

Exhibit E - Summary of Premium Request by Service Group

FY 07-08	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$83,525,708	\$48,513,742	\$420,585,136	\$186,518,223	\$20,538,262	\$6,674,503	\$346,735,915	\$55,030,623	\$52,482,159	\$52,690,151	\$3,111,107	\$1,276,405,529
Community Based Long Term Care	\$121,686,612	\$15,326,918	\$92,089,051	\$80,375	\$8,681	\$0	\$732,383	\$4,452,905	\$0	\$0	\$1,112,566	\$235,489,491
Long Term Care	\$435,351,589	\$28,217,005	\$74,308,927	\$1,623	\$0	\$0	\$0	\$0	\$0	\$0	\$1,004,166	\$538,883,310
Insurance	\$47,659,863	\$2,803,752	\$25,832,685	\$158,684	\$0	\$0	\$11,833	\$786	\$3,785	\$0	\$13,790,394	\$90,261,782
Service Management	\$18,721,495	\$1,455,077	\$5,597,213	\$1,414,156	\$2,000	\$23,686	\$3,794,016	\$450,704	\$272,952	\$0	\$41,651	\$31,772,950
Medical Services Total	\$706,945,267	\$96,316,494	\$618,413,012	\$188,173,061	\$20,548,943	\$6,698,189	\$351,274,147	\$59,935,018	\$52,758,896	\$52,690,151	\$19,059,884	\$2,172,813,062
Eligibles	35,858	6,127	49,626	43,878	8,151	274	197,535	17,333	5,678	3,842	14,131	382,433
Medical Services Per Capita	\$19,715.13	\$15,720.01	\$12,461.47	\$4,288.55	\$2,521.03	\$24,445.95	\$1,778.29	\$3,457.86	\$9,291.81	\$13,714.25	\$1,348.80	\$5,681.55
Financing	\$4,465,164	\$608,348	\$3,905,980	\$1,188,526	\$129,790	\$42,307	\$2,218,695	\$378,558	\$333,232	\$332,798	\$120,385	\$13,723,783
Grand Total Medical Services Premiums	\$711,410,431	\$96,924,842	\$622,318,992	\$189,361,587	\$20,678,733	\$6,740,496	\$353,492,842	\$60,313,576	\$53,092,128	\$53,022,949	\$19,180,269	\$2,186,536,845
Total Per Capita	\$19,839.66	\$15,819.30	\$12,540.18	\$4,315.64	\$2,536.96	\$24,600.35	\$1,789.52	\$3,479.70	\$9,350.50	\$13,800.87	\$1,357.32	\$5,717.44
FY 08-09	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$84,899,576	\$49,956,710	\$430,689,138	\$185,946,544	\$25,476,289	\$7,338,647	\$353,308,665	\$62,281,757	\$57,113,307	\$53,862,914	\$3,367,715	\$1,314,241,262
Community Based Long Term Care	\$128,019,862	\$15,651,639	\$94,745,193	\$75,258	\$10,245	\$0	\$727,227	\$4,823,370	\$0	\$0	\$1,241,380	\$245,294,174
Long Term Care	\$459,021,680	\$29,906,727	\$77,557,266	\$1,687	\$0	\$0	\$0	\$0	\$0	\$0	\$1,043,777	\$567,531,137
Insurance	\$50,025,602	\$2,952,369	\$27,083,267	\$156,624	\$0	\$0	\$13,064	\$868	\$4,179	\$0	\$15,255,999	\$95,491,972
Service Management	\$19,616,412	\$1,439,110	\$4,650,919	\$713,126	\$4,204	\$4,827	\$2,641,678	\$286,743	\$145,901	\$0	\$45,138	\$29,548,058
Medical Services Total	\$741,583,132	\$99,906,555	\$634,725,783	\$186,893,239	\$25,490,738	\$7,343,474	\$356,690,634	\$67,392,738	\$57,263,387	\$53,862,914	\$20,954,009	\$2,252,106,603
Eligibles	36,278	6,216	50,058	41,667	9,629	301	192,948	18,657	6,028	3,738	15,068	380,588
Per Capita	\$20,441.68	\$16,072.48	\$12,679.81	\$4,485.40	\$2,647.29	\$24,396.92	\$1,848.64	\$3,612.20	\$9,499.57	\$14,409.55	\$1,390.63	\$5,917.44
Financing	\$4,660,742	\$627,898	\$3,989,159	\$1,174,596	\$160,205	\$46,153	\$2,241,749	\$423,554	\$359,892	\$338,521	\$131,693	\$14,154,162
Grand Total Medical Services Premiums	\$746,243,874	\$100,534,453	\$638,714,942	\$188,067,835	\$25,650,943	\$7,389,627	\$358,932,383	\$67,816,292	\$57,623,279	\$54,201,435	\$21,085,702	\$2,266,260,765
Total Per Capita	\$20,570.15	\$16,173.50	\$12,759.50	\$4,513.59	\$2,663.93	\$24,550.26	\$1,860.25	\$3,634.90	\$9,559.27	\$14,500.12	\$1,399.37	\$5,954.63

