
Exhibit G	Bottom Line Impact Summary
Exhibit G	Bottom Line Impact Calculations
Exhibit H	CBHP Retroactivity Adjustment
Exhibit H	CBHP Claims Distribution Adjustment Multiplier
Exhibit I	CBHP Capitation Rate Trends and Forecasts
Exhibit J	Forecast Model Comparisons - Capitation Trend Models - Final Forecasts

Exhibit A - Calculation of Current Total Long Bill Group Impact						
FY 2025-26 Children's Basic Health Plan Capitation						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2025-26 Children's Basic Health Plan Capitation Appropriation						
FY 2025-26 Long Bill Appropriation (HB 24-1430)	\$317,847,540	\$59,359,766	\$293,077	\$51,658,796	\$0	\$206,535,901
Total Special Bill Impacts	(\$223,768)	(\$36,669)	\$0	(\$41,650)	\$0	(\$145,449)
FY 2025-26 Total Children's Basic Health Plan Capitation Spending Authority	\$317,623,772	\$59,323,097	\$293,077	\$51,617,146	\$0	\$206,390,452
Projected Total FY 2025-26 CBHP Capitation Expenditure	\$272,188,461	\$44,964,037	\$293,077	\$50,073,847	\$0	\$176,857,500
FY 2025-26 Children's Basic Health Plan Capitation Estimated Change from Appropriation	(\$45,435,311)	(\$14,359,060)	\$0	(\$1,543,299)	\$0	(\$29,532,952)
Percent Change from Spending Authority	-14.30%	-24.20%	0.00%	-2.99%	0.00%	-14.31%
FY 2025-26 Estimated Expenditure in November 1, 2025 R-3 Request	\$296,298,152	\$52,793,080	\$293,077	\$50,683,196	\$0	\$192,528,799
Difference - Current Supplemental Request (S-3A/BA-3)	(\$24,109,691)	(\$7,829,043)	\$0	(\$609,349)	\$0	(\$15,671,299)
Percentage Change from November Forecast	-8.14%	-14.83%	0.00%	-1.20%	0.00%	-8.14%
FY 2025-26 CBHP External Admin						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2025-26 CBHP External Admin Appropriation						
FY 2025-26 Long Bill Appropriation (HB 24-1430)	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
FY 2025-26 Total CBHP External Admin Spending Authority	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
Projected Total FY 2025-26 CBHP External Admin Expenditure	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
Total FY 2025-26 CBHP External Admin Change from Appropriation	\$0	\$0	\$0	\$0	\$0	\$0
Percent Change from Spending Authority	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2025-26 Estimated Expenditure in November 1, 2025 R-3 Request	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
Difference - Current Supplemental Request (S-3A/BA-3)	\$0	\$0	\$0	\$0	\$0	\$0
Percentage Change from November Forecast	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Exhibit A - Calculation of Current Total Long Bill Group Impact						
FY 2026-27 Children's Basic Health Plan Capitation						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2025-26 CBHP Capitation Appropriation Plus Special Bills	\$317,623,772	\$59,323,097	\$293,077	\$51,617,146	\$0	\$206,390,452
Total Annualizations	\$1,247,368	\$272,270	\$0	\$164,309	\$0	\$810,789
FY 2026-27 CBHP Capitation Base Amount	\$318,871,140	\$59,595,367	\$293,077	\$51,781,455	\$0	\$207,201,241
Projected Total FY 2026-27 CBHP Capitation Expenditure	\$320,419,622	\$54,663,637	\$293,077	\$57,255,154	\$0	\$208,207,754
Total FY 2026-27 CBHP Capitation Request	\$1,548,482	(\$4,931,730)	\$0	\$5,473,699	\$0	\$1,006,513
Percent Change from FY 2026-27 CBHP Capitation Base	0.49%	-8.28%	0.00%	10.57%	0.00%	0.49%
Percent Change from FY 2025-26 Estimated CBHP Capitation Expenditure	17.72%	21.57%	0.00%	14.34%	0.00%	17.73%
FY 2026-27 Estimated Expenditure in November 1, 2025 R-3 Request	\$341,530,902	\$62,352,464	\$293,077	\$56,955,275	\$0	\$221,930,086
Difference - Current Budget Amendment Request (S-3A/BA-3)	(\$21,111,280)	(\$7,688,827)	\$0	\$299,879	\$0	(\$13,722,332)
Percentage Change from November Forecast	-6.18%	-12.33%	0.00%	0.53%	0.00%	-6.18%
FY 2026-27 CBHP External Admin						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2025-26 CBHP External Admin Appropriation Plus Special Bills	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
FY 2026-27 CBHP External Admin Base Amount	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
Projected Total FY 2026-27 CBHP External Admin Expenditure	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
Total FY 2026-27 CBHP External Admin Request	\$0	\$0	\$0	\$0	\$0	\$0
Percent Change from FY 2026-27 CBHP External Admin Base	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Percent Change from FY 2025-26 Estimated CBHP External Admin Expenditure	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2026-27 Estimated Expenditure in November 1, 2025 R-3 Request	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
Difference - Current Budget Amendment Request (S-3A/BA-3)	\$0	\$0	\$0	\$0	\$0	\$0
Percentage Change from November Forecast	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Exhibit A - Calculation of Current Total Long Bill Group Impact						
FY 2027-28 Children's Basic Health Plan Capitation						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2026-27 CBHP Capitation Appropriation Plus Special Bills	\$318,871,140	\$59,595,367	\$293,077	\$51,781,455	\$0	\$207,201,241
Total Annualizations	\$0	\$0	\$0	\$0	\$0	\$0
FY 2027-28 CBHP Capitation Base Amount	\$318,871,140	\$59,595,367	\$293,077	\$51,781,455	\$0	\$207,201,241
Projected Total FY 2027-28 CBHP Capitation Expenditure	\$380,279,852	\$67,349,897	\$293,077	\$65,519,974	\$0	\$247,116,904
Total FY 2027-28 CBHP Capitation Continuation Amount	\$61,408,712	\$7,754,530	\$0	\$13,738,519	\$0	\$39,915,663
Percent Change from FY 2027-28 CBHP Capitation Base	19.26%	13.01%	0.00%	26.53%	0.00%	19.26%
Percent Change from FY 2026-27 Estimated CBHP Capitation Expenditure	18.68%	23.21%	0.00%	14.44%	0.00%	18.69%
FY 2027-28 Estimated Expenditure in November 1, 2025 R-3 Request	\$403,716,655	\$76,063,385	\$293,077	\$65,009,367	\$0	\$262,350,826
Difference - Current Budget Amendment Request (S-3A/BA-3)	(\$23,436,803)	(\$8,713,488)	\$0	\$510,607	\$0	(\$15,233,922)
Percentage Change from November Forecast	-5.81%	-11.46%	0.00%	0.79%	0.00%	-5.81%
FY 2027-28 CBHP External Admin						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2026-27 CBHP External Admin Appropriation Plus Special Bills	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
FY 2027-28 CBHP External Admin Base Amount	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
Projected Total FY 2027-28 CBHP External Admin Expenditure	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
Total FY 2027-28 CBHP External Admin Continuation Amount	\$0	\$0	\$0	\$0	\$0	\$0
Percent Change from FY 2027-28 CBHP External Admin Base	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Percent Change from FY 2026-27 Estimated CBHP External Admin Expenditure	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2026-27 Estimated Expenditure in November 1, 2025 R-3 Request	\$3,864,405	\$0	\$0	\$1,352,542	\$0	\$2,511,863
Difference - Current Budget Amendment Request (S-3A/BA-3)	\$0	\$0	\$0	\$0	\$0	\$0
Percentage Change from November Forecast	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Exhibit B - Calculation of Fund Splits						
Calculation of Fund Splits - FY 2025-26 Children's Basic Health Plan Estimate						
Item	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FMAP Rate
CBHP Expenditure to be matched	\$272,188,461	\$95,265,961	\$0	\$0	\$176,922,500	65.00%
<i>Enrollment Fees CBHP Trust Fund</i>	\$0	\$0	\$0	\$0	\$0	0.00%
<i>Enrollment Fees Hospital Provider Fee</i>	\$0	\$0	\$0	\$0	\$0	0.00%
Total CBHP Expenditure	\$272,188,461	\$95,265,961	\$0	\$0	\$176,922,500	65.00%
Cash Fund Financing						
<i>CBHP Trust Fund</i>	\$0	(\$10,588,875)	\$10,588,875	\$0	\$0	NA
<i>CO Immunization Fund</i>	\$0	(\$383,175)	\$383,175	\$0	\$0	NA
<i>Health Care Expansion Fund</i>	\$0	(\$1)	\$1	\$0	\$0	NA
<i>Healthcare Affordability and Sustainability Fee Fund</i>	\$0	(\$39,036,796)	\$39,036,796	\$0	\$0	NA
Estimated FY 2025-26 Capitation Expenditure	\$272,188,461	\$45,257,114	\$50,008,847	\$0	\$176,922,500	65.00%
Department Recoveries for Prior Year Expenditure ⁽¹⁾						
Department Recoveries	\$100,000	\$0	\$100,000	\$0	\$0	0.00%
Impact to Cash Funds	(\$100,000)	\$0	(\$35,000)	\$0	(\$65,000)	65.00%
Final Estimated FY 2025-26 Capitation Expenditure	\$272,188,461	\$45,257,114	\$50,073,847	\$0	\$176,857,500	64.98%
CBHP Admin Payments	\$3,864,405	\$0	\$1,352,542	\$0	\$2,511,863	65.00%
Final Estimated FY 2025-26 CBHP Expenditure	\$276,052,866	\$45,257,114	\$51,426,389	\$0	\$179,369,363	64.98%

⁽¹⁾The Department expects to recover expenditure in FY 2023-24 from prior years, which cannot offset expenditure in the current year due to State fiscal rules. Therefore, the Department's estimate shows that recovery as an increase to cash funds.

Exhibit B - Calculation of Fund Splits						
Calculation of Fund Splits - FY 2026-27 Children's Basic Health Plan Estimate						
Item	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FMAP Rate
CBHP Expenditure to be matched	\$320,419,622	\$112,146,868	\$0	\$0	\$208,272,754	65.00%
<i>Enrollment Fees CBHP Trust Fund</i>	\$0	\$0	\$0	\$0	\$0	0.00%
<i>Enrollment Fees Hospital Provider Fee</i>	\$0	\$0	\$0	\$0	\$0	0.00%
Total CBHP Expenditure	\$320,419,622	\$112,146,868	\$0	\$0	\$208,272,754	65.00%
Cash Fund Financing						
<i>CBHP Trust Fund</i>	\$0	(\$10,301,525)	\$10,301,525	\$0	\$0	NA
<i>CO Immunization Fund</i>	\$0	(\$383,175)	\$383,175	\$0	\$0	NA
<i>Health Care Expansion Fund</i>	\$0	(\$1)	\$1	\$0	\$0	NA
<i>Healthcare Affordability and Sustainability Fee Fund</i>	\$0	(\$46,505,453)	\$46,505,453	\$0	\$0	NA
Estimated FY 2026-27 Capitation Expenditure	\$320,419,622	\$54,956,714	\$57,190,154	\$0	\$208,272,754	65.00%
Department Recoveries for Prior Year Expenditure ⁽¹⁾						
Department Recoveries	\$100,000	\$0	\$100,000	\$0	\$0	0.00%
Impact to Cash Funds	(\$100,000)	\$0	(\$35,000)	\$0	(\$65,000)	65.00%
Final Estimated FY 2026-27 Capitation Expenditure	\$320,419,622	\$54,956,714	\$57,255,154	\$0	\$208,207,754	64.98%
CBHP Admin Payments	\$3,864,405	\$0	\$1,352,542	\$0	\$2,511,863	65.00%
Final Estimated FY 2026-27 CBHP Expenditure	\$324,284,027	\$54,956,714	\$58,607,696	\$0	\$210,719,617	64.98%

⁽¹⁾The Department expects to recover expenditure in FY 2024-25 from prior years, which cannot offset expenditure in the current year due to State fiscal rules. Therefore, the Department's estimate shows that recovery as an increase to cash funds.

Exhibit B - Calculation of Fund Splits						
Calculation of Fund Splits - FY 2027-28 Children's Basic Health Plan Estimate						
Item	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FMAP Rate
CBHP Expenditure to be matched	\$380,279,852	\$133,097,948	\$0	\$0	\$247,181,904	65.00%
<i>Enrollment Fees CBHP Trust Fund</i>	\$0	\$0	\$0	\$0	\$0	0.00%
<i>Enrollment Fees Hospital Provider Fee</i>	\$0	\$0	\$0	\$0	\$0	0.00%
Total CBHP Expenditure	\$380,279,852	\$133,097,948	\$0	\$0	\$247,181,904	65.00%
Cash Fund Financing						
<i>CBHP Trust Fund</i>	\$0	(\$10,049,525)	\$10,049,525	\$0	\$0	NA
<i>CO Immunization Fund</i>	\$0	(\$368,550)	\$368,550	\$0	\$0	NA
<i>Health Care Expansion Fund</i>	\$0	(\$1)	\$1	\$0	\$0	NA
<i>Healthcare Affordability and Sustainability Fee Fund</i>	\$0	(\$55,036,898)	\$55,036,898	\$0	\$0	NA
Estimated FY 2027-28 Capitation Expenditure	\$380,279,852	\$67,642,974	\$65,454,974	\$0	\$247,181,904	65.00%
Department Recoveries for Prior Year Expenditure ⁽¹⁾						
Department Recoveries	\$100,000	\$0	\$100,000	\$0	\$0	0.00%
Impact to Cash Funds	(\$100,000)	\$0	(\$35,000)	\$0	(\$65,000)	65.00%
Final Estimated FY 2027-28 Capitation Expenditure	\$380,279,852	\$67,642,974	\$65,519,974	\$0	\$247,116,904	64.98%
CBHP Admin Payments	\$3,864,405	\$0	\$1,352,542	\$0	\$2,511,863	65.00%
Final Estimated FY 2027-28 CBHP Expenditure	\$384,144,257	\$67,642,974	\$66,872,516	\$0	\$249,628,767	64.98%

⁽¹⁾The Department expects to recover expenditure in FY 2025-26 from prior years, which cannot offset expenditure in the current year due to State fiscal rules. Therefore, the Department's estimate shows that recovery as an increase to cash funds.

