

**Exhibit E - Summary of Premium Request by Service Group**

<b>FY 2009-10</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Categorically Eligible Low-Income Adults (AFDC-A)</b>	<b>Expansion Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>Foster Care</b>	<b>Baby Care Program-Adults</b>	<b>Non-Citizens</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
Acute Care	\$93,635,081	\$56,497,566	\$480,590,265	\$220,140,212	\$44,777,401	\$8,556,817	\$470,642,517	\$62,371,606	\$60,695,596	\$57,047,527	\$3,606,515	\$1,558,561,103
Community Based Long Term Care	\$141,762,490	\$21,979,692	\$129,270,514	\$67,718	\$13,103	\$0	\$418,090	\$6,243,894	(\$94)	\$0	\$338,663	\$300,094,070
Long Term Care	\$480,563,907	\$34,910,605	\$81,165,435	\$22,169	\$0	\$0	\$0	\$0	\$0	\$0	\$256,598	\$596,918,714
Insurance	\$55,114,785	\$3,255,374	\$30,067,001	\$192,911	\$0	\$0	\$18,686	\$0	\$634	\$0	\$16,204,230	\$104,853,621
Service Management	\$12,161,456	\$2,123,950	\$11,457,935	\$636,274	\$145,196	\$299	\$2,874,006	\$251,277	\$110,993	\$58,602	\$6,990	\$29,826,978
<b>Medical Services Total</b>	<b>\$783,237,719</b>	<b>\$118,767,187</b>	<b>\$732,551,150</b>	<b>\$221,059,284</b>	<b>\$44,935,700</b>	<b>\$8,557,116</b>	<b>\$473,953,299</b>	<b>\$68,866,777</b>	<b>\$60,807,129</b>	<b>\$57,106,129</b>	<b>\$20,412,996</b>	<b>\$2,590,254,486</b>
Eligibles	38,496	7,036	53,096	58,981	17,556	418	277,828	18,365	7,067	3,662	15,919	498,424
Medical Services Per Capita	\$20,345.95	\$16,879.93	\$13,796.73	\$3,747.97	\$2,559.56	\$20,471.57	\$1,705.92	\$3,749.89	\$8,604.38	\$15,594.25	\$1,282.30	\$5,196.89
Financing	\$99,883,175	\$15,145,905	\$93,419,319	\$28,190,807	\$5,730,470	\$1,091,255	\$60,441,369	\$8,782,305	\$7,754,490	\$7,282,516	\$2,603,188	\$330,324,799
<b>Grand Total</b>	<b>\$883,120,894</b>	<b>\$133,913,092</b>	<b>\$825,970,469</b>	<b>\$249,250,091</b>	<b>\$50,666,170</b>	<b>\$9,648,371</b>	<b>\$534,394,668</b>	<b>\$77,649,082</b>	<b>\$68,561,619</b>	<b>\$64,388,645</b>	<b>\$23,016,184</b>	<b>\$2,920,579,285</b>
Medical Services Premiums												
Total Per Capita	\$22,940.59	\$19,032.56	\$15,556.17	\$4,225.94	\$2,885.97	\$23,082.23	\$1,923.47	\$4,228.10	\$9,701.66	\$17,582.92	\$1,445.83	\$5,859.63

  

