

**Exhibit A - Summary of Request**

<b>Calculation of Request</b>						
<b>FY 2015-16</b>						
<b>Item</b>	<b>Total Request</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>FY 2015-16 Appropriation</b>						
FY 2015-16 Long Bill Appropriation (SB 15-234)	\$6,584,363,560	\$967,942,644	\$848,124,468	\$698,756,395	\$0	\$4,069,540,053
HB 15-1186 "Children with Autism Waiver Expansion"	\$10,205,160	\$164,846	\$0	\$4,840,203	\$0	\$5,200,111
HB 15-1309 "Protective Restorations by Dental Hygenists"	\$11,217	\$4,515	\$0	\$690	\$0	\$6,012
SB 15-011 "Pilot Program Spinal Cord Injury Alternative Medicine"	\$250,547	\$123,295	\$0	\$0	\$0	\$127,252
<b>FY 2015-16 Total Spending Authority</b>	<b>\$6,594,830,484</b>	<b>\$968,235,300</b>	<b>\$848,124,468</b>	<b>\$703,597,288</b>	<b>\$0</b>	<b>\$4,074,873,428</b>
Total Projected FY 2015-16 Expenditure	\$6,871,350,675	\$994,329,458	\$848,124,468	\$824,686,771	\$0	\$4,204,209,978
<b>FY 2015-16 Requested Change from Appropriation</b>	<b>\$276,520,191</b>	<b>\$26,094,158</b>	<b>\$0</b>	<b>\$121,089,483</b>	<b>\$0</b>	<b>\$129,336,550</b>
Percent Change	4.19%	2.70%	0.00%	17.21%	0.00%	3.17%
FY 2016-17 November Supplemental Request (R-1)	\$207,160,125	\$37,869,753	\$0	\$115,663,744	\$0	\$53,626,628
<b>FY 2015-16 Current Supplemental Request (S-1 A)</b>	<b>\$69,360,066</b>	<b>(\$11,775,595)</b>	<b>\$0</b>	<b>\$5,425,739</b>	<b>\$0</b>	<b>\$75,709,922</b>
Incremental Percent Growth Relative to Appropriation	25.08%	-45.13%	0.00%	4.48%	0.00%	58.54%
<b>Calculation of Request</b>						
<b>FY 2016-17</b>						
<b>Item</b>	<b>Total Request</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>FY 2015-16 Appropriation Plus Special Bills</b>	\$6,594,830,484	\$968,235,300	\$848,124,468	\$703,597,288	\$0	\$4,074,873,428
Bill Annualizations						
Annualization of Long Bill FY 2015-16 (SB 15-234)	(\$59,260,774)	(\$26,398,604)	\$0	\$1,263,468	\$0	(\$34,125,638)
SB 11-177 Annualization "Sunset Teen Pregnancy & Dropout Program"	(\$183,897)	\$32,490	\$0	(\$25,022)	\$0	(\$191,365)
HB 15-1186 Annualization "Children with Autism Waiver Expansion"	\$8,029,482	\$8,269,243	\$0	(\$4,331,637)	\$0	\$4,091,876
HB 15-1309 Annualization "Protective Restorations by Dental Hygenists"	\$12,620	\$5,160	\$0	\$690	\$0	\$6,770
SB 15-011 Annualization "Pilot Program Spinal Cord Injury Alternative Medicine"	\$18,823	\$9,451	\$0	\$0	\$0	\$9,372
Total Annualizations	(\$51,383,746)	(\$18,082,260)	\$0	(\$3,092,501)	\$0	(\$30,208,985)
<b>FY 2016-17 Total Spending Authority</b>	<b>\$6,543,446,738</b>	<b>\$950,153,040</b>	<b>\$848,124,468</b>	<b>\$700,504,787</b>	<b>\$0</b>	<b>\$4,044,664,443</b>
Total Projected FY 2016-17 Expenditure	\$6,762,714,402	\$1,102,452,061	\$848,124,468	\$682,389,939	\$0	\$4,129,747,934
<b>FY 2016-17 Requested Change from Appropriation</b>	<b>\$219,267,664</b>	<b>\$152,299,021</b>	<b>\$0</b>	<b>(\$18,114,848)</b>	<b>\$0</b>	<b>\$85,083,491</b>