Exhibit B - Cash Funds Report for CBHP

Cash Funds Report for CBHP Capitation Payments									
Cash Fund	FY 2025-26 Spending Authority	FY 2025-26 Estimate	FY 2025-26 Change	FY 2026-27 Base Spending Authority	FY 2026-27 Estimate	FY 2026-27 Change	FY 2027-28 Base Spending Authority	FY 2027-28 Estimate	FY 2027-28 Change
CBHP Trust Fund ⁽¹⁾	\$10,569,497	\$10,569,625	\$128	\$10,569,497	\$10,282,275	(\$287,222)	\$10,569,497	\$10,030,275	(\$539,222)
CO Immunization Fund	\$404,625	\$383,175	(\$21,450)	\$404,625	\$383,175	(\$21,450)	\$404,625	\$368,550	(\$36,075)
Health Care Expansion Fund	\$1	\$1	\$0	\$1	\$1	\$0	\$1	\$1	\$0
Healthcare Affordability and Sustainability Fee Fund	\$40,543,023	\$39,021,046	(\$1,521,977)	\$40,707,332	\$46,489,703	\$5,782,371	\$40,707,332	\$55,021,148	\$14,313,816
Department Recoveries	\$100,000	\$100,000	\$0	\$100,000	\$100,000	\$0	\$100,000	\$100,000	\$0
Total Cash Funds	\$51,617,146	\$50,073,847	(\$1,543,299)	\$51,781,455	\$57,255,154	\$5,473,699	\$51,781,455	\$65,519,974	\$13,738,519

⁽¹⁾Estimated revenues to the CBHP Trust Fund are based on the 2023 Tobacco MSA Payment Forecast along with HB 16-1408, which altered the distribution of revenue. See Exhibit E.

Cash Funds Report for CBHP Admin Payments									
Cash Fund	FY 2024-25 Spending Authority	FY 2024-25 Estimate	FY 2024-25 Change	FY 2025-26 Base Spending Authority	FY 2025-26 Estimate	FY 2025-26 Change	FY 2026-27 Base Spending Authority	FY 2026-27 Estimate	FY 2026-27 Change
CBHP Trust Fund ⁽¹⁾	\$1,347,131	\$1,347,131	\$0	\$1,347,131	\$1,347,131	\$0	\$1,347,131	\$1,347,131	\$0
CO Immunization Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Care Expansion Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cash Funds	\$1,352,542	\$1,352,542	\$0	\$1,352,542	\$1,352,542	\$0	\$1,352,542	\$1,352,542	\$0

⁽¹⁾Estimated revenues to the CBHP Trust Fund are based on the 2023 Tobacco MSA Payment Forecast along with HB 16-1408, which altered the distribution of revenue. See Exhibit E.

Exhibit C - Children's Basic Health Plan Programs Expenditure Summary																		
Actuals, Appropriations and Estimates Prior to Recompments																		
Item	FY 2024-25 Caseload	FY 2024-25 Expenditure	FY 2025-26 Appropriated Caseload	FY 2025-26 Appropriated Expenditure	FY 2025-26 Estimated Caseload	FY 2025-26 Estimated Expenditure	FY 2025-26 Change from Appropriation Caseload	FY 2025-26 Change from Appropriation Expenditure	FY 2026-27 Estimated Caseload	FY 2026-27 Estimated Expenditure	FY 2026-27 Change from FY 2025-26 Estimated Caseload	FY 2026-27 Change from FY 2025-26 Estimated Expenditure	FY 2026-27 Change from FY 2025-26 Appropriated Caseload	FY 2026-27 Change from FY 2025-26 Appropriated Expenditure	FY 2027-28 Estimated Caseload	FY 2027-28 Estimated Expenditure	FY 2027-28 Change from FY 2026-27 Estimated Caseload	FY 2027-28 Change from FY 2026-27 Estimated Expenditure
CHP+ Capitation Payments																		
Children to 205% FPL Medical	53,822	\$138,294,385	34,746	\$164,172,568	44,240	\$124,563,060	9,494	(\$39,609,508)	45,670	\$152,223,172	1,430	\$27,660,112	10,924	(\$11,949,396)	46,354	\$182,653,522	684	\$30,430,350
Children 206%-260% FPL Medical	32,750	\$82,306,870	27,141	\$89,894,433	29,447	\$83,155,007	2,306	(\$6,739,426)	31,057	\$103,688,799	1,610	\$20,533,792	3,916	\$13,794,366	31,452	\$124,165,240	395	\$20,476,441
Children to 205% FPL Dental	53,822	\$18,751,632	34,746	\$23,835,146	44,240	\$14,033,143	9,494	(\$9,802,003)	45,670	\$15,795,119	1,430	\$1,761,976	10,924	(\$8,040,027)	46,354	\$17,518,020	684	\$1,722,901
Children 206%-260% FPL Dental	32,750	\$11,117,093	27,141	\$12,951,319	29,447	\$9,368,409	2,306	(\$3,582,910)	31,057	\$10,776,633	1,610	\$1,408,224	3,916	(\$2,174,686)	31,452	\$11,910,592	395	\$1,133,959
Prenatal to 205% FPL	994	\$7,755,457	398	\$5,855,832	1,251	\$6,696,047	853	\$840,215	1,673	\$10,083,455	422	\$3,387,408	1,275	\$4,227,623	1,923	\$13,060,721	250	\$2,977,266
Prenatal 206%-260% FPL	1,070	\$7,714,728	667	\$6,401,486	1,277	\$6,864,079	610	\$462,593	1,527	\$9,277,210	250	\$2,413,131	860	\$2,875,724	1,695	\$11,639,912	168	\$2,362,702
Prenatal Dental to 205% FPL	994	\$145,434	398	\$145,434	1,251	\$145,434	853	\$145,434	1,673	\$145,434	422	\$145,434	1,275	\$145,434	1,923	\$145,434	250	\$145,434
Prenatal Dental 206%-260% FPL	1,070	\$149,056	667	\$149,056	1,277	\$149,056	610	\$149,056	1,527	\$149,056	250	\$149,056	860	\$149,056	1,695	\$149,056	168	\$149,056
Bottom Line Impacts																		
SB 25-183 Coverage for Pregnancy-Related Services				(\$223,768)		\$0		\$223,768		\$0		\$0		\$223,768		\$0		\$0
DentaQuest MLR Reconciliation				(\$100,000)		(\$100,000)		\$0		(\$100,000)		\$0		\$0		(\$100,000)		\$0
Manual Enrollment "Cap Gap" Payments				\$1,566,266		\$1,566,266		\$0		\$1,566,266		\$0		\$0		\$1,566,266		\$0
Delivery Payments				\$7,351,163		\$8,861,076		\$1,509,913		\$10,045,816		\$1,184,740		\$2,694,653		\$10,750,970		\$705,154
Newborn Reinsurance				\$2,066,406		\$2,051,808		(\$14,598)		\$2,051,808		\$0		(\$14,598)		\$2,051,808		\$0
Colorado Access Rate Reopener				\$0		\$11,664,326		\$11,664,326		\$0		(\$11,664,326)		\$0		\$0		\$0
HB 23-1300 Continuous Eligibility Medical Coverage				\$1,471,134		\$1,471,134		\$0		\$2,942,269		\$1,471,135		\$1,471,135		\$2,942,269		\$0
Specialty Drug Payments				\$484,715		\$484,715		\$0		\$484,715		\$0		\$0		\$484,715		\$0
HB 22-1289 Health Benefits for Colorado Children and Pregnant Persons				\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
Fee-for-Service Expenditures				\$1,897,072		\$1,509,391		(\$387,681)		\$1,584,360		\$74,969		(\$312,712)		\$1,635,813		\$51,453
Sub-total CBHP Program Expenditure	88,636	\$266,234,655	62,952	\$317,623,772	76,215	\$272,188,461	13,263	(\$45,435,311)	79,927	\$320,419,622	3,712	\$48,231,161	16,975	\$2,795,850	81,424	\$380,279,852	1,497	\$59,860,230
Enrollment Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children to 200%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children 201%-205%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children 206%-260%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total CBHP Program Expenditure	88,636	\$266,234,655	62,952	\$317,623,772	76,215	\$272,188,461	13,263	(\$45,435,311)	79,927	\$320,419,622	3,712	\$48,231,161	16,975	\$2,795,850	81,424	\$380,279,852	1,497	\$59,860,230
Incremental Percent Change							21.07%	-14.30%			4.87%	17.72%	26.96%	0.88%		1.87%	18.68%	
External Admin		\$1,209,514		\$3,864,405		\$3,864,405		\$0		\$3,864,405		\$0		\$0		\$3,864,405		\$0
Incremental Percent Change								0.00%						0.00%				0.00%
Total CBHP Admin Payments		\$1,209,514		\$3,864,405		\$3,864,405		\$0		\$3,864,405		\$0		\$0		\$3,864,405		\$0
Total CBHP Programs		\$267,444,169		\$321,488,177		\$276,052,866		(\$45,435,311)		\$324,284,027		\$48,231,161		\$2,795,850		\$384,144,257		\$59,860,230
Incremental Percent Change								-14.13%				17.47%		0.87%				18.46%

Exhibit D - Children's Basic Health Plan, Caseload													
Children's Basic Health Plan Average Caseload By Fiscal Year													
Item	Children 0-1 0-205%	Children 2-5 0-205%	Children 6-18 0-205%	Children 0%-205% All Ages	Children 0-1 206-260%	Children 2-5 206-260%	Children 6-18 206-260%	Children 206%-260% All Ages	Total Children	Prenatal 0%-205%	Prenatal 206%-260%	Total Prenatal	Total
FY 2017-18 Actuals	3,345	11,546	36,587	51,478	1,772	5,540	18,099	25,411	76,889	305	537	842	77,731
FY 2018-19 Actuals	3,247	11,903	38,143	53,293	1,786	5,727	19,228	26,741	80,034	356	558	914	80,948
% Change from FY 2017-18	-2.93%	3.09%	4.25%	3.53%	0.79%	3.38%	6.24%	5.23%	4.09%	16.72%	3.91%	8.55%	4.14%
FY 2019-20 Actuals	2,999	10,764	35,948	49,711	1,686	5,458	19,707	26,851	76,562	362	543	905	77,467
% Change from FY 2018-19	-7.64%	-9.57%	-5.75%	-6.72%	-5.60%	-4.70%	2.49%	0.41%	-4.34%	1.69%	-2.69%	-0.98%	-4.30%
FY 2020-21 Actuals	1,786	7,965	28,441	38,191	1,301	5,281	20,646	27,228	65,419	287	479	766	66,185
% Change from FY 2019-20	-40.45%	-26.00%	-20.88%	-23.17%	-22.84%	-3.24%	4.76%	1.40%	-14.55%	-20.72%	-11.79%	-15.36%	-14.56%
FY 2021-22 Actuals	1,183	5,045	21,757	27,985	1,081	4,280	19,449	24,810	52,796	186	361	547	53,343
% Change from FY 2020-21	-33.76%	-36.66%	-23.50%	-26.72%	-16.91%	-18.95%	-5.80%	-8.88%	-19.30%	-35.19%	-24.63%	-28.59%	-19.40%
FY 2022-23 Actuals	1,148	3,594	17,721	22,462	1,123	3,640	19,205	23,968	46,430	410	553	963	47,393
% Change from FY 2021-22	-2.96%	-28.76%	-18.55%	-19.74%	3.89%	-14.95%	-1.25%	-3.39%	-12.06%	120.43%	53.19%	76.05%	-11.15%
FY 2023-24 Actuals	2,317	7,594	28,632	38,543	1,572	5,219	21,804	28,594	67,137	639	787	1,426	68,563
% Change from FY 2022-23	101.83%	111.30%	61.57%	71.59%	39.98%	43.38%	13.53%	19.30%	44.60%	55.85%	42.31%	48.08%	44.67%
FY 2024-25 Actuals	3,306	11,094	39,422	53,822	2,088	6,520	24,142	32,750	86,572	994	1070	2,064	88,636
% Change from FY 2023-24	42.68%	46.09%	37.69%	39.64%	32.82%	24.93%	10.72%	14.53%	28.95%	55.56%	35.96%	44.74%	29.28%
FY 2025-26 Projection	3,326	9,014	31,900	44,240	2,187	5,735	21,525	29,447	73,687	1,251	1277	2,528	76,215
% Change from FY 2024-25	0.60%	-18.75%	-19.08%	-17.80%	4.74%	-12.04%	-10.84%	-10.09%	-14.88%	25.86%	19.35%	22.49%	-14.01%
FY 2026-27 Projection	3,511	9,331	32,828	45,670	2,310	6,045	22,702	31,057	76,727	1,673	1527	3,200	79,927
% Change from FY 2025-26	5.56%	3.52%	2.91%	3.23%	5.62%	5.41%	5.47%	5.47%	4.13%	33.73%	19.57%	26.58%	4.87%
FY 2027-28 Projection	3,559	9,475	33,320	46,354	2,334	6,117	23,001	31,452	77,806	1,923	1695	3,618	81,424
% Change from FY 2026-27	1.37%	1.54%	1.50%	1.50%	1.04%	1.19%	1.32%	1.27%	1.41%	14.94%	11.00%	13.06%	1.87%
FY 2025-26 Appropriation	1,800	5,518	27,428	34,746	1,243	4,084	21,814	27,140	61,886	398	667	1,065	62,952
Difference between the FY 2025-26 Appropriation and Projection	1,526	3,496	4,472	9,494	944	1,651	(289)	2,307	11,801	853	610	1,463	13,263