<b>FY 2010-11</b>	<b>Adults 65 and Older (OAP-A)</b>	<b>Disabled Adults 60 to 64 (OAP-B)</b>	<b>Disabled Individuals to 59 (AND/AB)</b>	<b>Categorically Eligible Low-Income Adults (AFDC-A)</b>	<b>Expansion Adults</b>	<b>Breast &amp; Cervical Cancer Program</b>	<b>Eligible Children (AFDC-C/BC)</b>	<b>Foster Care</b>	<b>Baby Care Program-Adults</b>	<b>Non-Citizens</b>	<b>Partial Dual Eligibles</b>	<b>TOTAL</b>
Acute Care	\$98,014,743	\$61,983,025	\$517,171,457	\$242,428,761	\$85,054,107	\$9,393,622	\$518,082,559	\$65,644,368	\$63,170,144	\$60,960,622	\$4,165,065	\$1,726,068,473
Community Based Long Term Care	\$151,466,684	\$24,885,891	\$140,646,764	\$81,184	\$25,290	\$0	\$497,239	\$6,972,408	(\$73)	\$0	\$389,977	\$324,965,364
Long Term Care	\$525,214,355	\$38,146,585	\$87,585,579	\$23,868	\$0	\$0	\$0	\$0	\$0	\$0	\$276,261	\$651,246,648
Insurance	\$62,019,707	\$3,746,542	\$33,912,319	\$242,621	\$0	\$0	\$18,294	\$0	\$697	\$0	\$19,219,368	\$119,159,548
Service Management	\$14,139,380	\$2,767,107	\$15,901,417	\$2,807,202	\$601,546	\$27,530	\$11,421,236	\$1,030,476	\$515,261	\$62,278	\$7,426	\$49,280,859
<b>Medical Services Total</b>	<b>\$850,854,869</b>	<b>\$131,529,150</b>	<b>\$795,217,536</b>	<b>\$245,583,636</b>	<b>\$85,680,943</b>	<b>\$9,421,152</b>	<b>\$530,019,328</b>	<b>\$73,647,252</b>	<b>\$63,686,029</b>	<b>\$61,022,900</b>	<b>\$24,058,097</b>	<b>\$2,870,720,892</b>
Eligibles	39,162	7,424	54,344	66,076	31,632	471	307,278	18,753	7,047	3,571	17,119	552,877
Medical Services Per Capita	\$21,726.54	\$17,716.75	\$14,633.03	\$3,716.68	\$2,708.68	\$20,002.45	\$1,724.89	\$3,927.23	\$9,037.32	\$17,088.46	\$1,405.34	\$5,192.33
Financing	\$95,755,998	\$14,802,413	\$89,494,521	\$27,638,211	\$9,642,613	\$1,060,265	\$59,648,868	\$8,288,330	\$7,167,285	\$6,867,574	\$2,707,521	\$323,073,599
<b>Grand Total</b>	<b>\$946,610,867</b>	<b>\$146,331,563</b>	<b>\$884,712,057</b>	<b>\$273,221,847</b>	<b>\$95,323,556</b>	<b>\$10,481,417</b>	<b>\$589,668,196</b>	<b>\$81,935,582</b>	<b>\$70,853,314</b>	<b>\$67,890,474</b>	<b>\$26,765,618</b>	<b>\$3,193,794,491</b>
Medical Services Premiums												
Total Per Capita	\$24,171.67	\$19,710.61	\$16,279.85	\$4,134.96	\$3,013.52	\$22,253.54	\$1,919.01	\$4,369.20	\$10,054.39	\$19,011.61	\$1,563.50	\$5,776.68