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 07-08**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source⁽²⁾
Caseload	383,784	381,835	(1,949)		
Acute Care					
Base Acute Care Per Capita Cost	\$3,133.21	\$3,295.94	\$162.73	FY 07-08 Figure Setting, Page 38 (Calculated)	Exhibit F
Base Acute Cost	\$1,202,476,008	\$1,260,477,598	\$58,001,590	FY 07-08 Figure Setting, Page 38	Exhibit F
<i>Bottom Line Impacts</i>					
SB 04-206: Pediatric Hospice Waiver	\$0	(\$250,000)	(\$250,000)	Not included	Exhibit F
HB 05-1015: Outpatient Substance Abuse Treatment (Annualization of Savings)	(\$41,500)	(\$80,858)	(\$39,358)	FY 07-08 Figure Setting, Page 38	Exhibit F
HB 06-1385: April 1, 2007 Rate Increases for Home Health (Annualization)	\$4,097,362	\$4,097,362	\$0	FY 07-08 Figure Setting, Page 38	Exhibit F
SB 06-165: Telemedicine - Transmission Costs	\$466,712	\$266,693	(\$200,019)	FY 07-08 Figure Setting, Page 38	Exhibit F
SB 06-165: Telemedicine - Disease Management Savings	(\$235,363)	(\$235,363)	\$0	FY 07-08 Figure Setting, Page 38	Exhibit F
HB 07-1021 - Medication Management	(\$624,803)	(\$624,803)	\$0	Legislative Council Fiscal Note, June 8, 2007, Page 2	Exhibit F
SB 07-002: Expansion of Foster Care	\$3,608,897	\$0	(\$3,608,897)	Legislative Council Fiscal Note, May 17, 2007, Page 2	No explicit request; the Department includes these clients in its caseload estimate
SB 07-239: Provider Rate Increases	\$12,134,966	\$12,134,966	\$0	FY 07-08 Figure Setting, Page 43 Increases for inpatient hospitals received a separate increase in SB 07-239, footnote 29.	Exhibit F
Adjustment of Claims Paid to Certain Rural Health Centers (SB 07-239)	\$16,982	\$16,982	\$0	FY 07-08 Figure Setting, Page 38	Exhibit F
FY 07-08 Base Reduction Item #1 - Hospital and FQHC Audits (SB 07-239)	(\$497,146)	(\$497,146)	\$0	FY 07-08 Figure Setting, Page 51	Exhibit F
FY 07-08 Budget Amendment #4 - Managed Care Incentive Payment (SB 07-239)	\$758,467	\$760,390	\$1,923	FY 07-08 Figure Setting, Page 51	Exhibit F
Preferred Drug List (SB 07-239)	(\$670,376)	(\$670,376)	\$0	FY 07-08 Figure Setting, Page 52	Exhibit F
HPV Vaccines for Children Under 20 (SB 07-239)	\$1,010,084	\$1,010,084	\$0	FY 07-08 Figure Setting, Page 52	Exhibit F
Total Acute Care	\$1,222,500,290	\$1,276,405,529	\$53,905,239		
Community Based Long Term Care					
Base CBLTC Per Capita Cost	\$575.49	\$583.03	\$7.54	FY 07-08 Figure Setting, Page 38a (Calculated)	Exhibit G
Base CBLTC Cost	\$220,864,838	\$222,971,531	\$2,106,693	FY 07-08 Figure Setting, Page 38a	Exhibit G
<i>Bottom Line Impacts</i>					
SB 04-177: Home and Community Based Services for Children with Autism	\$940,125	\$466,086	(\$474,039)	FY 07-08 Figure Setting, Page 38a	Exhibit G
SB 04-206: Pediatric Hospice	\$0	\$125,000	\$125,000	Not included	Exhibit G
HB 05-1243: Consumer Directed Care	(\$6,440,928)	(\$2,012,790)	\$4,428,138	FY 07-08 Figure Setting, Page 38a	Exhibit G
HB 06-1369: Application of April 1, 2006 Rate Increase to Consumer Directed Attendant Support (Annualization)	\$539,040	\$539,040	\$0	FY 07-08 Figure Setting, Page 38a	Exhibit G
HB 06-1385: April 1, 2007 Rate Increase for Long Term Community Providers (Annualization)	\$8,318,888	\$8,318,888	\$0	FY 07-08 Figure Setting, Page 38a	Exhibit G
SB 07-002: Expansion of Foster Care	\$291,962	\$0	(\$291,962)	Legislative Council Fiscal Note, May 17, 2007, Page 2	No explicit request; the Department includes these clients in its caseload estimate