Exhibit D - Children's Basic Health Plan Monthly Caseload Historical Summary									
CBHP CASELOAD FY 2020-21 without RETROACTIVITY									
FY 2020-21	Children to 205% FPL	Children 206%-260% FPL	Total Children	Prenatal to 205% FPL	Prenatal 206%-260% FPL	Total Prenatal	TOTAL CBHP	Monthly Growth	Monthly Growth Rate
July 2020	46,898	27,442	74,340	347	482	829	75,169		5.39%
August 2020	45,162	27,377	72,539	331	474	805	73,344	(1,825)	-2.43%
September 2020	43,435	26,952	70,387	320	467	787	71,174	(2,170)	-2.96%
October 2020	42,155	26,737	68,892	431	662	1,093	69,985	(1,189)	-1.67%
November 2020	40,312	26,878	67,190	370	629	999	68,189	(1,796)	-2.57%
December 2020	38,469	26,670	65,139	249	472	721	65,860	(2,329)	-3.42%
January 2021	36,614	27,185	63,799	247	459	706	64,505	(1,355)	-2.06%
February 2021	35,502	27,278	62,780	232	456	688	63,468	(1,037)	-1.61%
March 2021	34,455	27,093	61,548	236	446	682	62,230	(1,238)	-1.95%
April 2021	33,027	27,374	60,401	242	408	650	61,051	(1,179)	-1.89%
May 2021	31,351	28,175	59,526	222	401	623	60,149	(902)	-1.48%
June 2021	30,924	27,575	58,499	213	387	600	59,099	(1,050)	-1.75%
Year-to-Date Average	38,192	27,228	65,420	287	479	766	66,186	(1,461)	-1.53%
⁽¹⁾ Caseload has been restated for Children above 200% FPL and Prenatal above 200% FPL back to January 2014 and going forward. Due to the MAGI conversion in January 2014, clients that are between 201%-205% of FPL can not be explicitly identified. The Department is using a rolling 6 month average (prior to the MAGI conversion) of the proportion of clients that are 201%-205% and 206%-260% FPL and applying this distribution to the total caseload that is above 200% FPL.									
CBHP CASELOAD FY 2021-22 without RETROACTIVITY									
FY 2021-22	Children to 205% FPL	Children 206%-260% FPL	Total Children	Prenatal to 205% FPL	Prenatal 206%-260% FPL	Total Prenatal	TOTAL CBHP	Monthly Growth	Monthly Growth Rate
July 2021	30,730	26,742	57,472	193	372	565	58,037	(1,062)	-1.80%
August 2021	30,149	26,336	56,485	184	373	557	57,042	(995)	-1.71%
September 2021	29,787	25,722	55,509	167	352	519	56,028	(1,014)	-1.78%
October 2021	29,330	25,191	54,521	168	353	521	55,042	(986)	-1.76%
November 2021	28,486	25,231	53,717	171	356	527	54,244	(798)	-1.45%
December 2021	28,121	24,945	53,066	158	364	522	53,588	(656)	-1.21%
January 2022	27,618	24,865	52,483	176	369	545	53,028	(560)	-1.05%
February 2022	27,341	24,447	51,788	179	383	562	52,350	(678)	-1.28%
March 2022	26,761	24,326	51,087	173	393	566	51,653	(697)	-1.33%
April 2022	26,920	22,983	49,903	234	338	572	50,475	(1,178)	-2.28%
May 2022	25,857	23,214	49,071	230	334	564	49,635	(840)	-1.66%
June 2022	24,715	23,721	48,436	196	347	543	48,979	(656)	-1.32%
Year-to-Date Average	27,985	24,810	52,795	186	361	547	53,342	(843)	-1.55%
⁽¹⁾ Caseload has been restated for Children above 200% FPL and Prenatal above 200% FPL back to January 2014 and going forward. Due to the MAGI conversion in January 2014, clients that are 201%-205% FPL's can not be explicitly identified. The Department is using a rolling 6 month average (prior to the MAGI conversion) of the proportion of clients that are 201%-205% and 206%-260% FPL and applying this distribution to the total caseload that is above 200% FPL.									

CBHP CASELOAD FY 2022-23 without RETROACTIVITY									
FY 2022-23	Children to 205% FPL	Children 206%-260% FPL	Total Children	Prenatal to 205% FPL	Prenatal 206%-260% FPL	Total Prenatal	TOTAL CBHP	Monthly Growth	Monthly Growth Rate
July 2022	24,064	24,306	48,370	235	353	588	48,958	(677)	-1.38%
August 2022	23,635	24,475	48,110	328	564	892	49,002	44	0.09%
September 2022	22,772	24,791	47,563	340	586	926	48,489	(513)	-1.05%
October 2022	22,539	24,750	47,289	334	590	924	48,213	(276)	-0.57%
November 2022	21,713	25,489	47,202	353	587	940	48,142	(71)	-0.15%
December 2022	21,517	25,184	46,701	385	602	987	47,688	(454)	-0.94%
January 2023	21,515	24,839	46,354	412	601	1,013	47,367	(321)	-0.67%
February 2023	21,520	24,639	46,159	436	582	1,018	47,177	(190)	-0.40%
March 2023	21,256	24,921	46,177	448	604	1,052	47,229	52	0.11%
April 2023	22,594	22,160	44,754	559	508	1,067	45,821	(1,408)	-2.98%
May 2023	22,716	21,432	44,148	541	517	1,058	45,206	(615)	-1.34%
June 2023	23,708	20,630	44,338	550	547	1,097	45,435	229	0.51%
Year-to-Date Average	22,462	23,968	46,430	410	553	964	47,394	(350)	-0.73%

⁽¹⁾ Caseload has been restated for Children above 200% FPL and Prenatal above 200% FPL back to January 2014 and going forward. Due to the MAGI conversion in January 2014, clients that are between 201%-205% of FPL can not be explicitly identified. The Department is using a rolling 6 month average (prior to the MAGI conversion) of the proportion of clients that are 201%-205% and 206%-259% FPL and applying this distribution to the total caseload that is above 200% FPL.

CBHP CASELOAD FY 2023-24 without RETROACTIVITY									
FY 2023-24	Children to 205% FPL	Children 206%-260% FPL	Total Children	Prenatal to 205% FPL	Prenatal 206%-260% FPL	Total Prenatal	TOTAL CBHP	Monthly Growth	Monthly Growth Rate
July 2023	25,085	20,825	45,910	557	562	1,119	47,029	1,594	3.51%
August 2023	27,186	21,901	49,087	542	603	1,145	50,232	3,203	6.81%
September 2023	29,524	22,962	52,486	541	640	1,181	53,667	3,435	6.84%
October 2023	31,855	24,323	56,178	568	659	1,227	57,405	3,738	6.97%
November 2023	35,311	25,934	61,245	564	741	1,305	62,550	5,145	8.96%
December 2023	37,589	27,882	65,471	589	794	1,383	66,854	4,304	6.88%
January 2024	39,412	30,470	69,882	618	847	1,465	71,347	4,493	6.72%
February 2024	41,518	32,200	73,718	658	892	1,550	75,268	3,921	5.50%
March 2024	43,618	34,311	77,929	668	947	1,615	79,544	4,276	5.68%
April 2024	47,749	33,219	80,968	753	924	1,677	82,645	3,101	3.90%
May 2024	51,089	34,375	85,464	785	910	1,695	87,159	4,514	5.46%
June 2024	52,591	34,739	87,330	829	929	1,758	89,088	1,929	2.21%
Year-to-Date Average	38,544	28,595	67,139	639	787	1,427	68,566	3,638	5.79%

⁽¹⁾ Caseload has been restated for Children above 200% FPL and Prenatal above 200% FPL between January 2014 and February 2017. Due to the MAGI conversion in January 2014, clients that are between 201%-205% of FPL can not be explicitly identified. The Department is using a rolling 6 month average (prior to the MAGI conversion) of the proportion of clients that are 201%-205% and 206%-259% FPL and applying this distribution to the total caseload that is above 200% FPL. Beginning in March 2017, the Department is able to accurately identify all clients by FPL so a distribution

CBHP CASELOAD FY 2024-25 without RETROACTIVITY									
FY 2024-25	Children to 205% FPL	Children 206%-260% FPL	Total Children	Prenatal to 205% FPL	Prenatal 206%-260% FPL	Total Prenatal	TOTAL CBHP	Monthly Growth	Monthly Growth Rate
July 2024	53,193	34,419	87,612	863	952	1,815	89,427	339	0.38%
August 2024	53,777	33,553	87,330	909	937	1,846	89,176	(251)	-0.28%
September 2024	54,206	34,391	88,597	935	966	1,901	90,498	1,322	1.48%
October 2024	54,519	34,073	88,592	951	1,017	1,968	90,560	62	0.07%
November 2024	56,092	33,960	90,052	965	1,052	2,017	92,069	1,509	1.67%
December 2024	56,199	33,292	89,491	1,001	1,089	2,090	91,581	(488)	-0.53%
January 2025	57,123	33,624	90,747	1,001	1,174	2,175	92,922	1,341	1.46%
February 2025	55,950	32,891	88,841	1,001	1,223	2,224	91,065	(1,857)	-2.00%
March 2025	55,720	33,128	88,848	1,011	1,285	2,296	91,144	79	0.09%
April 2025	52,863	30,537	83,400	1,083	1,235	2,318	85,718	(5,426)	-5.95%
May 2025	49,118	29,635	78,753	1,087	1,243	2,330	81,083	(4,635)	-5.41%
June 2025	47,103	29,497	76,600	1,123	1,257	2,380	78,980	(2,103)	-2.59%
Year-to-Date Average	53,822	32,750	86,572	994	1,119	2,113	88,685	(842)	-0.97%

Exhibit D - Children's Basic Health Plan Monthly Caseload Historical Summary

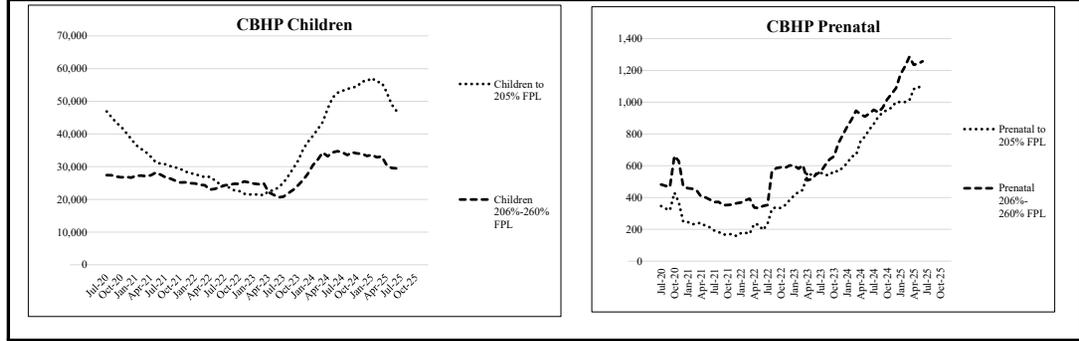


Exhibit D - Children's Basic Health Plan Capitation Payments Per Capita Historical Summary							
Item	Children Medical 0%-205% FPL	Children Medical 206%-260% FPL	Children Dental 0%-205% FPL	Children Dental 206%-260% FPL	Prenatal 0%-205% FPL	Prenatal 206%-260% FPL	Total
FY 2020-21 Actuals	\$3,043.33	\$1,875.35	\$336.51	\$207.36	\$11,546.18	\$9,722.16	\$2,927.52
% Change from FY 2019-20	30.16%	-1.38%	30.16%	-1.38%	26.13%	13.36%	17.05%
FY 2021-22 Actuals	\$2,172.98	\$2,183.52	\$267.04	\$262.58	\$5,721.04	\$8,129.50	\$2,492.79
% Change from FY 2020-21	-28.60%	16.43%	-20.64%	26.63%	-50.45%	-16.38%	-14.85%
FY 2022-23 Actuals	\$2,206.34	\$2,046.76	\$245.86	\$246.00	\$8,581.45	\$8,121.31	\$2,490.75
% Change from FY 2021-22	1.54%	-6.26%	-7.93%	-6.31%	50.00%	-0.10%	-0.08%
FY 2023-24 Actuals	\$2,429.58	\$2,242.74	\$265.76	\$260.03	\$7,007.05	\$6,166.13	\$2,695.06
% Change from FY 2022-23	10.12%	9.58%	8.09%	5.70%	-18.35%	-24.07%	8.20%
FY 2024-25 Actuals	\$2,569.48	\$2,513.19	\$348.40	\$339.45	\$7,948.58	\$7,349.33	\$3,003.69
% Change from FY 2023-24	5.76%	12.06%	31.10%	30.54%	13.44%	19.19%	11.45%
FY 2025-26 Projection	\$3,066.14	\$3,073.92	\$315.96	\$316.62	\$8,817.03	\$9,156.00	\$3,571.32
% Change from FY 2024-25	19.33%	22.31%	-9.31%	-6.73%	10.93%	24.58%	18.90%
FY 2026-27 Projection	\$3,435.42	\$3,454.95	\$344.65	\$345.55	\$8,912.93	\$9,718.86	\$4,008.90
% Change from FY 2025-26	12.04%	12.40%	9.08%	9.14%	1.09%	6.15%	12.25%
FY 2027-28 Projection	\$4,041.38	\$4,062.89	\$376.73	\$377.26	\$9,482.30	\$10,381.50	\$4,670.37
% Change from FY 2026-27	17.64%	17.60%	9.31%	9.18%	6.39%	6.82%	16.50%