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2008-09**

<b>Item</b>	<b>Long Bill and Special Bills</b>	<b>Department Request</b>	<b>Difference from Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
<b>Caseload</b>	476,632	498,424	21,792		
<b>Acute Care</b>					
Base Acute Care Per Capita Cost	\$3,361.03	\$3,364.06			Exhibit F
Base Acute Cost	\$1,601,973,424	\$1,676,730,575	\$74,757,151	Figure Setting, Page 111 and Exhibit A-4; note that the BCCP figure was adjusted by JBC staff in the final Conference Committee model. Includes Non-Emergency Medical Transportation; excludes BA-24, which is listed separately below.	Exhibit F
<b>Bottom Line Impacts</b>					
JBC March Caseload Adjustment	\$10,323,702	\$0	(\$10,323,702)	Conference Committee Memo dated April 21, 2009 <sup>(3)</sup>	Exhibit F, Included in Base
HB 08-1409 Medicaid Payment Recovery	\$0	(\$100,000)	(\$100,000)	Included in Base: Figure Setting, Page 111	Exhibit F
SB 08-090 Mail Order Rx Under Medicaid	\$0	(\$199,480)	(\$199,480)	Included in Base: Figure Setting, Page 111	Exhibit F
Drug Rebates for Physician and Hospital-Administered Drugs	\$0	(\$2,092,551)	(\$2,092,551)	Included in Base: Figure Setting, Page 111	Exhibit F
BRI-1 Pharmacy Efficiencies	(\$1,022,887)	(\$285,123)	\$737,764	Figure Setting, Pages 111, 117, Exhibit A-3	Exhibit F
BRI-2 Medicaid Program Efficiencies: Flouride Varnish	\$146,182	\$141,964	(\$4,218)	Figure Setting, Page 118 (also Page 111 and Exhibit A-3)	Exhibit F
S-8 Physician Supplemental Payment to Denver Health	\$5,190,450	\$14,569,507	\$9,379,057	Figure Setting, Exhibit A-4. Note that the Conference Committee document lists this as "Additional Denver Health Outstationing."	Exhibit F
BA-24 Adjust Outpatient Hospital Cost to Charge Ratio	(\$4,850,425)	(\$4,897,557)	(\$47,132)	Included in Base: Figure Setting, Page 111	Exhibit F
BA-33 Promote Use of VA for Veterans	(\$9,129,991)	(\$912,999)	\$8,216,992	Figure Setting, Page 20 (Imputed)	Exhibit F
BA-33 Prior Authorization of Anti-convulsant Drugs	(\$960,000)	\$0	\$960,000	Figure Setting, Page 20	Exhibit F
BA-33 Correct Home Health billing for Dual Eligibles	(\$500,000)	(\$500,000)	\$0	Figure Setting, Page 20	Exhibit F
BA-33 Restrict Inpatient Hospital Claims for Readmission with in 24 Hours	(\$1,400,000)	(\$1,400,000)	\$0	Figure Setting, Page 20	Exhibit F
BA-33 Reduce Selected Physician Codes to Below 100% of Medicare	(\$5,432,902)	(\$5,432,902)	\$0	Figure Setting, Page 20	Exhibit F
BA-33 Rate Reductions	(\$29,719,405)	(\$29,719,405)	\$0	Figure Setting, Page 20, amended by Conference Committee Memo dated April 21, 2009	Exhibit F
BA-37 HIBI Increase	(\$961,538)	(\$426,923)	\$534,615	JBC Figure Setting document: 111, A-3 (Imputed)	Exhibit F
SB 09-259: Refinance Pediatric Specialty Hospital	(\$2,211,994)	(\$2,211,994)	\$0	Figure Setting, Page 111, amended by Conference Committee Action	Exhibit F
ES-2 Provider Rate Reductions	(\$13,942,229)	(\$13,942,229)	\$0	Executive Order D 017 09 (Imputed)	Exhibit F
ES-2 FQHC Payment Methodology	(\$3,915,491)	(\$2,996,609)	\$918,882	Executive Order D 017 09 (Imputed)	Exhibit F
ES-2 Prenatal State Only Benefits	\$0	\$0	\$0	Executive Order D 017 09 (Imputed)	Exhibit F
ES-2 Pharmacy Reimbursements	(\$3,489,218)	(\$3,489,218)	\$0	Executive Order D 017 09 (Imputed)	Exhibit F
ES-2 Expand PDL	(\$1,291,282)	\$0	\$1,291,282	Executive Order D 017 09 (Imputed)	Exhibit F
ES-6 Medicaid Provider Rate Reductions	(\$6,729,557)	(\$6,729,557)	\$0	Executive Order D 017 09 (Imputed)	Exhibit F
Average Wholesale Pricing Reduction	\$0	(\$5,058,978)	(\$5,058,978)	Not included	Exhibit F
Reduction to Synagis Recommended Dosage	\$0	(\$1,259,131)	(\$1,259,131)	Not included	Exhibit F
Estimated Impact of Increased PACE Enrollment	\$0	(\$442,062)	(\$442,062)	Included in Base: Figure Setting, Page 111	Exhibit F
CRICC Contract Restructuring	\$0	(\$1,605,504)	(\$1,605,504)	Not included	Exhibit F
Remove manual pricing of DME, injectibles, and medical services	\$0	(\$998,035)	(\$998,035)	Not included	Exhibit F