Percent Change	3.35%	16.03%	0.00%	-2.59%	0.00%	2.10%
FY 2016-17 November Decision Item (R-1)	\$60,280,818	\$141,702,419	\$0	(\$30,982,323)	\$0	(\$50,439,278)
FY 2016-17 BA-16: "Decreased FMAP"	\$6,993	\$8,846,185	\$0	\$499,963	\$0	(\$9,339,155)
<b>FY 2016-17 Current Budget Amendment (BA-1)</b>	<b>\$158,979,853</b>	<b>\$1,750,417</b>	<b>\$0</b>	<b>\$12,367,512</b>	<b>\$0</b>	<b>\$144,861,924</b>
Incremental Percent Growth Relative to Appropriation	72.50%	1.15%	0.00%	-68.27%	0.00%	170.26%
<b>Calculation of Request</b>						
<b>FY 2017-18</b>						
<b>Item</b>	<b>Total Request</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>FY 2016-17 Appropriation Plus Special Bills</b>	\$6,543,446,738	\$950,153,040	\$848,124,468	\$700,504,787	\$0	\$4,044,664,443
Bill Annualizations						
Annualization of Long Bill FY 2015-16 (SB 15-234)	(\$7,748,597)	(\$3,169,176)	\$0	\$0	\$0	(\$4,579,421)
SB 15-011 Annualization "Pilot Program Spinal Cord Injury Alternative Medicine"	(\$23,515)	\$12,996	\$0	(\$5,004)	\$0	(\$31,507)
Total Annualizations	(\$7,772,112)	(\$3,156,180)	\$0	(\$5,004)	\$0	(\$4,610,928)
<b>FY 2017-18 Total Spending Authority</b>	<b>\$6,535,674,626</b>	<b>\$946,996,860</b>	<b>\$848,124,468</b>	<b>\$700,499,783</b>	<b>\$0</b>	<b>\$4,040,053,515</b>
Total Projected FY 2017-18 Expenditures	\$6,984,655,899	\$1,210,502,960	\$848,124,468	\$733,272,808	\$0	\$4,192,755,663
<b>FY 2017-18 Requested Change From Appropriation</b>	<b>\$448,981,273</b>	<b>\$263,506,100</b>	<b>\$0</b>	<b>\$32,773,025</b>	<b>\$0</b>	<b>\$152,702,148</b>
Percent Change	6.87%	27.83%	0.00%	4.68%	0.00%	3.78%
FY 2017-18 November Estimate	\$311,713,880	\$262,168,785	\$0	\$14,048,346	\$0	\$35,496,749
Annualization of FY 2016-17 BA-16: "Decreased FMAP"	\$0	\$0	\$0	\$0	\$0	\$0
<b>FY 2017-18 Current Budget Amendment (BA-1)</b>	<b>\$137,267,393</b>	<b>\$1,337,315</b>	<b>\$0</b>	<b>\$18,724,679</b>	<b>\$0</b>	<b>\$117,205,399</b>
Incremental Percent Growth Relative to Appropriation	30.57%	0.51%	0.00%	57.13%	0.00%	76.75%

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2015-16							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
<b>Acute Care Services</b>							
Base Acute	\$2,128,570,831	\$1,047,469,706	\$0	\$0	\$1,081,101,125	50.79%	
Breast and Cervical Cancer Program	\$3,738,812	\$0	\$1,288,021	\$0	\$2,450,791	65.55%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$11,505,498	\$1,150,550	\$0	\$0	\$10,354,948	90.00%	CF: Local Funds
Indian Health Service	\$3,439,350	\$0	\$0	\$0	\$3,439,350	100.00%	
Affordable Care Act Drug Rebate Offset	(\$17,694,876)	\$0	\$0	\$0	(\$17,694,876)	100.00%	
Affordable Care Act Preventive Services	\$49,082,893	\$23,662,863	\$0	\$0	\$25,420,030	51.79%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$86,660,156	\$14,905,547	\$0	\$0	\$71,754,609	82.80%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$16,034,423	\$2,757,921	\$0	\$0	\$13,276,502	82.80%	