Exhibit D - Children's Basic Health Plan Program, Historical Expenditures Summary							
Annual Total Expenditures							
FY	Item	Children to 205% FPL	Children 206%-260% FPL	Prenatal to 205% FPL	Prenatal 206%-260% FPL	Other Payments	CBHP TOTAL
FY 2019-20 Actuals	Medical Per Capita	\$2,338.07	\$1,901.68	\$9,154.01	\$8,576.27	-	-
	Dental Per Capita	\$258.53	\$210.27	-	-	-	-
	Caseload	49,711	26,851	362	543	-	77,467
	Medical Expenditure	\$116,227,894	\$51,061,907	\$3,313,753	\$4,656,917	-	\$175,260,471
	Dental Expenditure	\$12,851,576	\$5,646,029	-	-	-	\$18,497,606
	Other Payments	\$193,132	\$107,992	-	-	\$2,501,956	\$2,803,080
	Recoveries	(\$2,673,527)	(\$1,584,102)	(\$100,157)	(\$436,838)	\$4,794,624	\$0
	Total FY 2019-20 Expenditures	\$126,599,075	\$55,231,827	\$3,213,596	4,220,079	7,296,580	\$196,561,156
FY 2020-21 Actuals	Medical Per Capita	\$3,043.33	\$1,875.35	\$11,546.18	\$9,722.16	-	-
	Dental Per Capita	\$336.51	\$207.36	-	-	-	-
	Caseload	38,191	27,228	287	479	-	66,184
	Medical Expenditure	\$116,227,894	\$51,061,907	\$3,313,753	\$4,656,917	-	\$175,260,471
	Dental Expenditure	\$12,851,576	\$5,646,029	-	-	-	\$18,497,606
	Other Payments	\$279,825	\$127,554	-	-	\$3,162,548	\$3,569,928
	Recoveries	(\$2,679,982)	(\$1,452,293)	(\$105,868)	(\$229,408)	\$4,467,551	-
	Total FY 2020-21 Expenditures	\$126,679,314	\$55,383,198	\$3,207,885	\$4,427,509	\$7,630,099	\$197,328,005
% Change from FY 2019-20	0.06%	0.27%	-0.18%	4.92%	-	0.39%	
FY 2021-22 Actuals	Medical Per Capita	\$2,172.98	\$2,183.52	\$5,721.04	\$8,129.50	-	-
	Dental Per Capita	\$267.04	\$262.58	-	-	-	-
	Caseload	27,985	24,810	186	361	-	53,343
	Medical Expenditure	\$60,810,946	\$54,173,048	\$1,064,114	\$2,934,751	-	\$118,982,858
	Dental Expenditure	\$7,473,016	\$6,514,581	-	-	-	\$13,987,597
	Other Payments	-	-	-	-	-	\$0
	Recoveries	(\$67,906)	(\$32,401)	-	-	\$100,307	-
	Total FY 2021-22 Expenditures	\$68,216,055	\$60,655,228	\$1,064,114	\$2,934,751	\$100,307	\$132,970,455
% Change from FY 2020-21	-46.15%	9.52%	-66.83%	-33.72%	-	-32.61%	
FY 2022-23 Actuals	Medical Per Capita	\$2,206.34	\$2,046.76	\$8,581.45	\$8,121.31	-	-
	Dental Per Capita	\$245.86	\$246.00	-	-	-	-
	Caseload	22,462	23,968	410	553	-	47,392
	Medical Expenditure	\$49,558,912	\$49,056,795	\$3,518,393	\$4,491,087	-	\$106,625,186
	Dental Expenditure	\$5,522,556	\$5,896,216	-	-	-	\$11,418,773
	Other Payments	-	-	-	-	-	\$0
	Recoveries	-	-	-	-	-	-
	Total FY 2022-23 Expenditures	\$55,081,468	\$54,953,011	\$3,518,393	\$4,491,087	-	\$118,043,959
% Change from FY 2021-22	-19.25%	-9.40%	230.64%	53.03%	-	-11.23%	
FY 2023-24 Actuals	Medical Per Capita	\$2,430	\$2,242.74	\$7,007	\$6,166	-	-
	Dental Per Capita	\$265.76	\$260.03	-	-	-	-
	Caseload	38,543	28,594	639	787	-	68,563
	Medical Expenditure	\$93,643,401	\$64,128,987	\$4,477,507	\$4,852,748	-	\$167,102,643
	Dental Expenditure	\$10,243,249	\$7,435,359	-	-	-	\$17,678,608
	Other Payments	-	-	-	-	-	-
	Recoveries	-	-	-	-	-	-
	Total FY 2023-24 Expenditures	\$103,886,650	\$71,564,346	\$4,477,507	\$4,852,748	-	\$184,781,251
% Change from FY 2022-23	88.61%	30.23%	27.26%	8.05%	-	56.54%	
FY 2024-25 Actuals	Medical Per Capita	\$2,569	\$2,513.19	\$7,949	\$7,349	-	-
	Dental Per Capita	\$348.40	\$339.45	-	-	-	-
	Caseload	53,822	32,750	994	1,070	-	88,636
	Medical Expenditure	\$138,294,385	\$82,306,870	\$7,900,891	\$7,863,784	-	\$236,365,930
	Dental Expenditure	\$18,751,632	\$11,117,093	-	-	-	\$29,868,725
	Other Payments	-	-	-	-	-	-
	Recoveries	-	-	-	-	-	-
	Total FY 2024-25 Expenditures	\$157,046,017	\$93,423,963	\$7,900,891	\$7,863,784	-	\$266,234,655
% Change from FY 2023-24	51.17%	30.55%	76.46%	62.05%	-	44.08%	

Exhibit D - Children's Basic Health Plan Program, Historical Expenditures Summary							
Projected Total Expenditures							
FY	Item	Children to 205% FPL	Children 206%-260% FPL	Prenatal to 205% FPL	Prenatal 206%-260% FPL	Other Payments	CBHP TOTAL
FY 2025-26 Projection	<i>Medical Per Capita</i>	\$3,066.14	\$3,073.92	\$8,817.03	\$9,156.00	-	-
	<i>Dental Per Capita</i>	\$316.96	\$316.62	-	-	-	-
	<i>Caseload</i>	44,240	29,447	1,251	1,277	-	76,215
	<i>Medical Expenditure</i>	\$135,646,087	\$90,517,675	\$11,030,528	\$11,692,619	-	\$248,886,909
	<i>Dental Expenditure</i>	\$13,978,143	\$9,323,409	-	-	-	\$23,301,552
	<i>Recoveries</i>	-	-	-	-	-	-
	Total FY 2025-26 Expenditures	\$149,624,230	\$99,841,084	\$11,030,528	\$11,692,619	-	\$272,188,461
	% Change from FY 2024-25	-4.73%	6.87%	39.61%	48.69%	-	2.24%
FY 2026-27 Projection	<i>Medical Per Capita</i>	\$3,435.42	\$3,454.95	\$8,912.93	\$9,718.86	-	-
	<i>Dental Per Capita</i>	\$344.65	\$345.55	-	-	-	-
	<i>Caseload</i>	45,670	31,057	1,673	1,527	-	79,927
	<i>Medical Expenditure</i>	\$156,895,439	\$107,300,387	\$14,911,339	\$14,840,705	-	\$293,947,870
	<i>Dental Expenditure</i>	\$15,740,119	\$10,731,633	-	-	-	\$26,471,752
	Total FY 2026-27 Expenditures	\$172,635,558	\$118,032,020	\$14,911,339	\$14,840,705	-	\$320,419,622
		% Change from FY 2025-26	15.38%	18.22%	35.18%	26.92%	-
FY 2027-28 Projection	<i>Medical Per Capita</i>	\$4,041.38	\$4,062.89	\$9,482.30	\$10,381.50	-	-
	<i>Dental Per Capita</i>	\$376.73	\$377.26	-	-	-	-
	<i>Caseload</i>	46,354	31,452	1,923	1,695	-	81,424
	<i>Medical Expenditure</i>	\$187,334,089	\$127,786,048	\$18,234,461	\$17,596,641	-	\$350,951,239
	<i>Dental Expenditure</i>	\$17,463,020	\$11,865,592	-	-	-	\$29,328,612
	Total FY 2027-28 Expenditures	\$204,797,109	\$139,651,640	\$18,234,461	\$17,596,641	-	\$380,279,851
		% Change from FY 2026-27	18.63%	18.32%	22.29%	18.57%	-

Exhibit E - Traditional Population Expenditures and Funding				
FY 2024-25 Projected Expenditures				
Item	Children 0%-205% Medical	Children 0%-205% Dental	Prenatal 0%-205%	Totals
Caseload	44,240	44,240	1,251	45,491
Estimated Per Capita Cost	\$3,066.14	\$315.96	\$8,817.03	\$3,531.57
Total Estimated Expenditures FY 2024-25	\$135,646,087	\$13,978,143	\$11,030,528	\$160,654,758
FY 2025-26 Projected Expenditures				
Item	Children 0%-205% Medical	Children 0%-205% Dental	Prenatal 0%-205%	Totals
Caseload	45,670	45,670	1,673	47,343
Estimated Per Capita Cost	\$3,435.42	\$344.65	\$8,912.93	\$3,961.45
Total Estimated Expenditures FY 2025-26	\$156,895,439	\$15,740,119	\$14,911,339	\$187,546,897
FY 2027-28 Projected Expenditures				
Item	Children 0%-205% Medical	Children 0%-205% Dental	Prenatal 0%-205%	Totals
Caseload	46,354	46,354	1,923	48,277
Estimated Per Capita Cost	\$4,041.38	\$376.73	\$9,482.30	\$4,619.83
Total Estimated Expenditures FY 2027-28	\$187,334,089	\$17,463,020	\$18,234,461	\$223,031,570

Exhibit E - Traditional Population Expenditures and Funding								
Cash Funds Forecast ⁽¹⁾								
Row	Item	FY 2022-23 Actuals	FY 2023-24 Actuals	FY 2024-25 Actuals	FY 2025-26 Forecast	FY 2026-27 Forecast	FY 2027-28 Forecast	Notes
A	CHP+ Trust Fund - 18% of settlement	\$15,992,063	\$16,753,114	\$14,933,721	\$14,148,000	\$13,860,000	\$13,608,000	2025 Tobacco MSA Payment Forecast and HB 16-1408 ⁽¹⁾
B	Total Trust Fund Expenditure	\$17,348,656	\$14,571,976	\$13,986,437	\$11,936,006	\$11,648,656	\$11,396,656	Actuals: Reported in CORE Forecast: Exhibit B
C	CHP Premiums	\$16,931,157	\$13,998,920	\$13,412,720	\$10,588,875	\$10,301,525	\$10,049,525	Actuals: Reported in CORE Forecast: Row B - Row D
D	CHP+ Admin	\$417,499	\$573,056	\$573,717	\$1,347,131	\$1,347,131	\$1,347,131	Actuals: Reported in CORE Forecast: Exhibit A
E	% of Projection ⁽²⁾	108.48%	86.98%	93.66%	84.37%	84.05%	83.75%	Row B / Row A
F	Immunizations - 2.5% of settlement	\$1,880,000	\$1,880,000	\$1,880,000	\$1,965,000	\$1,965,000	\$1,890,000	2025 Tobacco MSA Payment Forecast and HB 16-1408 ⁽¹⁾
G	% Appropriated to CHP+	19.50%	19.50%	19.50%	19.50%	19.50%	19.50%	Percentage appropriated to CHP+
H	Projected Amount	\$417,300	\$417,300	\$417,300	\$383,175	\$383,175	\$368,550	Row F * Row G
I	Total CO Immunization Fund Expenditure	\$417,300	\$417,300	\$417,300	\$383,175	\$383,175	\$368,550	Actuals: Reported in CORE Forecast: Row H * Row J
J	% of Projection	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	Actuals: Row I / Row H Forecast: Rolling 3 year average

⁽¹⁾https://leg.colorado.gov/sites/default/files/r22-1074_2023_tobacco_msa_forecast.pdf

⁽²⁾The CHP+ Trust Fund covered the State share of this populations from FY 2014-15 to FY 2019-20. Starting in FY 2020-21, both General Fund and CHP+ Trust Fund are used to cover the state share.

FY 2025-26 - Calculation of Fund Splits									
Row	Item	Total Funds	General Fund	CBHP Trust Fund ⁽¹⁾	CO Immunization Fund ⁽²⁾	Health Care Expansion Fund	Reappropriated Funds	Federal Funds	FMAP
A	Expenditures to be matched	\$160,654,758	\$56,229,165	\$0	\$0	\$0	\$0	\$104,425,593.0	65.00%
B	<i>Estimated Enrollment Fees</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
C	Expenditures/No Cash Funds	\$160,654,758	\$56,229,165	\$0	\$0	\$0	\$0	\$104,425,593.0	65.00%
D	<i>Offset From Cash Funds</i>	\$0	(\$10,972,051)	\$10,588,875	\$383,175	\$1	\$0	\$0	NA
E	Total Estimated Expenditures FY 2023-24	\$160,654,758	\$45,257,114	\$10,588,875	\$383,175	\$1	\$0	\$104,425,593.0	65.00%
F	<i>Offset from General Fund</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	NA
G	Total Estimated Expenditures FY 2024-25	\$160,654,758	\$45,257,114	\$10,588,875	\$383,175	\$1	\$0	\$104,425,593.0	65.00%

⁽¹⁾Forecasted above in Cash Funds Forecast Table, Row C

⁽²⁾Forecasted above in Cash Funds Forecast Table, Row I

FY 2026-27 - Calculation of Fund Splits									
Row	Item	Total Funds	General Fund	CBHP Trust Fund ⁽¹⁾	CO Immunization Fund ⁽²⁾	Health Care Expansion Fund	Reappropriated Funds	Federal Funds	FMAP
A	Expenditures to be matched	\$187,546,897	\$65,641,414	\$0	\$0	\$0	\$0	\$121,905,483	65.00%
B	<i>Estimated Enrollment Fees</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
C	Expenditures/No Cash Funds	\$187,546,897	\$65,641,414	\$0	\$0	\$0	\$0	\$121,905,483	65.00%
D	<i>Offset From Cash Funds</i>	\$0	(\$10,684,701)	\$10,301,525	\$383,175	\$1	\$0	\$0	NA
E	Total Estimated Expenditures FY 2025-26	\$187,546,897	\$54,956,713	\$10,301,525	\$383,175	\$1	\$0	\$121,905,483	65.00%