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2008-09**

<b>Item</b>	<b>Long Bill and Special Bills</b>	<b>Department Request</b>	<b>Difference from Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
Benefits limits on Echocardiograms	\$0	(\$44,713)	(\$44,713)	Not included	Exhibit F
Hospital Cost Settlements	\$0	(\$9,167,450)	(\$9,167,450)	Not included	Exhibit F
LogistiCare Supplemental Payment	\$0	\$234,504	\$234,504	Not included	Exhibit F
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, Acute Care MMIS Impact (one-time shift)	(\$26,264,835)	(\$27,818,958)	(\$1,554,123)	SB 09-265 Appropriation clause (Imputed)	Exhibit F
SB 09-265 Timing of Medicaid Payments, Acute Care HMO Impact (permanent shift)	(\$10,686,028)	(\$11,384,069)	(\$698,041)	SB 09-265 Appropriation clause (Imputed)	Exhibit F
<b>Total Acute Care</b>	<b>\$1,495,125,976</b>	<b>\$1,558,561,103</b>	<b>\$63,435,127</b>		
<b>Community Based Long Term Care</b>					
Base CBLTC Per Capita Cost	\$620.37	\$629.79			Exhibit G
Base CBLTC Cost	\$295,690,034	\$313,900,767	\$18,210,733	Figure Setting, Page 111 and Exhibit A-4	Exhibit G
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$1,905,535	\$0	(\$1,905,535)	Conference Committee Memo dated April 21, 2009 <sup>(3)</sup>	Exhibit G, Included in Base
BA-15 Community Transitions Services for Mental Illness Waiver Clients	(\$373,390)	\$0	\$373,390	JBC Figure Setting document: 111, 120, A-3	Exhibit G
BA-33 Provider Rate Reductions	(\$4,660,232)	(\$4,660,232)	\$0	Figure Setting, Page 20, amended by Conference Committee Memo dated April 21, 2009	Exhibit G
BA-33 Enroll Eligible Veterans in VA Health Care System	(\$1,696,961)	(\$169,696)	\$1,527,265	Figure Setting, Page 20 (Imputed)	Exhibit G
BA-33 HCBS Cost Sharing for High Income Families	(\$22,383)	\$0	\$22,383	Figure Setting, Page 20	Exhibit G
ES-2 Provider Rate Reductions	(\$2,784,090)	(\$2,784,090)	\$0	Executive Order D 017 09 (Imputed)	Exhibit G
ES-2 Provider HCBS Waiver Transportation	(\$482,219)	(\$321,480)	\$160,739	Executive Order D 017 09 (Imputed)	Exhibit G
ES-2 Reduction to HCBS Waiver Personal Care Benefit	(\$1,105,854)	\$0	\$1,105,854	Executive Order D 017 09 (Imputed)	Exhibit G
Estimated Impact of Retroactive Impact of HB 08-1114 on FY 2008-09 Hospice Rates	\$0	\$1,994,723	\$1,994,723	Included in Base: Figure Setting, Page 111 (Imputed)	Exhibit G
ES-6 Provider Rate Reductions	(\$1,267,143)	(\$1,267,143)	\$0	Executive Order D 017 09 (Imputed)	Exhibit G
Estimated Impact of Increased PACE Enrollment	\$0	(\$714,582)	(\$714,582)	Included in Base: Figure Setting, Page 111	Exhibit G
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, CBLTC MMIS Impact (one-time shift)	(\$5,223,970)	(\$5,884,197)	(\$660,227)	SB 09-265 Appropriation clause (Imputed)	Exhibit G
<b>Total Community Based Long Term Care</b>	<b>\$279,979,327</b>	<b>\$300,094,070</b>	<b>\$20,114,743</b>		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2008-09**