MAGI Parents/Caretakers to 133% FPL	\$207,413,265	\$0	\$0	\$0	\$207,413,265	100.00%	100% FFP January 1, 2014
MAGI Adults	\$1,177,526,558	\$0	\$0	\$0	\$1,177,526,558	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$28,571,426	\$0	\$15,476,573	\$0	\$13,094,853	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$31,258,653	\$0	\$3,844,814	\$0	\$27,413,839	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$28,023,592	\$0	\$13,790,410	\$0	\$14,233,182	50.79%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$62,076,464	\$0	\$30,474,568	\$0	\$31,601,896	Variable	CF: Adult Dental Fund
<b>Acute Care Services Sub-Total</b>	<b>\$3,816,207,045</b>	<b>\$1,089,946,587</b>	<b>\$64,874,386</b>	<b>\$0</b>	<b>\$2,661,386,072</b>		
<b>Community Based Long-Term Care Services</b>							
Base Long-Term Services & Supports	\$736,984,440	\$362,670,043	\$0	\$0	\$374,314,397	50.79%	
Children with Autism Waiver Services	\$689,182	\$0	\$339,146	\$0	\$350,036	50.79%	CF: Colorado Autism Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$821,947	\$141,375	\$0	\$0	\$680,572	82.80%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	82.80%	
MAGI Parents/Caretakers to 133% FPL	\$414,950	\$0	\$49,130	\$0	\$365,820	88.16%	Waivers Services Standard Match; Hospice/PDN/LTHH 100% FFP January 1, 2014
MAGI Adults	\$6,285,816	\$0	\$673,211	\$0	\$5,612,605	89.29%	Waivers Services Standard Match; Hospice/PDN/LTHH 100% FFP January 1, 2014
Disabled Buy-In	\$4,457,749	\$0	\$2,414,674	\$0	\$2,043,075	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$893,875	\$0	\$109,947	\$0	\$783,928	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$144,165	\$0	\$70,944	\$0	\$73,221	50.79%	CF: Hospital Provider Fee Fund
<b>Community Based Long-Term Care Services Sub-Total</b>	<b>\$750,692,124</b>	<b>\$362,811,418</b>	<b>\$3,657,052</b>	<b>\$0</b>	<b>\$384,223,654</b>		
<b>Long-Term Care and Insurance</b>							
Base Class I Nursing Facilities	\$622,788,621	\$306,474,280	\$0	\$0	\$316,314,341	50.79%	
Class II Nursing Facilities	\$4,764,670	\$2,344,694	\$0	\$0	\$2,419,976	50.79%	
PACE	\$135,691,161	\$66,773,200	\$0	\$0	\$68,917,541	50.79%	
Supplemental Medicare Insurance Benefit (SMIB)	\$157,021,600	\$88,717,204	\$0	\$0	\$68,304,396	50.00%	Approximately 13% of Total is State-Only
Health Insurance Buy-In	\$1,529,019	\$752,430	\$0	\$0	\$776,589	50.79%	
MAGI Parents/Caretakers to 133% FPL	\$41,326	\$0	\$0	\$0	\$41,326	100.00%	100% FFP January 1, 2014
MAGI Adults	\$1,103,313	\$0	\$0	\$0	\$1,103,313	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$162,637	\$0	\$88,097	\$0	\$74,540	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,309,814	\$0	\$161,107	\$0	\$1,148,707	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$14,558	\$0	\$7,164	\$0	\$7,394	50.79%	CF: Hospital Provider Fee Fund
<b>Long-Term Care and Insurance Sub-Total</b>	<b>\$924,426,719</b>	<b>\$465,062,228</b>	<b>\$256,368</b>	<b>\$0</b>	<b>\$459,108,123</b>		