⁽¹⁾Forecasted above in Cash Funds Forecast Table, Row C

⁽²⁾Forecasted above in Cash Funds Forecast Table, Row I

FY 2027-28 - Calculation of Fund Splits									
Row	Item	Total Funds	General Fund	CBHP Trust Fund ⁽¹⁾	CO Immunization Fund ⁽²⁾	Health Care Expansion Fund	Reappropriated Funds	Federal Funds	FMAP
A	Expenditures to be matched	\$223,031,570	\$78,061,049	\$0	\$0	\$0	\$0	\$144,970,521	65.00%
B	<i>Estimated Enrollment Fees</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
C	Expenditures/No Cash Funds	\$223,031,570	\$78,061,049	\$0	\$0	\$0	\$0	\$144,970,521	65.00%
D	<i>Offset From Cash Funds</i>	\$0	(\$10,418,076)	\$10,049,525	\$368,550	\$1	\$0	\$0	NA
E	Total Estimated Expenditures FY 2027-28	\$223,031,570	\$67,642,973	\$10,049,525	\$368,550	\$1	\$0	\$144,970,521	65.00%

⁽¹⁾Forecasted above in Cash Funds Forecast Table, Row C

⁽²⁾Forecasted above in Cash Funds Forecast Table, Row I

Exhibit E - Expansion Population Expenditures and Funding				
FY 2025-26 Projected Expenditures				
Item	Children 206%-260% Medical	Children 206%-260% Dental	Prenatal 206%-260%	Totals
Caseload	29,447	29,447	1,277	30,724
Estimated Per Capita Cost	\$3,073.92	\$316.62	\$9,156.00	\$3,630.18
Total Estimated Expenditures FY 2025-26	\$90,517,675	\$9,323,409	\$11,692,619	\$111,533,703
FY 2026-27 Projected Expenditures				
Item	Children 206%-260% Medical	Children 206%-260% Dental	Prenatal 206%-260%	Totals
Caseload	31,057	31,057	1,527	32,584
Estimated Per Capita Cost	\$3,454.95	\$345.55	\$9,718.86	\$4,077.85
Total Estimated Expenditures FY 2026-27	\$107,300,387	\$10,731,633	\$14,840,705	\$132,872,725
FY 2027-28 Projected Expenditures				
Item	Children 206%-260% Medical	Children 206%-260% Dental	Prenatal 206%-260%	Totals
Caseload	31,452	31,452	1,695	33,147
Estimated Per Capita Cost	\$4,062.89	\$377.26	\$10,381.50	\$4,743.97
Total Estimated Expenditures FY 2027-28	\$127,786,048	\$11,865,592	\$17,596,641	\$157,248,281

Exhibit E - Expansion Population Expenditures and Funding						
FY 2025-26 - Calculation of Fund Splits						
Item	Total Funds	General Fund	HAS Fee Cash Fund	Reappropriated Funds	Federal Funds	FMAP
Expenditures to be matched	\$111,533,703	\$0	\$39,036,796	\$0	\$72,496,907	65.00%
<i>Estimated Enrollment Fees</i>	\$0	\$0	\$0	\$0	\$0	NA
Total Estimated Expenditures FY 2025-26	\$111,533,703	\$0	\$39,036,796	\$0	\$72,496,907.0	65.00%
FY 2026-27 - Calculation of Fund Splits						
Item	Total Funds	General Fund	HAS Fee Cash Fund	Reappropriated Funds	Federal Funds	FMAP
Expenditures to be matched	\$132,872,725	\$0	\$46,505,453	\$0	\$86,367,272	65.00%
<i>Estimated Enrollment Fees</i>	\$0	\$0	\$0	\$0	\$0	NA
Total Estimated Expenditures FY 2026-27	\$132,872,725	\$0	\$46,505,453	\$0	\$86,367,272	65.00%
FY 2027-28 - Calculation of Fund Splits						
Item	Total Funds	General Fund	HAS Fee Cash Fund	Reappropriated Funds	Federal Funds	FMAP
Expenditures to be matched	\$157,248,281	\$0	\$55,036,898	\$0	\$102,211,383	65.00%
<i>Estimated Enrollment Fees</i>	\$0	\$0	\$0	\$0	\$0	NA
Total Estimated Expenditures FY 2027-28	\$157,248,281	\$0	\$55,036,898	\$0	\$102,211,383	65.00%

Exhibit E - Enrollment Fees Historical Summary					
Item	Children 157%-200%	Children 201%-205%	Children 206%-260%	Enrollment Fees	Average Enrollment Fee
FY 2017-18 Actuals	30,313	2,717	-	\$1,127,546	\$34.14
FY 2018-19 Actuals	31,486	2,849	26,958	\$1,264,903	\$20.64
% Change from FY 2017-18	3.87%	4.84%	-	12.18%	-39.55%
FY 2019-20 Actuals	29,432	2,607	22,585	\$1,001,760	\$18.34
% Change from FY 2018-19	-6.52%	-8.50%	-16.22%	-20.80%	-11.14%
FY 2020-21 Actuals	20,891	2,021	27,447	\$275,115	\$5.46
% Change from FY 2019-20	-29.02%	-22.49%	21.53%	-72.54%	-70.21%

Exhibit F - Expenditure Calculations by Eligibility Category															
CBHP Capitation Calculations by Eligibility Category for FY 2025-26															
Service Expenditure	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%	Total
Weighted Capitation Rate	\$426.95	\$220.74	\$218.51	\$426.78	\$221.03	\$219.63	\$10.70	\$25.67	\$28.29	\$10.70	\$25.71	\$28.33	\$445.69	\$447.93	\$267.52
Estimated Monthly Caseload	3,326	9,014	31,900	2,189	5,735	21,526	3,326	9,014	31,900	2,189	5,735	21,526	1,252	1,277	76,219
Number of Months Rate is Effective	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Total Estimated Costs for FY 2025-26 Capitated Payments	\$17,040,428	\$23,877,004	\$83,645,628	\$11,210,657	\$15,211,285	\$56,733,065	\$427,058	\$2,776,673	\$10,829,412	\$281,068	\$1,769,362	\$7,317,979	\$6,696,047	\$6,864,079	\$244,679,745
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service	99.00%	99.00%	99.00%	99.80%	99.80%	99.80%	100.22%	100.17%	100.16%	102.40%	100.35%	100.14%	100.64%	100.22%	99.47%
Estimated Expenditure for Claims Paid in Current Period with Current Period Dates of Service	\$16,870,024	\$23,638,234	\$82,809,172	\$11,188,236	\$15,180,862	\$56,619,599	\$428,007	\$2,781,437	\$10,846,942	\$287,816	\$1,775,615	\$7,328,085	\$6,738,580	\$6,879,215	\$243,371,824
Estimated Expenditure for Prior Period Dates of Service	\$170,404	\$238,770	\$836,456	\$22,421	\$30,423	\$113,466	(\$949)	(\$4,764)	(\$17,530)	(\$6,748)	(\$6,253)	(\$10,106)	(\$42,533)	(\$15,136)	\$1,307,921
Total Estimated Expenditure in FY 2025-26	\$17,040,428	\$23,877,004	\$83,645,628	\$11,210,657	\$15,211,285	\$56,733,065	\$427,058	\$2,776,673	\$10,829,412	\$281,068	\$1,769,362	\$7,317,979	\$6,696,047	\$6,864,079	\$244,679,745
Unadjusted Per Capitas in FY 2025-26	\$5,123.40	\$2,648.88	\$2,622.12	\$5,121.36	\$2,652.36	\$2,635.56	\$128.40	\$308.04	\$339.48	\$128.40	\$308.52	\$339.96	\$5,348.28	\$5,375.16	\$3,210.22

Exhibit F - Expenditure Calculations by Eligibility Category															
CBHP Capitation Calculations by Eligibility Category for FY 2026-27															
Service Expenditure	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%	Total
Weighted Capitation Rate	\$486.14	\$262.57	\$259.79	\$485.18	\$262.68	\$261.29	\$12.26	\$29.43	\$30.42	\$12.26	\$29.44	\$30.47	\$502.24	\$506.29	\$314.70
Estimated Monthly Caseload	3,511	9,331	32,828	2,310	6,045	22,703	3,511	9,331	32,828	2,310	6,045	22,703	1,673	1,527	79,928
Number of Months Rate is Effective	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Total Estimated Costs for FY 2026-27 Capitated Payments	\$20,482,050	\$29,400,488	\$102,340,633	\$13,449,190	\$19,054,807	\$71,184,802	\$516,538	\$3,295,336	\$11,983,533	\$339,847	\$2,135,578	\$8,301,125	\$10,082,970	\$9,277,258	\$301,844,155
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service	99.00%	99.00%	99.00%	99.80%	99.80%	99.80%	100.22%	100.17%	100.16%	102.40%	100.35%	100.14%	100.64%	100.22%	99.47%
Estimated Expenditure for Claims Paid in Current Period with Current Period Dates of Service	\$20,277,230	\$29,106,483	\$101,317,227	\$13,422,292	\$19,016,697	\$71,042,432	\$517,674	\$3,300,938	\$12,002,707	\$348,003	\$2,143,053	\$8,312,747	\$10,147,501	\$9,297,668	\$300,252,652
Estimated Expenditure for Prior Period Dates of Service	\$204,821	\$294,005	\$1,023,406	\$26,898	\$38,110	\$142,370	(\$1,148)	(\$5,654)	(\$19,398)	(\$8,160)	(\$7,547)	(\$11,463)	(\$64,046)	(\$20,458)	\$1,591,736
Total Estimated Expenditure in FY 2026-27	\$20,482,051	\$29,400,488	\$102,340,633	\$13,449,190	\$19,054,807	\$71,184,802	\$516,526	\$3,295,284	\$11,983,309	\$339,843	\$2,135,506	\$8,301,284	\$10,083,455	\$9,277,210	\$301,844,388
Unadjusted Per Capitas in FY 2026-27	\$5,833.68	\$3,150.84	\$3,117.48	\$5,822.16	\$3,152.16	\$3,135.48	\$147.12	\$353.15	\$365.03	\$147.12	\$353.27	\$365.65	\$6,027.17	\$6,075.45	\$3,776.45

Exhibit F - Expenditure Calculations by Eligibility Category															
CBHP Capitation Calculations by Eligibility Category for FY 2027-28															
Service Expenditure	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%	Total
Weighted Capitation Rate	\$553.53	\$312.32	\$308.88	\$551.58	\$312.17	\$310.85	\$14.06	\$33.73	\$32.72	\$14.05	\$33.71	\$32.76	\$565.96	\$572.27	\$369.41
Estimated Monthly Caseload	3,559	9,475	33,320	2,334	6,117	23,002	3,559	9,475	33,320	2,334	6,117	23,002	1,923	1,695	81,425
Number of Months Rate is Effective	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Total Estimated Costs for FY 2027-28 Capitated Payments	\$23,640,159	\$35,510,784	\$123,502,579	\$15,448,653	\$22,914,527	\$85,802,060	\$600,474	\$3,835,101	\$13,082,765	\$393,512	\$2,474,449	\$9,042,546	\$13,060,093	\$11,639,972	\$360,947,674
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service	99.00%	99.00%	99.00%	99.80%	99.80%	99.80%	100.22%	100.17%	100.16%	102.40%	100.35%	100.14%	100.64%	100.22%	99.47%
Estimated Expenditure for Claims Paid in Current Period with Current Period Dates of Service	\$23,403,757	\$35,155,676	\$122,267,553	\$15,417,756	\$22,868,698	\$85,630,456	\$601,795	\$3,841,621	\$13,103,697	\$402,956	\$2,483,110	\$9,055,206	\$13,143,678	\$11,665,580	\$359,041,539
Estimated Expenditure for Prior Period Dates of Service	\$236,402	\$355,108	\$1,235,026	\$30,897	\$45,829	\$171,604	(\$1,335)	(\$6,580)	(\$21,178)	(\$9,448)	(\$8,745)	(\$12,487)	(\$82,957)	(\$25,668)	\$1,906,468
Total Estimated Expenditure in FY 2027-28	\$23,640,159	\$35,510,784	\$123,502,579	\$15,448,653	\$22,914,527	\$85,802,060	\$600,460	\$3,835,041	\$13,082,519	\$393,508	\$2,474,365	\$9,042,719	\$13,060,721	\$11,639,912	\$360,948,007
Unadjusted Per Capitas in FY 2027-28	\$6,642.36	\$3,747.84	\$3,706.56	\$6,618.96	\$3,746.04	\$3,730.20	\$168.72	\$404.75	\$392.63	\$168.60	\$404.51	\$393.13	\$6,791.85	\$6,867.20	\$4,432.89