<b>Item</b>	<b>Long Bill and Special Bills</b>	<b>Department Request</b>	<b>Difference from Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
<b>Long Term Care and Insurance</b>					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$565,175,450	\$538,307,281	(\$26,868,169)	Figure Setting, Page 111 and Exhibit A-4	Exhibit H
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$3,642,197	\$0	(\$3,642,197)	Conference Committee Memo dated April 21, 2009 <sup>(3)</sup>	Exhibit H, included in Base
Hospital Back Up Program	\$7,489,401	\$6,911,902	(\$577,499)	Figure Setting, Page 111 (Imputed)	Exhibit H
Estate and Income Trust Recoveries	(\$6,562,446)	(\$5,563,178)	\$999,268	Figure Setting, Page 111 (Imputed)	Exhibit H
BA-36 Enhanced Estate and Income Trust Recoveries	(\$1,116,721)	\$0	\$1,116,721	Figure Setting, Page 111	Exhibit H
Recoveries from Department Overpayment Reviews	(\$683,879)	(\$608,348)	\$75,531	Figure Setting, Page 111 (Imputed)	Exhibit H
BRI-2 Medicaid Program Efficiencies: Hospital Back Up Program	(\$1,942,086)	\$0	\$1,942,086	Figure Setting, Page 118 (also Page 111 and Exhibit A-3). Note that there is a discrepancy of \$4,219 between the amount in the Conference Committee total and the sum of the two components which were approved by the	Exhibit H; the Department is not implementing due to program uncertainty.
SB 09-263 Payments to Medicaid Nursing Facility Providers	(\$26,455,954)	\$0	\$26,455,954	SB 09-263 Appropriation clause	Exhibit H, included in Base
ES-2: Medicaid Program Reductions	(\$1,907,528)	\$0	\$1,907,528	Executive Order D 017 09 (Imputed)	Exhibit H
NP-ES#5 DHS - Close 59 beds at the Colorado Mental Health Institute at Fort Logan	\$200,067	\$200,067	\$0	Executive Order D 017 09 (Imputed)	Exhibit H, included in Base
NP-ES#8 DHS - Closure of 32 bed Nursing Facility at Grand Junction Regional Center	\$898,343	\$898,343	\$0	Executive Order D 017 09 (Imputed)	Exhibit H, included in Base
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, C1NF MMIS impact of one-time shift	(\$9,134,071)	(\$9,822,233)	(\$688,162)	SB 09-265 Appropriation clause (Imputed)	Exhibit H
<b>Total Class I Nursing Facilities</b>	<b>\$529,602,773</b>	<b>\$530,323,834</b>	<b>\$721,061</b>		Exhibit H
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities Cost	\$2,231,349	\$2,308,289	\$76,940	Figure Setting, Page 111 and Exhibit A-4	Exhibit H
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$14,380	\$0	(\$14,380)	Conference Committee Memo dated April 21, 2009 <sup>(3)</sup>	Exhibit H, included in Base
<b>Total Class II Nursing Facilities</b>	<b>\$2,245,728</b>	<b>\$2,308,289</b>	<b>\$62,561</b>		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2008-09**

<b>Item</b>	<b>Long Bill and Special Bills</b>	<b>Department Request</b>	<b>Difference from Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
<b><i>Program of All Inclusive Care for the Elderly (PACE)</i></b>					
FY 2009-10 Estimated Monthly Enrollment		1,597			Exhibit H
Estimated FY 2009-10 Base Cost Per Enrollee		\$43,970.67			Exhibit H
Base PACE Cost	\$76,149,880	\$70,221,166	(\$5,928,714)	Figure Setting, Page 111 and Exhibit A-3, amended by Conference Committee. Excludes impact of HB 08-1114. <sup>(3)</sup>	Exhibit H
<b><i>Bottom Line Impacts</i></b>					
JBC March Caseload Adjustment	\$490,738	\$0	(\$490,738)	Conference Committee Memo dated April 21, 2009 <sup>(3)</sup>	Exhibit H, included in Base
HB 08-1114: Reimbursement of Nursing Facilities Under Medicaid	\$893,455	\$748,016	(\$145,439)	Included in Base: Figure Setting, Page 111 (Imputed)	Exhibit H
ES-2 Medicaid Program Reductions	(\$647,462)	(\$647,462)	\$0	Executive Order D 017 09 (Imputed)	Exhibit H
ES-6 Medicaid Provider Rate Reduction	(\$190,893)	(\$190,893)	\$0	Executive Order D 017 09 (Imputed)	Exhibit H
<b><i>Adjustments to Expenditure</i></b>					
SB 09-265 Timing of Medicaid Payments, PACE Impact (permanent shift)	(\$5,795,752)	(\$5,844,236)	(\$48,484)	SB 09-265 Appropriation clause (Imputed)	Exhibit H
<b>Total PACE</b>	<b>\$70,899,966</b>	<b>\$64,286,591</b>	<b>(\$6,613,375)</b>		
<b><i>Supplemental Medicare Insurance Benefit (SMIB)</i></b>					
Base SMIB Per Capita	\$209.97	\$208.10			Exhibit H
Base SMIB Cost	\$100,076,903	\$103,724,458	\$3,647,555	Figure Setting, Page 111 and Exhibit A-4	Exhibit H
<b><i>Bottom Line Impacts</i></b>					
JBC March Caseload Adjustment	\$644,932	\$0	(\$644,932)	Conference Committee Memo dated April 21, 2009 <sup>(3)</sup>	Exhibit H, included in Base
<b>Total Supplemental Medicare Insurance Benefit</b>	<b>\$100,721,836</b>	<b>\$103,724,458</b>	<b>\$3,002,622</b>		
<b><i>Health Insurance Buy-In Program (HIBI)</i></b>					
Base HIBI Per Capita	\$2.70	\$1.97			Exhibit H
Base HIBI Cost	\$942,623	\$979,740	\$37,117	Figure Setting, Page 111 and Exhibit A-3, amended by Conference Committee. <sup>(3)</sup>	Exhibit H
<b><i>Bottom Line Impacts</i></b>					
JBC March Caseload Adjustment	\$6,075	\$0	(\$6,075)	Conference Committee Memo dated April 21, 2009 <sup>(3)</sup>	Exhibit H, included in Base
BA-37 Increased Enrollment in Health Insurance Buy-In	\$336,538	\$149,423	(\$187,115)	JBC Figure Setting document: 111, A-3 (Imputed)	Exhibit H
<b>Total Health Insurance Buy-In Program</b>	<b>\$1,285,235</b>	<b>\$1,129,163</b>	<b>(\$156,072)</b>		
<b>Total Long Term Care and Insurance</b>	<b>\$704,755,538</b>	<b>\$701,772,335</b>	<b>(\$2,983,203)</b>		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2008-09**