<b>Service Management</b>							
Base Service Management	\$33,058,929	\$16,529,464	\$0	\$0	\$16,529,465	50.00%	
Accountable Care Collaborative	\$88,610,697	\$43,605,324	\$0	\$0	\$45,005,373	50.79%	
Tobacco Quit Line	\$828,769	\$0	\$407,837	\$0	\$420,932	50.79%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$7,623,978	\$1,311,324	\$0	\$0	\$6,312,654	82.80%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$141,187	\$24,284	\$0	\$0	\$116,903	82.80%	
MAGI Parents/Caretakers to 133% FPL	\$9,310,970	\$0	\$0	\$0	\$9,310,970	100.00%	100% FFP January 1, 2014
MAGI Adults	\$38,065,488	\$0	\$0	\$0	\$38,065,488	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$388,582	\$0	\$210,487	\$0	\$178,095	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$194,673	\$0	\$23,945	\$0	\$170,728	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$1,042,588	\$0	\$513,058	\$0	\$529,530	50.79%	CF: Hospital Provider Fee Fund
<b>Service Management Sub-Total</b>	<b>\$179,265,861</b>	<b>\$61,470,396</b>	<b>\$1,155,327</b>	<b>\$0</b>	<b>\$116,640,138</b>		
<b>FY 2015-16 Estimate of Total Expenditures for Medical Services to Clients</b>	<b>\$5,670,591,749</b>	<b>\$1,979,290,629</b>	<b>\$69,943,133</b>	<b>\$0</b>	<b>\$3,621,357,987</b>		
<b>Financing</b>							
Upper Payment Limit Financing	\$3,374,246	(\$3,418,475)	\$3,374,246	\$0	\$3,418,475	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$19,333,677)	\$48,177,615	\$0	(\$28,843,938)	59.87%	CF: Department Recoveries
Denver Health Outstationing	\$6,874,421	\$0	\$3,437,211	\$0	\$3,437,210	50.00%	CF: Certified Public Expenditures
Hospital Provider Fee Supplemental Payments	\$1,086,400,000	\$0	\$534,600,000	\$0	\$551,800,000	50.79%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$95,278,525	\$0	\$46,886,562	\$0	\$48,391,963	50.79%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$8,831,734	(\$464,828)	\$4,648,281	\$0	\$4,648,281	Variable	CF: Certification of Public Expenditure
Memorial Hospital High Volume Payment	\$0	\$0	\$0	\$0	\$0	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$64,834,091)	\$64,834,091	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$0	\$0	\$0	\$0	\$0	50.00%	CF: Intergovernmental Transfer
Cash Funds Financing <sup>(1)</sup>	\$1,200,758,926	(\$48,785,632)	\$48,785,632	\$0	\$0	N/A	CF: Various, see Narrative
<b>Financing Sub-Total</b>	<b>\$1,200,758,926</b>	<b>(\$136,836,703)</b>	<b>\$754,743,638</b>	<b>\$0</b>	<b>\$582,851,991</b>		
<b>Total Projected FY 2015-16 Expenditures<sup>(2)</sup></b>	<b>\$6,871,350,675</b>	<b>\$1,842,453,926</b>	<b>\$824,686,771</b>	<b>\$0</b>	<b>\$4,204,209,978</b>		

Definitions: FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment

(1) This line adjusts for transfers from cash funds to the General Fund as provided by for the bills listed on page EA-1.

(2) Of the General Fund total, \$848,124,468 is General Fund Exempt.