SB 07-239: July 1, 2007 Rate Increases for Long Term Care Community Providers	\$5,081,736	\$5,081,736	\$0	SB 07-239, Footnote 28	Exhibit G
Total Community Based Long Term Care	\$229,595,661	\$235,489,491	\$5,893,830		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 07-08**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source⁽²⁾
Long Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$508,963,720	\$488,637,870	(\$20,325,850)	FY 07-08 Figure Setting, Page 41	Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Backup Program	\$4,692,233	\$5,198,280	\$506,047	FY 07-08 Figure Setting, Page 41	Exhibit H
Estate and Income Trust Recoveries	(\$7,731,357)	(\$6,090,171)	\$1,641,186	FY 07-08 Figure Setting, Page 41	Exhibit H
Recoveries from Department Overpayment Reviews	(\$1,601,200)	(\$1,823,565)	(\$222,365)	FY 07-08 Figure Setting, Page 41	Exhibit H
HB 07-1183 - Reimbursement of Nursing Facilities	\$397,000	\$397,000	\$0	Legislative Council Fiscal Note, June 6, 2007, Page 2	Exhibit H
Total Class I Nursing Facilities	\$504,720,396	\$486,319,414	(\$18,400,982)		
<i>Class II Nursing Facilities</i>	\$2,206,467	\$2,357,764	\$151,297	FY 07-08 Figure Setting, Page 41	Exhibit H
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
FY 07-08 Estimated Monthly Enrollment		1,254			Exhibit H
Estimated FY 07-08 Base Cost Per Enrollee		\$39,254.59			Exhibit H
Base PACE Cost	\$56,069,325	\$49,225,255	(\$6,844,070)	FY 07-08 Figure Setting, Page 41	Exhibit H
<i>Bottom Line Impacts</i>					
Adjustment for Provider Recoupments for July 2005 through December 2005	\$350,902	\$350,902	\$0	FY 07-08 Figure Setting, Page 41	Exhibit H
Provider Rate Increases (HB 06-1369 and HB 06-1385)	\$629,975	\$629,975	\$0	FY 07-08 Figure Setting, Page 41	Exhibit H
SB 07-239: Provider Rate Increases	\$0	\$0	\$0	-	Exhibit H
Total PACE	\$57,050,202	\$50,206,132	(\$6,844,070)		
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB Per Capita	\$230.65	\$233.67	\$3.02	FY 07-08 Figure Setting, Page 41	Exhibit H
Total Supplemental Medicare Insurance Benefit	\$88,518,379	\$89,364,947	\$846,568		
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Per Capita	\$1.68	\$2.35	\$0.67	FY 07-08 Figure Setting, Page 41	Exhibit H
Total Health Insurance Buy-In Program	\$646,402	\$896,835	\$250,433		
Total Long Term Care and Insurance	\$653,141,846	\$629,145,092	(\$23,996,754)		
Service Management					
<i>Single Entry Points (SEP)</i>					
FY 07-08 Base Contracts	\$17,841,710	\$17,841,710	\$0	FY 07-08 Figure Setting, Page 38c	Exhibit I
<i>Bottom Line Impacts</i>					
SB 04-206: Pediatric Hospice Waiver	\$0	\$26,338	\$26,338	Not included	Exhibit I
HB 05-1243: Consumer Directed Care	\$1,008,392	\$504,187	(\$504,205)	JBC Staff Memo, March 14, 2007, page 6	Exhibit I
SB 07-239: Rate Increase for Single Entry Point Agencies	\$3,852,887	\$3,852,887	\$0	FY 07-08 Figure Setting, Page 43	Exhibit I
Total Single Entry Points	\$22,702,989	\$22,225,122	(\$477,867)		
<i>Disease Management</i>					
Base Disease Management	\$627,778	\$627,778	\$0	FY 07-08 Figure Setting, Page 38c (imputed)	Exhibit I
<i>Bottom Line Impacts</i>					
SB 06-165 - Telemedicine Disease Management	\$380,928	\$380,928	\$0	FY 07-08 Figure Setting, Page 38c (imputed)	Exhibit I
HB 05-1262 - Tobacco Tax Funded Disease Management Programs	\$1,970,388	\$3,940,776	\$1,970,388	SB 07-239. This is the amount rolled-forward required in SB 07-239 and does not include federal funds.	Exhibit I
Total Disease Management	\$2,979,094	\$4,949,482	\$1,970,388	FY 07-08 Figure Setting, page 32	