<b>Item</b>	<b>Long Bill and Special Bills</b>	<b>Department Request</b>	<b>Difference from Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
<b>Service Management</b>					
<i>Single Entry Points (SEP)</i>					
FY 2009-10 Base Contracts	\$24,668,722	\$24,668,722	(\$0)	Figure Setting, Page 111 and Exhibit A-4	Exhibit I
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$158,974	\$0	(\$158,974)	Conference Committee Memo dated April 21, 2009 <sup>(3)</sup>	Exhibit I, included in Base
BA-33 Provider Volume and Rate Reductions	(\$505,223)	(\$505,223)	\$0	Figure Setting, Page 20, amended by Conference Committee Memo dated April 21, 2009	Exhibit I
ES-2 Medicaid Program Reductions	(\$271,840)	(\$271,840)	\$0	Executive Order D 017 09 (Imputed)	Exhibit I
ES-6 Medicaid Provider Rate Reduction	(\$119,458)	(\$119,458)	\$0	Executive Order D 017 09 (Imputed)	Exhibit I
<b>Total Single Entry Points</b>	<b>\$23,931,175</b>	<b>\$23,772,201</b>	<b>(\$158,974)</b>		Exhibit I
<i>Disease Management</i>					
Base Disease Management	\$5,008,706	\$63,488	(\$4,945,218)	Figure Setting, Page 111 and Exhibit A-4	Exhibit I
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$32,278	\$0	(\$32,278)	Conference Committee Memo dated April 21, 2009 <sup>(3)</sup>	Exhibit I, included in Base
ES-2 Medicaid Program Reductions	(\$317,500)	\$0	\$317,500	Executive Order D 017 09 (Imputed)	Exhibit I, included in Base
<b>Total Disease Management</b>	<b>\$4,723,484</b>	<b>\$63,488</b>	<b>(\$4,659,996)</b>		Exhibit I
<i>Prepaid Inpatient Health Plan Administration</i>					
Estimated FY 2009-10 Base Expenditures	\$4,642,889	\$4,756,867	\$113,978	Figure Setting, Page 111 and Exhibit A-4	Exhibit I
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$32,240	\$0	(\$32,240)	Conference Committee Memo dated April 21, 2009 <sup>(3)</sup>	Exhibit I, included in Base
SB 09-259 Administrative costs for CAHI PIHP	\$500,000	\$500,000	\$0	SB 09-263 Appropriation clause	Exhibit I
ES-2: Medicaid Program Reductions	(\$62,494)	(\$62,494)	\$0	Executive Order D 017 09 (Imputed)	Exhibit I
DI-6 CRICC Study Administration Costs	\$360,000	\$120,000	(\$240,000)	Figure Setting, Page 111 and Exhibit A-4	Exhibit I
CRICC Contract Restructuring	\$0	\$217,638	\$217,638	Not included	Exhibit I
ES-6 Medicaid Provider Rate Reduction	(\$25,662)	(\$25,662)	\$0	Executive Order D 017 09 (Imputed)	Exhibit I
Estimated Contract Payment to PIHP for Cost Avoidance FY 2005-06 through FY 2006-07	\$0	\$943,802	\$943,802	Included in Base: Figure Setting, Page 111 (Imputed)	Exhibit I
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, PIHP Impact (permanent shift)	(\$343,361)	(\$458,862)	(\$115,501)	SB 09-265 Appropriation clause (Imputed)	Exhibit I
<b>Total Prepaid Inpatient Health Plan Administration</b>	<b>\$5,103,612</b>	<b>\$5,991,289</b>	<b>\$887,677</b>		
<b>Total Service Management</b>	<b>\$33,758,272</b>	<b>\$29,826,978</b>	<b>(\$3,931,294)</b>		
<b>Bottom Line Financing</b>					
Upper Payment Limit Financing	\$16,964,109	\$15,568,919	(\$1,395,190)	Figure Setting, Page 111 and Exhibit A-4	Exhibit K
Denver Health Outstationing	\$2,920,302	\$2,972,022	\$51,720	Figure Setting, Page 111 and Exhibit A-4	Exhibit A
Nursing Facility Upper Payment Limit Certifications	\$1,087,608	\$1,964,376	\$876,768	JBC 3/26/09 Vote	Exhibit K
Hospital Provider Fee Supplemental Payments	\$327,171,460	\$309,819,482	(\$17,351,978)	HB 09-1293 Appropriation clause	Exhibit A
Cash Funds Financing	\$0	\$0	\$0		Exhibit A
<b>Total Bottom Line Financing</b>	<b>\$348,143,479</b>	<b>\$330,324,799</b>	<b>(\$17,818,680)</b>		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2008-09**