Exhibit F - Expenditure Calculations by Eligibility Category Including Bottom Line Impacts							
Item	Children's Medical 0%-205%	Children's Medical 206%-260%	Children's Dental 0%-205%	Children's Dental 206%-260%	Prenatal 0%-205%	Prenatal 206%-260%	Total
Total Estimated Expenditure in FY 2025-26	\$124,563,060	\$83,155,007	\$14,033,143	\$9,368,409	\$6,696,047	\$6,864,079	\$244,679,745
DentaQuest MLR Reconciliation	\$0	\$0	(\$55,000)	(\$45,000)	\$0	\$0	(\$100,000)
Manual Enrollment "Cap Gap" Payments	\$814,333	\$713,630	\$0	\$0	\$12,441	\$25,862	\$1,566,266
Delivery Payments	\$0	\$0	\$0	\$0	\$4,267,773	\$4,593,303	\$8,861,076
Newborn Reinsurance	\$1,270,543	\$781,266	\$0	\$0	\$0	\$0	\$2,051,808
Colorado Access Rate Reopener	\$7,300,474	\$4,363,852	\$0	\$0	\$0	\$0	\$11,664,326
Specialty Drug Payments	\$267,812	\$216,903	\$0	\$0	\$0	\$0	\$484,715
HB 23-1300 Continuous Eligibility Medical Coverage	\$882,680	\$588,454	\$0	\$0	\$0	\$0	\$1,471,134
Fee-for-Service Expenditures	\$547,185	\$698,564	\$0	\$0	\$54,267	\$209,375	\$1,509,391
Total Estimated FY 2025-26 Expenditure Including Bottom Line Impacts	\$135,646,087	\$90,517,675	\$13,978,143	\$9,323,409	\$11,030,528	\$11,692,619	\$272,188,461
Estimated Monthly Caseload	44,240	29,450	44,240	29,450	1,252	1,277	76,219
Final Estimated Per Capita	\$3,066.14	\$3,073.61	\$315.96	\$316.58	\$8,810.33	\$9,156.32	\$3,571.14
Unadjusted Per Capita	\$2,815.62	\$2,823.60	\$317.20	\$318.11	\$5,348.28	\$5,375.16	\$3,210.22
Total Estimated Expenditure in FY 2026-27	\$152,223,172	\$103,688,799	\$15,795,119	\$10,776,633	\$10,083,455	\$9,277,210	\$301,844,388
DentaQuest MLR Reconciliation	\$0	\$0	(\$55,000)	(\$45,000)	\$0	\$0	(\$100,000)
Manual Enrollment "Cap Gap" Payments	\$814,333	\$713,630	\$0	\$0	\$12,441	\$25,862	\$1,566,266
Delivery Payments	\$0	\$0	\$0	\$0	\$4,753,872	\$5,291,944	\$10,045,816
Newborn Reinsurance	\$1,270,543	\$781,266	\$0	\$0	\$0	\$0	\$2,051,808
Specialty Drug Payments	\$267,812	\$216,903	\$0	\$0	\$0	\$0	\$484,715
HB 23-1300 Continuous Eligibility Medical Coverage	\$1,765,361	\$1,176,908	\$0	\$0	\$0	\$0	\$2,942,269
Fee-for-Service Expenditures	\$554,218	\$722,882	\$0	\$0	\$61,571	\$245,689	\$1,584,360
Total Estimated FY 2026-27 Expenditure Including Bottom Line Impacts	\$156,895,439	\$107,300,387	\$15,740,119	\$10,731,633	\$14,911,339	\$14,840,705	\$320,419,623
Estimated Monthly Caseload	45,670	31,058	45,670	31,058	1,673	1,527	79,928
Final Estimated Per Capita	\$3,435.42	\$3,454.84	\$344.65	\$345.54	\$8,912.93	\$9,718.86	\$4,008.85
Unadjusted Per Capita	\$3,333.11	\$3,338.55	\$345.85	\$346.98	\$6,027.17	\$6,075.45	\$3,776.45
Total Estimated Expenditure in FY 2027-28	\$182,653,522	\$124,165,240	\$17,518,020	\$11,910,592	\$13,060,721	\$11,639,912	\$360,948,007
Manual Enrollment "Cap Gap" Payments	\$814,333	\$713,630	\$0	\$0	\$12,441	\$25,862	\$1,566,266
DentaQuest MLR Reconciliation	\$0	\$0	(\$55,000)	(\$45,000)	\$0	\$0	(\$100,000)
Delivery Payments	\$0	\$0	\$0	\$0	\$5,092,823	\$5,658,147	\$10,750,970
Newborn Reinsurance	\$1,270,543	\$781,266	\$0	\$0	\$0	\$0	\$2,051,808
Specialty Drug Payments	\$267,812	\$216,906	\$0	\$0	\$0	\$0	\$484,718
HB 23-1300 Continuous Eligibility Medical Coverage	\$1,765,361	\$1,176,908	\$0	\$0	\$0	\$0	\$2,942,269
Fee-for-Service Expenditures	\$562,518	\$732,099	\$0	\$0	\$68,476	\$272,720	\$1,635,813
Total Estimated FY 2027-28 Expenditure Including Bottom Line Impacts	\$187,334,089	\$127,786,048	\$17,463,020	\$11,865,592	\$18,234,461	\$17,596,641	\$380,279,852
Estimated Monthly Caseload	46,354	31,453	46,354	31,453	1,923	1,695	81,425
Final Estimated Per Capita	\$4,041.38	\$4,062.76	\$376.73	\$377.25	\$9,482.30	\$10,381.50	\$4,670.31
Unadjusted Per Capita	\$3,940.40	\$3,947.64	\$377.92	\$378.68	\$6,791.85	\$6,867.20	\$4,432.89

Exhibit F - Incurred But Not Reported Expenditure by Fiscal Period															
Incurred But Not Reported Estimated Percentages for all Fiscal Periods															
Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%	Total
Estimated Percent of Claims Paid in Current Period	99.00%	99.00%	99.00%	99.80%	99.80%	99.80%	100.22%	100.17%	100.16%	102.40%	100.35%	100.14%	100.64%	100.22%	100.05%
Estimated Percent of Claims Paid in Prior Period	1.00%	1.00%	1.00%	0.20%	0.20%	0.20%	-0.22%	-0.17%	-0.16%	-2.40%	-0.35%	-0.14%	-0.64%	-0.22%	-0.05%
FY 2025-26 Estimated Expenditure for Prior Period Dates of Service															
Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%	Total
Estimated Capitation Expenditure	\$17,040,428	\$23,877,004	\$83,645,628	\$11,210,657	\$15,211,285	\$56,733,065	\$427,058	\$2,776,673	\$10,829,412	\$281,068	\$1,769,362	\$7,317,979	\$6,696,047	\$6,864,079	\$244,679,745
Estimated Percent of Prior Period Claims Paid in Current Period	1.00%	1.00%	1.00%	0.20%	0.20%	0.20%	-0.22%	-0.17%	-0.16%	-2.40%	-0.35%	-0.14%	-0.64%	-0.22%	0.53%
Estimated Expenditure for Prior Period Dates of Service	\$170,404	\$238,770	\$836,456	\$22,421	\$30,423	\$113,466	(\$949)	(\$4,764)	(\$17,530)	(\$6,748)	(\$6,253)	(\$10,106)	(\$42,533)	(\$15,136)	\$1,307,921
FY 2026-27 Estimated Expenditure for Prior Period Dates of Service															
Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%	Total
Estimated Capitation Expenditure	\$20,482,050	\$29,400,488	\$102,340,633	\$13,449,190	\$19,054,807	\$71,184,802	\$516,538	\$3,295,336	\$11,983,533	\$339,847	\$2,135,578	\$8,301,125	\$10,082,970	\$9,277,258	\$301,844,155
Estimated Percent of Prior Period Claims Paid in Current Period	1.00%	1.00%	1.00%	0.20%	0.20%	0.20%	-0.22%	-0.17%	-0.16%	-2.40%	-0.35%	-0.14%	-0.64%	-0.22%	0.53%
Estimated Expenditure for Prior Period Dates of Service	\$204,821	\$294,005	\$1,023,406	\$26,898	\$38,110	\$142,370	(\$1,148)	(\$5,654)	(\$19,398)	(\$8,160)	(\$7,547)	(\$11,463)	(\$64,046)	(\$20,458)	\$1,591,736
FY 2027-28 Estimated Expenditure for Prior Period Dates of Service															
Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%	Total
Estimated Capitation Expenditure	\$23,640,159	\$35,510,784	\$123,502,579	\$15,448,653	\$22,914,527	\$85,802,060	\$600,474	\$3,835,101	\$13,082,765	\$393,512	\$2,474,449	\$9,042,546	\$13,060,093	\$11,639,972	\$360,947,674
Estimated Percent of Prior Period Claims Paid in Current Period	1.00%	1.00%	1.00%	0.20%	0.20%	0.20%	-0.22%	-0.17%	-0.16%	-2.40%	-0.35%	-0.14%	-0.64%	-0.22%	0.53%
Estimated Expenditure for Prior Period Dates of Service	\$236,402	\$355,108	\$1,235,026	\$30,897	\$45,829	\$171,604	(\$1,335)	(\$6,580)	(\$21,178)	(\$9,448)	(\$8,745)	(\$12,487)	(\$82,957)	(\$25,668)	\$1,906,468

Exhibit G - Bottom Line Impacts Summary								
	Item	Children Medical to 205% FPL	Children Medical 206%-260% FPL	Children Dental to 205% FPL	Children Dental 206%-260% FPL	Prenatal to 205% FPL	Prenatal 206%-260% FPL	Total
FY 2024-25 Actuals	MLR Reconciliations	(\$203,265)	(\$315,674)	\$0	\$0	(\$8,209)	(\$14,137)	(\$541,286)
	Delta Dental MLR Reconciliation	\$0	\$0	(\$446,785)	(\$1,206,744)	(\$9,109)	(\$15,288)	(\$1,677,926)
	Delivery Payments	\$0	\$0	\$0	\$0	\$1,792,450	\$1,806,191	\$3,598,641
	Newborn Reinsurance	\$1,270,543	\$781,266	\$0	\$0	\$0	\$0	\$2,051,808
	COVID Vaccines	\$59,893	\$63,064	\$0	\$0	\$923	\$905	\$124,784
	Dental Incentive Payments	\$0	\$0	\$391,863	\$310,469	\$3,551	\$4,031	\$709,914
	Manual Enrollment "Cap Gap" Payments	\$2,640	\$3,173	\$0	\$0	\$0	\$0	\$5,813
	Respiratory Syncytial Virus (RSV) Vaccines	\$10,605	\$4,064	\$0	\$0	\$3,897	\$3,602	\$22,168
Total Bottom Line Adjustments for FY 2024-25	\$1,140,416	\$535,892	(\$54,922)	(\$896,276)	\$1,783,503	\$1,785,304	\$4,293,917	
FY 2025-26 Projection	DentaQuest MLR Reconciliation	\$0	\$0	(\$55,000)	(\$45,000)	\$0	\$0	(\$100,000)
	Manual Enrollment "Cap Gap" Payments	\$814,333	\$713,630	\$0	\$0	\$12,441	\$25,862	\$1,566,266
	Delivery Payments	\$0	\$0	\$0	\$0	\$4,267,773	\$4,593,303	\$8,861,076
	Newborn Reinsurance	\$1,270,543	\$781,266	\$0	\$0	\$0	\$0	\$2,051,808
	Colorado Access Rate Reopener	\$7,300,474	\$4,363,852	\$0	\$0	\$0	\$0	\$11,664,326
	Specialty Drug Payments	\$267,812	\$216,903	\$0	\$0	\$0	\$0	\$484,715
	HB 23-1300 Continuous Eligibility Medical Coverage	\$882,680	\$588,454	\$0	\$0	\$0	\$0	\$1,471,134
	Fee-for-Service Expenditures	\$547,185	\$698,564	\$0	\$0	\$54,267	\$209,375	\$1,509,391
Total Bottom Line Adjustments for FY 2025-26	\$11,083,027	\$7,362,668	(\$55,000)	(\$45,000)	\$4,334,481	\$4,828,540	\$27,508,716	
FY 2026-27 Projection	DentaQuest MLR Reconciliation	\$0	\$0	(\$55,000)	(\$45,000)	\$0	\$0	(\$100,000)
	Manual Enrollment "Cap Gap" Payments	\$814,333	\$713,630	\$0	\$0	\$12,441	\$25,862	\$1,566,266
	Delivery Payments	\$0	\$0	\$0	\$0	\$4,753,872	\$5,291,944	\$10,045,816
	Newborn Reinsurance	\$1,270,543	\$781,266	\$0	\$0	\$0	\$0	\$2,051,808
	Specialty Drug Payments	\$267,812	\$216,903	\$0	\$0	\$0	\$0	\$484,715
	HB 23-1300 Continuous Eligibility Medical Coverage	\$1,765,361	\$1,176,908	\$0	\$0	\$0	\$0	\$2,942,269
	Fee-for-Service Expenditures	\$554,218	\$722,882	\$0	\$0	\$61,571	\$245,689	\$1,584,360
	Total Bottom Line Adjustments for FY 2026-27	\$4,672,267	\$3,611,588	(\$55,000)	(\$45,000)	\$4,827,884	\$5,563,495	\$18,575,235
FY 2027-28 Projection	Manual Enrollment "Cap Gap" Payments	\$814,333	\$713,630	\$0	\$0	\$12,441	\$25,862	\$1,566,266
	DentaQuest MLR Reconciliation	\$0	\$0	(\$55,000)	(\$45,000)	\$0	\$0	(\$100,000)
	Delivery Payments	\$0	\$0	\$0	\$0	\$5,092,823	\$5,658,147	\$10,750,970
	Newborn Reinsurance	\$1,270,543	\$781,266	\$0	\$0	\$0	\$0	\$2,051,808
	Specialty Drug Payments	\$267,812	\$216,906	\$0	\$0	\$0	\$0	\$484,718
	HB 23-1300 Continuous Eligibility Medical Coverage	\$1,765,361	\$1,176,908	\$0	\$0	\$0	\$0	\$2,942,269
	Fee-for-Service Expenditures	\$562,518	\$732,099	\$0	\$0	\$68,476	\$272,720	\$1,635,813
	Total Bottom Line Adjustments for FY 2027-28	\$4,680,567	\$3,620,808	(\$55,000)	(\$45,000)	\$5,173,740	\$5,956,729	\$19,331,845