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 07-08**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source⁽²⁾
Prepaid Inpatient Health Plan Administration					
FY 07-08 Estimated Administration Fees	\$3,400,775	\$3,607,553	\$206,778	FY 07-08 Figure Setting, Page 38c (imputed)	Exhibit I
<i>Bottom Line Impacts</i>					
Estimated Contract Payment to PIHP for Cost Avoidance in FY 05-06	\$1,006,101	\$990,793	(\$15,308)	FY 07-08 Figure Setting, Page 38c (imputed)	Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$4,406,876	\$4,598,346	\$191,470	FY 07-08 Figure Setting, page 38c	
Total Service Management	\$30,088,959	\$31,772,950	\$1,683,991		
Bottom Line Financing					
Upper Payment Limit Financing	\$13,841,214	\$13,100,710	(\$740,504)	FY 07-08 Figure Setting, Page 41	Exhibit K
ICF/MR Fee	\$38,256	\$0	(\$38,256)	FY 07-08 Figure Setting, Page 41	
Denver Health Outstationing	\$623,073	\$623,073	\$0	FY 07-08 Figure Setting, Appendix B-6	Exhibit A
Total Bottom Line Financing	\$14,502,543	\$13,723,783	(\$778,760)		
Grand Total⁽³⁾	\$2,149,829,296	\$2,186,536,845	\$36,707,549		
Total Acute Care	\$1,222,500,290	\$1,276,405,529	\$53,905,239		
Total Community Based Long Term Care	\$229,595,661	\$235,489,491	\$5,893,830		
Total Class I Nursing Facilities	\$504,720,396	\$486,319,414	(\$18,400,982)		
Total Class II Nursing Facilities	\$2,206,467	\$2,357,764	\$151,297		
Total PACE	\$57,050,202	\$50,206,132	(\$6,844,070)		
Total SMIB	\$88,518,379	\$89,364,947	\$846,568		
Total Health Insurance Buy-In Program	\$646,402	\$896,835	\$250,433		
Total Single Entry Point	\$22,702,989	\$22,225,122	(\$477,867)		
Total Disease Management	\$2,979,094	\$4,949,482	\$1,970,388		
Total Prepaid Inpatient Health Plan Administration	\$4,406,876	\$4,598,346	\$191,470		
Total Bottom Line Financing	\$14,502,543	\$13,723,783	(\$778,760)		
Rounding Adjustment ⁽⁴⁾	(\$3)	\$0	\$3		
Grand Total⁽³⁾	\$2,149,829,296	\$2,186,536,845	\$36,707,549		