<b>Item</b>	<b>Long Bill and Special Bills</b>	<b>Department Request</b>	<b>Difference from Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
<b>Grand Total<sup>(2)</sup></b>	<b>\$2,861,117,659</b>	<b>\$2,920,579,285</b>			
Total Acute Care	\$1,495,125,976	\$1,558,561,103	\$63,435,127		
Total Community Based Long Term Care	\$279,979,327	\$300,094,070	\$20,114,743		
Total Class I Nursing Facilities	\$529,602,773	\$530,323,834	\$721,061		
Total Class II Nursing Facilities	\$2,245,728	\$2,308,289	\$62,561		
Total PACE	\$70,899,966	\$64,286,591	(\$6,613,375)		
Total SMIB	\$100,721,836	\$103,724,458	\$3,002,622		
Total Health Insurance Buy-In Program	\$1,285,235	\$1,129,163	(\$156,072)		
Total Single Entry Point	\$23,931,175	\$23,772,201	(\$158,974)		
Total Disease Management	\$4,723,484	\$63,488	(\$4,659,996)		
Total Prepaid Inpatient Health Plan Administration	\$5,103,612	\$5,991,289	\$887,677		
Total Bottom Line Financing	\$348,143,479	\$330,324,799	(\$17,818,680)		
Rounding Adjustment	(\$2)	\$0	\$2		
<b>Grand Total<sup>(2)</sup></b>	<b>\$2,861,762,589</b>	<b>\$2,920,579,285</b>	<b>\$58,816,696</b>		

Footnotes

(1) The Department's Figure Setting Document (March 18, 2009) 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) 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.

(3) The Figure Setting Base amounts are adjusted for additional caseload, likely resulting from higher unemployment levels, per a Conference Committee Memo dated April 21, 2009.