Exhibit H - Children's Basic Health Plan Retroactivity Adjustment⁽¹⁾

FY	Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%
FY 2017-18	Average Monthly Claims	3,655	10,748	33,689	1,604	4,252	13,470	3,387	10,190	32,029	1,473	4,025	12,823	546	468
	Average Caseload	3,114	9,704	30,636	1,695	4,556	14,557	3,114	9,704	30,636	1,695	4,556	14,557	195	431
	Claims as a Percentage of Caseload	117.38%	110.76%	109.96%	94.64%	93.33%	92.53%	108.77%	105.00%	104.55%	86.90%	88.34%	88.09%	280.21%	108.47%
FY 2018-19	Average Monthly Claims	3,400	11,806	37,390	1,666	5,327	17,392	3,202	11,390	35,883	1,568	5,145	16,808	300	435
	Average Caseload	3,345	11,546	36,587	1,772	5,540	18,100	3,345	11,546	36,587	1,772	5,540	18,100	305	537
	Claims as a Percentage of Caseload	101.64%	102.25%	102.19%	94.00%	96.15%	96.09%	95.73%	98.65%	98.08%	88.48%	92.88%	92.86%	98.39%	81.01%
FY 2019-20	Average Monthly Claims	3,312	12,177	38,999	1,696	5,559	18,595	3,021	11,510	36,927	1,516	5,276	17,738	290	439
	Average Caseload	3,247	11,903	38,143	1,786	5,727	19,229	3,247	11,903	38,143	1,786	5,727	19,229	356	558
	Claims as a Percentage of Caseload	102.01%	102.30%	102.24%	94.98%	97.06%	96.70%	93.05%	96.70%	96.81%	84.85%	92.13%	92.25%	81.46%	78.75%
FY 2020-21	Average Monthly Claims	3,039	11,004	36,771	1,685	5,472	19,752	2,783	10,421	34,871	1,515	5,194	18,836	202	309
	Average Caseload	2,999	10,764	35,948	1,686	5,458	19,707	2,999	10,764	35,948	1,686	5,458	19,707	362	543
	Claims as a Percentage of Caseload	101.34%	102.23%	102.29%	99.95%	100.26%	100.23%	92.79%	96.81%	97.00%	89.88%	95.17%	95.58%	55.69%	56.95%
FY 2021-22	Average Monthly Claims	1,806	8,118	28,986	1,296	5,296	20,648	1,675	7,928	28,247	1,191	5,184	20,228	366	510
	Average Caseload	1,786	7,965	28,441	1,301	5,281	20,646	1,786	7,965	28,441	1,301	5,281	20,646	287	479
	Claims as a Percentage of Caseload	101.12%	101.93%	101.92%	99.59%	100.28%	100.01%	93.80%	99.53%	99.32%	91.56%	98.17%	97.98%	127.56%	106.49%
FY 2022-23	Average Monthly Claims	1,159	5,089	21,925	1,054	4,268	19,500	1,167	5,110	22,031	1,053	4,267	19,401	366	499
	Average Caseload	1,183	5,045	21,757	1,081	4,280	19,449	1,183	5,045	21,757	1,081	4,280	19,449	186	361
	Claims as a Percentage of Caseload	97.96%	100.88%	100.77%	97.54%	99.73%	100.26%	98.66%	101.30%	101.26%	97.44%	99.69%	99.75%	196.51%	138.34%
FY 2023-24	Average Monthly Claims	1,122	3,606	17,845	1,081	3,604	19,106	1,119	3,603	17,841	1,079	3,603	19,103	366	499
	Average Caseload	1,148	3,594	17,721	1,123	3,640	19,205	1,148	3,594	17,721	1,123	3,640	19,205	410	553
	Claims as a Percentage of Caseload	97.70%	100.33%	100.70%	96.25%	99.01%	99.48%	97.50%	100.24%	100.68%	96.11%	98.97%	99.47%	89.15%	90.31%
FY 2024-25	Average Monthly Claims	2,331	7,735	29,100	1,529	5,131	21,495	2,329	7,732	29,088	1,527	5,128	21,496	366	499
	Average Caseload	3,306	11,094	39,422	2,088	6,520	24,142	3,306	11,094	39,422	2,088	6,520	24,142	994	1,070
	Claims as a Percentage of Caseload	70.50%	69.72%	73.82%	73.21%	78.70%	89.40%	70.44%	69.69%	73.79%	73.14%	78.65%	89.04%	36.77%	46.67%
FY 2025-26 YTD	Average Monthly Claims	3,161	8,816	31,433	3,161	5,483	20,615	3,159	8,815	31,435	2,068	5,482	20,617	1,183	1,219
	Average Caseload	3,235	8,969	31,928	2,119	5,572	20,911	3,235	8,969	31,928	2,119	5,572	20,911	1,191	1,265
	Claims as a Percentage of Caseload	97.71%	98.30%	98.45%	97.64%	98.41%	98.59%	97.65%	98.28%	98.46%	97.59%	98.39%	98.60%	99.33%	96.36%
	Weighted Average Claims as a Percentage of Caseload ⁽²⁾	97.71%	98.30%	98.45%	97.64%	98.41%	98.59%	97.65%	98.28%	98.46%	97.59%	98.39%	98.60%	99.33%	99.33%
	Retroactivity Adjustment Factor	-2.29%	-1.70%	-1.55%	-2.36%	-1.59%	-1.41%	-2.35%	-1.72%	-1.54%	-2.41%	-1.61%	-1.40%	-0.67%	-0.67%

⁽¹⁾ The retroactivity adjustment captures the difference in total claims paid versus caseload due to retroactive eligibility.

⁽²⁾ Percentage selected to modify capitation rates	Children Medical	FY 2025-26 YTD Claims as a Percentage of Caseload
	Children Dental	FY 2025-26 YTD Claims as a Percentage of Caseload
	Prenatal	FY 2025-26 YTD Claims as a Percentage of Caseload

Exhibit H - Children's Basic Health Plan Claims Distribution Adjustment Multiplier ⁽¹⁾															
FY	Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%
FY 2017-18	Weighted Claims-Based Rate	\$240.47	\$117.20	\$139.96	\$238.13	\$114.60	\$137.03	\$5.22	\$15.41	\$20.62	\$5.06	\$15.05	\$20.25	\$970.08	\$969.91
	Weighted Capitation Rate	\$240.75	\$117.42	\$140.20	\$238.13	\$114.60	\$137.03	\$5.51	\$16.25	\$21.74	\$5.33	\$15.84	\$21.32	\$980.16	\$970.08
	Claims as a Percentage of Capitation	99.88%	99.81%	99.83%	100.00%	100.00%	100.00%	94.74%	94.83%	94.85%	94.93%	95.01%	95.01%	94.98%	98.97%
FY 2018-19	Weighted Claims-Based Rate	\$218.29	\$123.45	\$158.78	\$223.74	\$123.08	\$159.22	\$3.97	\$16.91	\$20.96	\$3.85	\$16.53	\$20.58	\$970.08	\$969.78
	Weighted Capitation Rate	\$217.29	\$123.69	\$161.17	\$220.03	\$123.45	\$161.86	\$4.35	\$18.71	\$22.65	\$2.97	\$17.07	\$21.95	\$980.47	\$970.08
	Claims as a Percentage of Capitation	100.46%	99.81%	98.52%	101.69%	99.70%	98.37%	91.26%	90.38%	92.54%	129.63%	96.84%	93.76%	98.94%	99.97%
FY 2019-20	Weighted Claims-Based Rate	\$231.75	\$133.23	\$163.51	\$231.06	\$133.19	\$162.57	\$4.01	\$16.55	\$20.54	\$3.88	\$16.16	\$20.16	\$970.21	\$969.88
	Weighted Capitation Rate	\$229.37	\$128.71	\$157.12	\$229.40	\$129.67	\$158.34	\$4.22	\$17.66	\$21.74	\$4.08	\$17.23	\$20.16	\$980.55	\$970.08
	Claims as a Percentage of Capitation	101.04%	103.51%	104.07%	100.72%	102.71%	102.67%	95.02%	93.71%	94.48%	95.10%	93.79%	100.00%	98.95%	99.98%
FY 2020-21	Weighted Claims-Based Rate	\$237.50	\$130.34	\$159.94	\$239.18	\$130.98	\$160.84	\$4.25	\$16.44	\$20.70	\$4.12	\$16.07	\$20.31	\$970.55	\$970.54
	Weighted Capitation Rate	\$242.14	\$128.16	\$159.95	\$244.10	\$128.69	\$160.90	\$4.25	\$16.65	\$20.73	\$4.11	\$16.24	\$20.32	\$981.27	\$970.08
	Claims as a Percentage of Capitation	98.08%	101.70%	99.99%	97.98%	101.78%	99.96%	100.00%	98.74%	99.86%	100.24%	98.95%	99.95%	98.91%	100.05%
FY 2021-22	Weighted Claims-Based Rate	\$255.32	\$138.08	\$170.58	\$256.97	\$138.21	\$171.19	\$4.90	\$17.11	\$21.25	\$3.90	\$16.55	\$20.55	\$971.09	\$970.94
	Weighted Capitation Rate	\$255.37	\$136.52	\$172.56	\$257.07	\$136.72	\$173.34	\$5.22	\$18.44	\$22.67	\$4.08	\$17.80	\$21.85	\$980.86	\$970.08
	Claims as a Percentage of Capitation	99.98%	101.14%	98.85%	99.96%	101.09%	98.76%	93.87%	92.79%	93.74%	95.59%	92.98%	94.05%	99.00%	100.09%
FY 2022-23	Weighted Claims-Based Rate	\$248.97	\$149.12	\$175.37	\$250.56	\$148.71	\$174.86	\$5.46	\$17.16	\$20.44	\$4.63	\$16.89	\$20.03	\$970.97	\$971.18
	Weighted Capitation Rate	\$248.15	\$147.83	\$171.86	\$250.13	\$148.15	\$171.09	\$5.73	\$18.24	\$22.60	\$4.90	\$18.01	\$21.12	\$987.10	\$970.08
	Claims as a Percentage of Capitation	100.33%	100.87%	102.04%	100.17%	100.38%	102.20%	95.29%	94.08%	90.44%	94.49%	93.78%	94.84%	98.37%	100.11%
FY 2023-24	Weighted Claims-Based Rate	\$304.77	\$155.15	\$175.15	\$304.69	\$155.48	\$177.31	\$6.88	\$20.16	\$23.24	\$6.47	\$20.03	\$23.00	\$970.78	\$970.90
	Weighted Capitation Rate	\$303.92	\$153.65	\$175.15	\$304.62	\$153.92	\$176.07	\$8.33	\$23.30	\$26.06	\$8.33	\$23.30	\$26.06	\$1,002.91	\$988.75
	Claims as a Percentage of Capitation	100.28%	100.98%	100.00%	100.02%	101.14%	100.70%	82.59%	86.52%	89.18%	77.67%	85.97%	88.26%	96.80%	98.19%
FY 2024-25	Weighted Claims-Based Rate	\$346.33	\$151.93	\$172.84	\$346.60	\$152.26	\$173.07	\$4.70	\$17.79	\$20.50	\$4.69	\$17.80	\$20.51	\$970.78	\$970.90
	Weighted Capitation Rate	\$474.30	\$188.79	\$175.15	\$474.94	\$188.99	\$187.25	\$7.52	\$27.40	\$30.48	\$7.52	\$27.40	\$30.48	\$357.89	\$357.72
	Claims as a Percentage of Capitation	73.02%	80.48%	98.68%	72.98%	80.57%	92.43%	62.50%	64.93%	67.26%	62.37%	64.96%	67.29%	271.25%	271.41%
FY 2025-26 YTD	Weighted Claims-Based Rate	\$436.96	\$224.56	\$221.95	\$437.10	\$224.60	\$222.77	\$10.96	\$26.12	\$28.73	\$10.96	\$26.13	\$28.73	\$448.70	\$450.95
	Weighted Capitation Rate	\$436.96	\$224.56	\$221.95	\$437.10	\$224.60	\$222.77	\$10.96	\$26.12	\$28.73	\$10.96	\$26.13	\$28.73	\$448.70	\$450.95
	Claims as a Percentage of Capitation	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Average Claims as a Percentage of Capitation ⁽²⁾	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Claims Distribution Adjustment Multiplier	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

⁽¹⁾ The claims distribution adjustment captures the difference in the amount paid per claim and the weighted capitation rate.

⁽²⁾ Percentage selected to modify capitation rates

Children Medical	FY 2025-26 YTD
Children Dental	FY 2025-26 YTD
Prenatal	FY 2025-26 YTD

Exhibit I - Children's Basic Health Plan Capitation Rate Trends and Forecasts

Capitation Rate Trends														
Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%
FY 2017-18 Actuals	\$229.37	\$128.71	\$157.12	\$229.40	\$129.67	\$158.34	\$4.22	\$17.66	\$21.74	\$4.08	\$17.23	\$21.39	\$980.16	\$970.08
FY 2018-19 Actuals	\$242.14	\$128.16	\$159.95	\$244.10	\$128.69	\$160.90	\$4.25	\$16.65	\$20.73	\$4.11	\$16.24	\$20.32	\$980.47	\$970.08
% Change	5.57%	-0.43%	1.80%	6.41%	-0.76%	1.62%	0.71%	-5.72%	-4.65%	0.74%	-5.75%	-5.00%	0.03%	0.00%
FY 2019-20 Actuals	\$255.37	\$136.52	\$172.56	\$257.07	\$136.72	\$173.34	\$5.22	\$18.44	\$22.67	\$4.08	\$17.80	\$21.85	\$980.55	\$970.08
% Change	5.46%	6.52%	7.88%	5.31%	6.24%	7.73%	22.82%	10.75%	9.36%	-0.73%	9.61%	7.53%	0.01%	0.00%
FY 2020-21 Actuals	\$248.14	\$147.83	\$171.86	\$250.13	\$148.15	\$171.09	\$5.73	\$18.24	\$22.60	\$4.90	\$18.01	\$21.12	\$981.27	\$970.08
% Change	-2.83%	8.28%	-0.41%	-2.70%	8.36%	-1.30%	9.77%	-1.08%	-0.31%	20.10%	1.18%	-3.34%	0.07%	0.00%
FY 2021-22 Actuals	\$300.47	\$153.01	\$175.16	\$302.38	\$153.42	\$175.72	\$8.33	\$23.30	\$26.06	\$8.33	\$23.30	\$26.06	\$980.86	\$970.08
% Change	21.09%	3.50%	1.92%	20.89%	3.56%	2.71%	45.38%	27.74%	15.31%	70.00%	29.37%	23.39%	-0.04%	0.00%
FY 2022-23 Actuals	\$338.89	\$149.95	\$173.02	\$343.74	\$149.75	\$173.35	\$4.74	\$18.00	\$20.53	\$4.74	\$18.00	\$20.53	\$355.19	\$970.08
% Change	12.79%	-2.00%	-1.22%	13.68%	-2.39%	-1.35%	-43.10%	-22.75%	-21.22%	-43.10%	-22.75%	-21.22%	-63.79%	0.00%
FY 2023-24 Actuals	\$451.26	\$177.43	\$171.61	\$451.70	\$177.87	\$172.22	\$4.54	\$15.28	\$23.80	\$4.54	\$15.21	\$23.80	\$353.77	\$353.35
% Change	33.16%	18.33%	-0.81%	31.41%	18.78%	-0.65%	-4.22%	-15.11%	15.93%	-4.22%	-15.50%	15.93%	-0.40%	-63.58%
FY 2024-25 Actuals	\$474.30	\$188.79	\$186.68	\$474.94	\$188.99	\$187.25	\$7.52	\$27.40	\$30.48	\$7.52	\$27.40	\$30.48	\$357.89	\$357.72
% Change	5.11%	6.40%	8.78%	5.15%	6.25%	8.73%	65.64%	79.32%	28.07%	65.64%	80.14%	28.07%	1.16%	1.24%
FY 2025-26 Estimated Rate	\$436.96	\$224.56	\$221.95	\$437.10	\$224.60	\$222.77	\$10.96	\$26.12	\$28.73	\$10.96	\$26.13	\$28.73	\$448.70	\$450.95
% Change	-7.87%	18.95%	18.89%	-7.97%	18.84%	18.97%	45.74%	-4.67%	-5.74%	45.74%	-4.64%	-5.74%	25.37%	26.06%
FY 2026-27 Estimated Rate	\$497.53	\$267.11	\$263.88	\$496.91	\$266.92	\$265.03	\$12.56	\$29.94	\$12.56	\$12.56	\$29.92	\$30.90	\$505.63	\$509.71
% Change	13.86%	18.95%	18.89%	13.68%	18.84%	18.97%	14.60%	14.62%	7.55%	14.60%	14.50%	7.55%	12.69%	13.03%
FY 2027-28 Estimated Rate	\$566.50	\$317.72	\$313.74	\$564.91	\$317.21	\$315.30	\$14.40	\$34.32	\$33.23	\$14.40	\$34.26	\$33.23	\$569.78	\$576.13
% Change	13.86%	18.95%	18.89%	13.68%	18.84%	18.97%	14.65%	14.63%	7.54%	14.65%	14.51%	7.54%	12.69%	13.03%