Footnotes

(1) The Department's Figure Setting Document (March 8, 2007) was not the final action. To the extent that the actual figures from the Long Bill are reflected in Figure Setting, they have been noted. Where figures have differed, or calculations were not presented in the Figure Setting Document, the Department has confirmed the totals with Joint Budget Committee staff.

(2) Under Department Source, all references with the prefix "E" (e.g., EB-1) refer to pages in this Budget Request.

(3) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented on the Schedule 13 and Exhibit A of this Request.

(4) The totals shown in the Figure Setting document do not add up to the final amounts presented due to hidden decimals. The Department has used the exact totals listed on pages in Figure Setting, to the extent possible. Therefore, a slight adjustment for rounding error is included to ensure the totals match the Department's appropriation.

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 08-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source⁽²⁾
Caseload		380,588			
Acute Care					
Base Acute Care Per Capita Cost		\$3,456.79			Exhibit F
Base Acute Cost		\$1,315,611,700			Exhibit F
<i>Bottom Line Impacts</i>					
SB 04-206: Pediatric Hospice Waiver		(\$750,000)			Exhibit F
SB 06-165: Telemedicine - Transmission Costs		\$800,077			Exhibit F
HB 07-1021 - Medication Management (Annualization)		(\$750,139)			Exhibit F
Preferred Drug List (SB 07-239) (Annualization)		(\$670,376)			Exhibit F
Total Acute Care		\$1,314,241,262			
Community Based Long Term Care					
Base CBLTC Per Capita Cost		\$649.87			Exhibit G
Base CBLTC Cost		\$247,334,522			Exhibit G
<i>Bottom Line Impacts</i>					
SB 04-206: Pediatric Hospice		\$375,000			Exhibit G
HB 05-1243: Consumer Directed Care		(\$2,415,348)			Exhibit G
Total Community Based Long Term Care		\$245,294,174			
Long Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost		\$507,639,180			Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Backup Program		\$5,511,121			Exhibit H
Estate and Income Trust Recoveries		(\$6,090,171)			Exhibit H
Recoveries from Department Overpayment Reviews		(\$1,541,400)			Exhibit H
Total Class I Nursing Facilities		\$505,518,730			
<i>Class II Nursing Facilities</i>		\$2,448,774			Exhibit H
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
FY 08-09 Estimated Monthly Enrollment		1,438			Exhibit H
Estimated FY 08-09 Base Cost Per Enrollee		\$45,364.53			Exhibit H
Total PACE		\$59,563,633			
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB Per Capita		\$248.30			Exhibit H
Total Supplemental Medicare Insurance Benefit		\$94,501,821			
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Per Capita		\$2.60			Exhibit H
Total Health Insurance Buy-In Program		\$990,151			
Total Long Term Care and Insurance		\$663,023,109			

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 08-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source⁽²⁾
Service Management					
<i>Single Entry Points (SEP)</i>					
FY 08-09 Base Contracts		\$23,355,985			Exhibit I
<i>Bottom Line Impacts</i>					
SB 04-206: Pediatric Hospice Waiver		\$79,013			Exhibit I
HB 05-1243: Consumer Directed Care		\$504,188			Exhibit I
Total Single Entry Points		\$23,939,186			
Disease Management					
Base Disease Management		\$627,778			Exhibit I
<i>Bottom Line Impacts</i>					
SB 06-165 - Telemedicine Disease Management		\$380,928			Exhibit I
Total Disease Management		\$1,008,706			
Prepaid Inpatient Health Plan Administration					
FY 07-08 Estimated Administration Fees		\$3,656,364			Exhibit I
<i>Bottom Line Impacts</i>					
Estimated Contract Payment to PIHP for Cost Avoidance in FY 06-07		\$943,802			Exhibit I
Total Prepaid Inpatient Health Plan Administration		\$4,600,166			
Total Service Management		\$29,548,058			
Bottom Line Financing					
Upper Payment Limit Financing		\$13,531,089			Exhibit K
Denver Health Outstationing		\$623,073			Exhibit A
Total Bottom Line Financing		\$14,154,162			
Grand Total⁽³⁾		\$2,266,260,765			
Total Acute Care		\$1,314,241,262			
Total Community Based Long Term Care		\$245,294,174			
Total Class I Nursing Facilities		\$505,518,730			
Total Class II Nursing Facilities		\$2,448,774			
Total PACE		\$59,563,633			
Total SMIB		\$94,501,821			
Total Health Insurance Buy-In Program		\$990,151			
Total Single Entry Point		\$23,939,186			
Total Disease Management		\$1,008,706			
Total Prepaid Inpatient Health Plan Administration		\$4,600,166			
Total Bottom Line Financing		\$14,154,162			
Rounding Adjustment ⁽⁴⁾		\$0			
Grand Total⁽³⁾		\$2,266,260,765			

Footnotes

(1) The Department has not received an FY 08-09 appropriation as of this Budget Request. No annualizations are included.

(2) Under Department Source, all references with the prefix "E" (e.g., EB-1) refer to pages in this Budget Request.

(3) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented on the Schedule 13 and Exhibit A of this Request.