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2016-17							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP <sup>(3)</sup>	Notes
<b>Acute Care Services</b>							
Base Acute	\$2,108,662,019	\$1,050,113,685	\$0	\$0	\$1,058,548,334	50.20%	
Breast and Cervical Cancer Program	\$1,933,297	\$0	\$674,141	\$0	\$1,259,156	65.13%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$12,176,269	\$1,217,627	\$0	\$0	\$10,958,642	90.00%	CF: Local Funds
Indian Health Service	\$3,683,888	\$0	\$0	\$0	\$3,683,888	100.00%	
Affordable Care Act Drug Rebate Offset	(\$20,204,009)	\$0	\$0	\$0	(\$20,204,009)	100.00%	
Affordable Care Act Preventive Services	\$50,160,026	\$24,478,093	\$0	\$0	\$25,681,933	51.20%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$91,124,783	\$10,816,512	\$0	\$0	\$80,308,271	88.13%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$16,219,361	\$1,925,238	\$0	\$0	\$14,294,123	88.13%	
MAGI Parents/Caretakers to 133% FPL	\$216,018,475	\$0	\$5,400,462	\$0	\$210,618,013	97.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$1,257,376,034	\$0	\$31,434,401	\$0	\$1,225,941,633	97.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$29,083,584	\$0	\$16,107,170	\$0	\$12,976,414	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$34,184,474	\$0	\$4,895,217	\$0	\$29,289,257	85.68%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$29,866,827	\$0	\$14,873,680	\$0	\$14,993,147	50.20%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$69,669,352	\$0	\$34,604,168	\$0	\$35,065,184	Variable	CF: Adult Dental Fund
<b>Acute Care Services Sub-Total</b>	<b>\$3,899,954,380</b>	<b>\$1,088,551,155</b>	<b>\$107,989,239</b>	<b>\$0</b>	<b>\$2,703,413,986</b>		
<b>Community Based Long-Term Care Services</b>							
Base Community Based Long-Term Care	\$822,515,048	\$409,612,494	\$0	\$0	\$412,902,554	50.20%	
Children with Autism Waiver Services	\$19,203,067	\$9,230,067	\$333,122	\$0	\$9,639,940	50.20%	CF: Colorado Autism Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$898,654	\$106,670	\$0	\$0	\$791,984	88.13%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	88.13%	
MAGI Parents/Caretakers to 133% FPL	\$452,040	\$0	\$64,732	\$0	\$387,308	85.68%	Waivers receive standard match; CF: Hospital Provider Fee Fund
MAGI Adults	\$6,934,953	\$0	\$902,931	\$0	\$6,032,022	86.98%	Waivers receive standard match; CF: Hospital Provider Fee Fund
Disabled Buy-In	\$5,169,396	\$0	\$2,862,932	\$0	\$2,306,464	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$985,809	\$0	\$141,168	\$0	\$844,641	85.68%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$163,518	\$0	\$81,432	\$0	\$82,086	50.20%	CF: Hospital Provider Fee Fund
<b>Community Based Long-Term Care Sub-Total</b>	<b>\$856,322,485</b>	<b>\$418,949,169</b>	<b>\$4,386,317</b>	<b>\$0</b>	<b>\$432,986,999</b>		
<b>Long-Term Care and Insurance</b>							
Base Class I Nursing Facilities	\$654,939,931	\$326,160,086	\$0	\$0	\$328,779,845	50.20%	
Class II Nursing Facilities	\$5,035,779	\$2,507,818	\$0	\$0	\$2,527,961	50.20%	
PACE	\$156,026,037	\$77,700,966	\$0	\$0	\$78,325,071	50.20%	
Supplemental Medicare Insurance Benefit (SMIB)	\$176,029,043	\$99,456,409	\$0	\$0	\$76,572,634	50.00%*	Approximately 13% of Total is State-Only
Health Insurance Buy-In	\$1,871,548	\$932,031	\$0	\$0	\$939,517	50.20%	
MAGI Parents/Caretakers to 133% FPL	\$48,150	\$0	\$1,204	\$0	\$46,946	97.50%	100% FFP January 1, 2014
MAGI Adults	\$1,095,947	\$0	\$27,398	\$0	\$1,068,549	97.50%	100% FFP January 1, 2014