Exhibit I - Children's Basic Health Plan Capitation Rate Trends and Forecasts						
Weighted Capitation Rate Trends						
Item	Children's Medical 0%-205%	Children's Medical 206%-260%	Children's Dental 0%-205%	Children's Dental 206%-260%	Prenatal 0%-205%	Prenatal 206%-260%
FY 2017-18 Actuals	\$155.45	\$157.04	\$19.68	\$19.28	\$980.15	\$970.08
FY 2018-19 Actuals	\$157.65	\$159.57	\$18.85	\$18.36	\$980.46	\$970.08
% Change	1.42%	1.61%	-4.26%	-4.75%	0.03%	0.00%
FY 2019-20 Actuals	\$169.75	\$171.15	\$20.70	\$19.91	\$980.57	\$970.08
% Change	7.68%	7.26%	9.82%	8.45%	0.01%	0.00%
FY 2020-21 Actuals	\$170.42	\$170.42	\$20.90	\$19.74	\$980.79	\$970.08
% Change	0.39%	-0.43%	0.99%	-0.85%	0.02%	0.00%
FY 2021-22 Actuals	\$176.46	\$177.39	\$24.81	\$24.81	\$980.86	\$970.08
% Change	3.54%	4.09%	18.71%	25.68%	0.01%	0.00%
FY 2022-23 Actuals	\$177.80	\$177.75	\$19.32	\$19.41	\$298.30	\$298.30
% Change	0.76%	0.20%	-22.15%	-21.79%	-69.59%	-69.25%
FY 2023-24 Actuals	\$189.58	\$188.62	\$20.96	\$21.17	\$435.92	\$435.92
% Change	6.63%	6.12%	8.51%	9.11%	46.13%	46.13%
FY 2024-25 Actuals	\$204.68	\$205.89	\$28.44	\$28.41	\$355.25	\$355.25
% Change	7.96%	9.16%	35.68%	34.16%	-18.51%	-18.51%
FY 2025-26 Estimated Rate	\$238.65	\$239.04	\$26.86	\$26.90	\$448.70	\$450.95
% Change	16.60%	16.10%	-5.57%	-5.31%	26.31%	26.94%
FY 2026-27 Estimated Rate	\$282.50	\$282.64	\$29.29	\$29.35	\$505.63	\$509.71
% Change	18.37%	18.24%	9.05%	9.11%	12.69%	13.03%
FY 2027-28 Estimated Rate	\$333.96	\$334.19	\$32.01	\$32.03	\$569.78	\$576.13
% Change	18.22%	18.24%	9.29%	9.13%	12.69%	13.03%

Exhibit J - Forecast Model Comparisons - Final Forecasts

Adjustment Factors for Forecasted Rates														
Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%
FY 2025-26 Estimated Rate	\$436.96	\$224.56	\$221.95	\$437.10	\$224.60	\$222.77	\$10.96	\$26.12	\$28.73	\$10.96	\$26.13	\$28.73	\$448.70	\$450.95
Retroactivity Adjustment Multiplier (Exhibit H)	-2.29%	-1.70%	-1.55%	-2.36%	-1.59%	-1.41%	-2.35%	-1.72%	-1.54%	-2.41%	-1.61%	-1.40%	-0.67%	-0.67%
Claims Distribution Adjustment Multiplier (Exhibit H)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Final Adjustment Factor	-2.29%	-1.70%	-1.55%	-2.36%	-1.59%	-1.41%	-2.35%	-1.72%	-1.54%	-2.41%	-1.61%	-1.40%	-0.67%	-0.67%
FY 2025-26 Final Estimated Rate	\$426.95	\$220.74	\$218.51	\$426.78	\$221.03	\$219.63	\$10.70	\$25.67	\$28.29	\$10.70	\$25.71	\$28.33	\$445.69	\$447.93

Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%
FY 2026-27 Estimated Rate	\$497.53	\$267.11	\$263.88	\$496.91	\$266.92	\$265.03	\$12.56	\$29.94	\$30.90	\$12.56	\$29.92	\$30.90	\$505.63	\$509.71
Retroactivity Adjustment Multiplier (Exhibit H)	-2.29%	-1.70%	-1.55%	-2.36%	-1.59%	-1.41%	-2.35%	-1.72%	-1.54%	-2.41%	-1.61%	-1.40%	-0.67%	-0.67%
Claims Distribution Adjustment Multiplier (Exhibit H)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Final Adjustment Factor	-2.29%	-1.70%	-1.55%	-2.36%	-1.59%	-1.41%	-2.35%	-1.72%	-1.54%	-2.41%	-1.61%	-1.40%	-0.67%	-0.67%
FY 2026-27 Final Estimated Rate	\$486.14	\$262.57	\$259.79	\$485.18	\$262.68	\$261.29	\$12.26	\$29.43	\$30.42	\$12.26	\$29.44	\$30.47	\$502.24	\$506.29

Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%
FY 2027-28 Estimated Rate	\$566.50	\$317.72	\$313.74	\$564.91	\$317.21	\$315.30	\$14.40	\$34.32	\$33.23	\$14.40	\$34.26	\$33.23	\$569.78	\$576.13
Retroactivity Adjustment Multiplier (Exhibit H)	-2.29%	-1.70%	-1.55%	-2.36%	-1.59%	-1.41%	-2.35%	-1.72%	-1.54%	-2.41%	-1.61%	-1.40%	-0.67%	-0.67%
Claims Distribution Adjustment Multiplier (Exhibit H)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Final Adjustment Factor	-2.29%	-1.70%	-1.55%	-2.36%	-1.59%	-1.41%	-2.35%	-1.72%	-1.54%	-2.41%	-1.61%	-1.40%	-0.67%	-0.67%
FY 2027-28 Final Estimated Rate	\$553.53	\$312.32	\$308.88	\$551.58	\$312.17	\$310.85	\$14.06	\$33.73	\$32.72	\$14.05	\$33.71	\$32.76	\$565.96	\$572.27

Exhibit J - Forecast Model Comparisons - Capitation Trend Models

Capitation Rate Forecast Model for FY 2025-26

Item	Children's Medical 0%-205% Ages 0-1	Children's Medical 0%-205% Ages 2-5	Children's Medical 0%-205% Ages 6-18	Children's Medical 206%-260% Ages 0-1	Children's Medical 206%-260% Ages 2-5	Children's Medical 206%-260% Ages 6-18	Children's Dental 0%-205% Ages 0-1	Children's Dental 0%-205% Ages 2-5	Children's Dental 0%-205% Ages 6-18	Children's Dental 206%-260% Ages 0-1	Children's Dental 206%-260% Ages 2-5	Children's Dental 206%-260% Ages 6-18	Prenatal 0%-205%	Prenatal 206%-260%
FY 2023-24 Full Year Average Rate	\$451.26	\$177.43	\$171.61	\$451.70	\$177.87	\$172.22	\$4.54	\$15.28	\$23.80	\$4.54	\$15.21	\$23.80	\$353.77	\$353.35
FY 2024-25 Full Year Average Rate	\$474.30	\$188.79	\$186.68	\$474.94	\$188.99	\$187.25	\$7.52	\$27.40	\$30.48	\$7.52	\$27.40	\$30.48	\$357.89	\$357.72
FY 2025-26 Estimated Average Rate	\$436.96	\$224.56	\$221.95	\$437.10	\$224.60	\$222.77	\$10.96	\$26.12	\$28.73	\$10.96	\$26.13	\$28.73	\$448.70	\$450.95
Recent Growth Rates														
% Growth from FY 2023-24 to FY 2024-25 Rate	5.11%	6.40%	8.78%	5.15%	6.25%	8.73%	65.64%	79.32%	28.07%	65.64%	80.14%	28.07%	1.16%	1.24%
% Growth from FY 2024-25 to FY 2025-26 Rate	-7.87%	18.95%	18.89%	-7.97%	18.84%	18.97%	45.74%	-4.67%	-5.74%	45.74%	-4.64%	-5.74%	25.37%	26.06%
Selected Trend Models														
Average Growth Model	\$497.53	\$240.06	\$225.61	\$496.91	\$240.12	\$226.40	\$12.56	\$26.10	\$30.90	\$13.34	\$29.92	\$31.19	\$453.93	\$456.52
% Difference from FY 2025-26 Rate	13.86%	6.90%	1.65%	13.68%	6.91%	1.63%	14.63%	-0.07%	7.55%	21.68%	14.49%	8.56%	1.17%	1.24%
% Difference from FY 2026-27 Rate	13.86%	6.90%	1.65%	13.68%	6.91%	1.63%	14.73%	11.26%	7.57%	21.64%	14.50%	8.55%	1.17%	1.24%
Two Period Moving Average Model	\$426.35	\$217.80	\$212.99	\$426.41	\$217.99	\$213.83	\$8.79	\$20.34	\$25.58	\$8.79	\$20.32	\$25.58	\$446.12	\$448.20
% Difference from FY 2025-26 Rate	-2.43%	-3.01%	-4.04%	-2.45%	-2.94%	-4.01%	-19.81%	-22.12%	-10.96%	-19.81%	-22.24%	-10.96%	-0.58%	-0.61%
% Difference from FY 2026-27 Rate	1.24%	1.55%	2.10%	1.25%	1.52%	2.09%	12.35%	14.20%	6.15%	12.35%	14.30%	6.15%	0.29%	0.31%
Exponential Growth Model	\$462.30	\$228.52	\$221.05	\$464.33	\$228.15	\$240.68	\$9.99	\$21.12	\$25.75	\$10.10	\$21.31	\$25.84	\$448.92	\$453.14
% Difference from FY 2025-26 Rate	5.80%	1.77%	-0.41%	6.23%	1.58%	8.04%	-8.81%	-19.13%	-10.36%	-7.82%	-18.46%	-10.05%	0.05%	0.48%
% Difference from FY 2026-27 Rate	11.63%	5.66%	1.91%	11.62%	5.58%	1.85%	5.45%	3.41%	3.51%	7.10%	3.90%	4.00%	0.44%	0.44%
Linear Growth Model	\$443.67	\$239.79	\$220.49	\$467.96	\$239.23	\$240.14	\$16.77	\$39.07	\$33.22	\$16.86	\$39.52	\$33.30	\$454.47	(\$66.33)
% Difference from FY 2025-26 Rate	1.54%	6.78%	-0.66%	7.06%	6.51%	7.80%	53.00%	49.59%	15.62%	53.80%	51.23%	15.91%	1.29%	-114.71%
% Difference from FY 2026-27 Rate	7.57%	4.48%	1.73%	7.56%	4.43%	1.69%	4.41%	3.39%	3.18%	5.39%	3.72%	3.54%	0.38%	589.07%
% Change from FY 2024-25 Rate to Selected FY 2025-26 Capitation Rate ⁽¹⁾	13.86%	18.95%	18.89%	13.68%	18.84%	18.97%	14.63%	14.63%	7.55%	14.63%	14.49%	7.55%	12.69%	13.03%
FY 2025-26 Forecast Point Estimate	\$497.53	\$267.11	\$263.88	\$496.91	\$266.92	\$265.03	\$12.56	\$29.94	\$30.90	\$12.56	\$29.92	\$30.90	\$505.63	\$509.71
% Change from FY 2025-26 Rate to Selected FY 2026-27 Capitation Rate ⁽¹⁾	13.86%	18.95%	18.89%	13.68%	18.84%	18.97%	14.63%	14.63%	7.55%	14.63%	14.49%	7.55%	12.69%	13.03%
FY 2026-27 Forecast Point Estimate	\$566.50	\$317.72	\$313.74	\$564.91	\$317.21	\$315.30	\$14.40	\$34.32	\$33.23	\$14.40	\$34.26	\$33.23	\$569.78	\$576.13

⁽¹⁾ Selected trends are described below.

Children Medical	FY 2025-26	Children 0%-205%: Average Growth Model Children 206%-260%: Average Growth Model
	FY 2026-27	Children 0%-205%: Average Growth Model Children 206%-260%: Average Growth Model
Children Dental	FY 2025-26	Children 0%-205%: Average Growth Model Children 206%-260%: Average Growth Model of 0%-205% population
	FY 2026-27	Children 0%-205%: Average Growth Model Children 206%-260%: Average Growth Model of 0%-205% population
Prenatal	FY 2025-26	Prenatal 0%-205%: Proportion of Average Growth Model of 206%-260% population Prenatal 206%-260%: Proportion of Average Growth Model
	FY 2026-27	Prenatal 0%-205%: Proportion of Average Growth Model of 206%-260% population Prenatal 206%-260%: Proportion of Average Growth Model