Disabled Buy-In	\$171,036	\$0	\$94,724	\$0	\$76,312	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,446,016	\$0	\$207,069	\$0	\$1,238,947	85.68%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$16,270	\$0	\$8,102	\$0	\$8,168	50.20%	CF: Hospital Provider Fee Fund
<b>Long-Term Care and Insurance Sub-Total</b>	<b>\$996,679,977</b>	<b>\$506,757,310</b>	<b>\$338,497</b>	<b>\$0</b>	<b>\$489,583,950</b>		
<b>Service Management</b>							
Base Service Management	\$33,133,709	\$16,566,854	\$0	\$0	\$16,566,855	50.00%	
Accountable Care Collaborative	\$104,370,529	\$51,976,523	\$0	\$0	\$52,394,006	50.20%	
Tobacco Quit Line	\$1,052,096	\$0	\$523,944	\$0	\$528,152	50.20%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$8,688,957	\$1,031,379	\$0	\$0	\$7,657,578	88.13%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$161,499	\$19,170	\$0	\$0	\$142,329	88.13%	
MAGI Parents/Caretakers to 133% FPL	\$10,799,180	\$0	\$269,979	\$0	\$10,529,201	97.50%	100% FFP January 1, 2014
MAGI Adults	\$45,061,513	\$0	\$1,126,538	\$0	\$43,934,975	97.50%	100% FFP January 1, 2014
Disabled Buy-In	\$405,382	\$0	\$224,510	\$0	\$180,872	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$210,578	\$0	\$30,155	\$0	\$180,423	85.68%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$1,226,183	\$0	\$610,639	\$0	\$615,544	50.20%	CF: Hospital Provider Fee Fund
<b>Service Management Sub-Total</b>	<b>\$205,109,626</b>	<b>\$69,593,926</b>	<b>\$2,785,765</b>	<b>\$0</b>	<b>\$132,729,935</b>		
<b>FY 2016-17 Estimate of Total Expenditures for Medical Services to Clients</b>	<b>\$5,958,066,248</b>	<b>\$2,083,851,560</b>	<b>\$115,499,818</b>	<b>\$0</b>	<b>\$3,758,714,870</b>		
<b>Financing</b>							
Upper Payment Limit Financing	\$3,412,681	(\$3,537,487)	\$3,412,681	\$0	\$3,537,487	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$16,218,593)	\$53,597,465	\$0	(\$37,378,872)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$13,978,962	\$2,399,972	\$3,560,950	\$0	\$8,018,040	50.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$679,000,000	\$0	\$336,700,000	\$0	\$342,300,000	50.20%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$97,869,540	\$0	\$48,739,031	\$0	\$49,130,509	50.20%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$8,831,734	(\$464,828)	\$4,648,281	\$0	\$4,648,281	Variable	CF: Certification of Public Expenditure
Memorial Hospital High Volume Payment	\$555,237	\$0	\$277,618	\$0	\$277,619	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$64,723,663)	\$64,723,663	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$0	\$500,000	\$0	\$500,000	50.00%	CF: Intergovernmental Transfer
Cash Funds Financing <sup>(1)</sup>	\$0	(\$50,730,432)	\$50,730,432	\$0	\$0	N/A	CF: Various, see Narrative
<b>Financing Sub-Total</b>	<b>\$804,648,154</b>	<b>(\$133,275,031)</b>	<b>\$566,890,121</b>	<b>\$0</b>	<b>\$371,033,064</b>		
<b>Total Projected FY 2016-17 Expenditures<sup>(2)</sup></b>	<b>\$6,762,714,402</b>	<b>\$1,950,576,529</b>	<b>\$682,389,939</b>	<b>\$0</b>	<b>\$4,129,747,934</b>		
<i>Definitions:</i> FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment							
(1) This line adjusts for transfers from cash funds to the General Fund as provided by for the bills listed on page EA-1.							
(2) Of the General Fund total, \$848,124,468 is General Fund Exempt.							
(3) On January 1, 2017, the ACA expansion FMAP decreases from a 100% FMAP rate to 95% FMAP rate.							

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2017-18							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP <sup>(3)</sup>	Notes
<b>Acute Care Services</b>							
Base Acute	\$2,172,818,873	\$1,086,192,155	\$0	\$0	\$1,086,626,718	50.01%	
Breast and Cervical Cancer Program	\$662,148	\$0	\$231,752	\$0	\$430,396	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$12,886,145	\$1,288,614	\$0	\$0	\$11,597,531	90.00%	CF: Local Funds
Indian Health Service	\$3,945,812	\$0	\$0	\$0	\$3,945,812	100.00%	
Affordable Care Act Drug Rebate Offset	(\$23,068,937)	\$0	\$0	\$0	(\$23,068,937)	100.00%	
Affordable Care Act Preventive Services	\$51,561,487	\$25,259,972	\$0	\$0	\$26,301,515	51.01%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$97,277,969	\$11,673,356	\$0	\$0	\$85,604,613	88.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$16,420,058	\$1,970,407	\$0	\$0	\$14,449,651	88.00%	
MAGI Parents/Caretakers to 133% FPL	\$221,707,220	\$0	\$12,193,897	\$0	\$209,513,323	94.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$1,279,043,574	\$0	\$70,347,397	\$0	\$1,208,696,177	94.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$35,621,293	\$0	\$19,675,629	\$0	\$15,945,664	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$34,916,079	\$0	\$5,803,052	\$0	\$29,113,027	83.38%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$30,630,519	\$0	\$15,312,196	\$0	\$15,318,323	50.01%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$74,496,074	\$0	\$37,147,546	\$0	\$37,348,528	Variable	CF: Adult Dental Fund
<b>Acute Care Services Sub-Total</b>	<b>\$4,008,918,314</b>	<b>\$1,126,384,504</b>	<b>\$160,711,469</b>	<b>\$0</b>	<b>\$2,721,822,341</b>		
<b>Community Based Long-Term Care Services</b>							
Base Community Based Long-Term Care	\$902,327,452	\$451,073,493	\$0	\$0	\$451,253,959	50.01%	
Children with Autism Waiver Services	\$18,638,497	\$8,990,180	\$327,205	\$0	\$9,321,112	50.01%	CF: Colorado Autism Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$981,371	\$117,765	\$0	\$0	\$863,606	88.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	88.00%	
MAGI Parents/Caretakers to 133% FPL	\$481,616	\$0	\$81,441	\$0	\$400,175	83.09%	Waivers receive standard match; CF: Hospital Provider Fee Fund
MAGI Adults	\$7,244,292	\$0	\$1,144,598	\$0	\$6,099,694	84.20%	Waivers receive standard match; CF: Hospital Provider Fee Fund
Disabled Buy-In	\$5,668,795	\$0	\$3,131,192	\$0	\$2,537,603	Variable	CF: Hospital Provider Fee and Disabled Buy-in Premiums
Non-Newly Eligibles	\$1,031,452	\$0	\$171,427	\$0	\$860,025	83.38%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$179,533	\$0	\$89,749	\$0	\$89,784	50.01%	CF: Hospital Provider Fee Fund
<b>Community Based Long-Term Care Sub-Total</b>	<b>\$936,553,008</b>	<b>\$460,181,438</b>	<b>\$4,945,612</b>	<b>\$0</b>	<b>\$471,425,958</b>		
<b>Long-Term Care and Insurance</b>							
Base Class I Nursing Facilities	\$677,425,524	\$338,645,019	\$0	\$0	\$338,780,505	50.01%	
Class II Nursing Facilities	\$5,179,298	\$2,589,131	\$0	\$0	\$2,590,167	50.01%	
PACE	\$174,173,080	\$87,069,123	\$0	\$0	\$87,103,957	50.01%	
Supplemental Medicare Insurance Benefit (SMIB)	\$189,285,604	\$106,946,366	\$0	\$0	\$82,339,238	50.00%*	Approximately 13% of total is State-Only
Health Insurance Buy-In	\$2,353,201	\$1,176,365	\$0	\$0	\$1,176,836	50.01%	
MAGI Parents/Caretakers to 133% FPL	\$57,230	\$0	\$3,148	\$0	\$54,082	94.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$1,143,813	\$0	\$62,910	\$0	\$1,080,903	94.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$176,912	\$0	\$97,718	\$0	\$79,194	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,492,162	\$0	\$247,997	\$0	\$1,244,165	83.38%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$17,281	\$0	\$8,639	\$0	\$8,642	50.01%	CF: Hospital Provider Fee Fund
<b>Long-Term Care and Insurance Sub-Total</b>	<b>\$1,051,304,105</b>	<b>\$536,426,004</b>	<b>\$420,412</b>	<b>\$0</b>	<b>\$514,457,689</b>		
<b>Service Management</b>							
Base Service Management	\$34,091,203	\$17,045,601	\$0	\$0	\$17,045,602	50.00%	
Accountable Care Collaborative	\$110,953,097	\$55,465,453	\$0	\$0	\$55,487,644	50.01%	
Tobacco Quit Line	\$1,076,910	\$0	\$538,347	\$0	\$538,563	50.01%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$9,341,562	\$1,120,987	\$0	\$0	\$8,220,575	88.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$168,131	\$20,176	\$0	\$0	\$147,955	88.00%	
MAGI Parents/Caretakers to 133% FPL	\$11,750,264	\$0	\$646,265	\$0	\$11,103,999	94.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$46,557,591	\$0	\$2,560,668	\$0	\$43,996,923	94.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$488,703	\$0	\$269,938	\$0	\$218,765	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$213,526	\$0	\$35,488	\$0	\$178,038	83.38%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$1,321,050	\$0	\$660,393	\$0	\$660,657	50.01%	CF: Hospital Provider Fee Fund
<b>Service Management Sub-Total</b>	<b>\$215,962,037</b>	<b>\$73,652,217</b>	<b>\$4,711,099</b>	<b>\$0</b>	<b>\$137,598,721</b>		
<b>FY 2017-18 Estimate of Total Expenditures for Medical Services to Clients</b>	<b>\$6,212,737,464</b>	<b>\$2,196,644,163</b>	<b>\$170,788,592</b>	<b>\$0</b>	<b>\$3,845,304,709</b>		
<b>Financing</b>							
Upper Payment Limit Financing	\$3,520,895	(\$3,590,368)	\$3,520,895	\$0	\$3,590,368	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$18,306,584)	\$59,669,439	\$0	(\$41,362,855)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$4,779,554	\$1,672,844	\$0	\$0	\$3,106,710	65.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$652,700,000	\$0	\$326,284,730	\$0	\$326,415,270	50.01%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$100,531,015	\$0	\$50,255,454	\$0	\$50,275,561	50.01%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$8,831,734	(\$464,828)	\$4,648,281	\$0	\$4,648,281	50.00%	CF: Certification of Public Expenditure
Memorial Hospital High Volume Payment	\$555,237	\$0	\$277,618	\$0	\$277,619	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$64,723,663)	\$64,723,663	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$0	\$500,000	\$0	\$500,000	50.00%	CF: Intergovernmental Transfer
Cash Funds Financing <sup>(1)</sup>	\$0	(\$52,604,136)	\$52,604,136	\$0	\$0	N/A	CF: Various, see Narrative
<b>Financing Sub-Total</b>	<b>\$771,918,435</b>	<b>(\$138,016,735)</b>	<b>\$562,484,216</b>	<b>\$0</b>	<b>\$347,450,954</b>		
<b>Total Projected FY 2017-18 Expenditures<sup>(2)</sup></b>	<b>\$6,984,655,899</b>	<b>\$2,058,627,428</b>	<b>\$733,272,808</b>	<b>\$0</b>	<b>\$4,192,755,663</b>		
<b>Definitions:</b> FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment							
<sup>(1)</sup> This line adjusts for transfers from cash funds to the General Fund as provided by for the special bills listed on page EA-1.							
<sup>(2)</sup> Of the General Fund total, \$848,124,468 is General Fund Exempt.							
<sup>(3)</sup> On January 1, 2018, the ACA expansion FMAP decreases from a 95% FMAP rate to 94% FMAP rate.							