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2010-11**

<b>Item</b>	<b>Long Bill and Special Bills</b>	<b>Department Request</b>	<b>Difference from Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
<b>Caseload</b>		552,877			
<b>Acute Care</b>					
Base Acute Care Per Capita Cost		\$3,174.21			Exhibit F
Base Acute Cost		\$1,754,949,101			Exhibit F
<i>Top Line Impact</i>					
SB 09-265 Timing of Medicaid Payments, Acute Care MMIS Impact (one-time shift)		\$27,818,958			Exhibit F
<i>Bottom Line Impacts</i>					
BRI-1 Pharmacy Efficiencies Annualization		(\$1,848,763)			Exhibit F
BRI-2 Medicaid Program Efficiencies: Flouride Varnish		\$464,864			Exhibit F
S-8 Physician Supplemental Payment to Denver Health Annualization		(\$11,409,122)			Exhibit F
BA-33 Promote Use of VA for Veterans Annualization		(\$8,216,992)			Exhibit F
BA-33 Prior Authorization of Anti-convulsant Drugs Annualization		(\$960,000)			Exhibit F
ES-2 Medicaid Program Reductions Annualization		(\$14,318,586)			Exhibit F
ES-2 Expand PDL Annualization		(\$5,558,030)			Exhibit F
DI-6 Medicaid Value-Based Care Coordination Initiative		(\$14,656,374)			Exhibit F
Average Wholesale Pricing Reduction Annualization		(\$1,753,058)			Exhibit F
Estimated Impact of Increased PACE Enrollment		(\$474,011)			Exhibit F
CRICC Contract Restructuring Annualization		\$1,605,504			Exhibit F
Remove Manual Pricing of DME, Injectibles, and Medical Services Annualization		(\$1,435,095)			Exhibit F
Benefits Limits on Echocardiograms Annualization		(\$223,563)			Exhibit F
Hospital Cost Settlements Annualization		\$1,423,823			Exhibit F
LogistiCare Supplemental Payment Annualization		\$659,817			Exhibit F
<b>Total Acute Care</b>		<b>\$1,726,068,473</b>			

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2010-11**

<b>Item</b>	<b>Long Bill and Special Bills</b>	<b>Department Request</b>	<b>Difference from Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
<b>Community Based Long Term Care</b>					
Base CBLTC Per Capita Cost		\$590.01			Exhibit G
Base CBLTC Cost		\$326,205,180			Exhibit G
<i>Top Line Impact</i>					
SB 09-265 Timing of Medicaid Payments, CBLTC MMIS Impact (one-time shift)		\$5,884,197			Exhibit G
<i>Bottom Line Impacts</i>					
BA-15 Community Transitions Services for Mental Illness Waiver Clients		(\$373,390)			Exhibit G
ES-2 Provider Rate Reductions		(\$1,810,834)			Exhibit G
ES-2 Reduction to HCBS Waiver Transportation		(\$751,233)			Exhibit G
ES-2 Reduction to HCBS Waiver Personal Care Benefit		\$0			Exhibit G
Annualization of Retroactive Increase of HB 08-1114 on FY 2008-09 Hospice Rates		(\$1,994,723)			Exhibit G
ES-6 Provider Rate Reductions		(\$1,425,537)			Exhibit G
Estimated Impact of Increased PACE Enrollment		(\$768,296)			Exhibit G
<b>Total Community Based Long Term Care</b>		<b>\$324,965,364</b>			
<b>Long Term Care and Insurance</b>					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost		\$560,171,158			Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Back Up Program		\$7,096,931			Exhibit H
Estate and Income Trust Recoveries		(\$5,429,662)			Exhibit H
BA-36 Enhanced Estate and Income Trust Recoveries		\$0			Exhibit H
Recoveries from Department Overpayment Reviews		(\$700,000)			Exhibit H
ES-2: Medicaid Program Reductions		\$0			Exhibit H
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, CINF MMIS impact of one-time shift		\$9,822,233			Exhibit H
<b>Total Class I Nursing Facilities</b>		<b>\$570,960,660</b>			
<b>Total Class II Nursing Facilities</b>		<b>\$2,345,453</b>			Exhibit H
<b>Program of All Inclusive Care for the Elderly (PACE)</b>					
FY 2010-11 Estimated Monthly Enrollment		1,752			Exhibit H
Estimated FY 2010-11 Base Cost Per Enrollee		\$44,944.33			Exhibit H
Base PACE Cost		\$78,742,461			Exhibit H
<i>Bottom Line Impacts</i>					
ES-2 Medicaid Program Reductions		(\$383,298)			Exhibit H
ES-6 Medicaid Provider Rate Reduction		(\$418,628)			Exhibit H
<b>Total PACE</b>		<b>\$77,940,535</b>			
<b>Supplemental Medicare Insurance Benefit (SMIB)</b>					
Base SMIB Per Capita		\$213.40			Exhibit H
<b>Total Supplemental Medicare Insurance Benefit</b>		<b>\$117,985,452</b>			Exhibit H

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2010-11**

<b>Item</b>	<b>Long Bill and Special Bills</b>	<b>Department Request</b>	<b>Difference from Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
<b>Health Insurance Buy-In Program (HIBI)</b>					
Base HIBI Per Capita		\$2.12			Exhibit H
<b>Total Health Insurance Buy-In Program</b>		<b>\$1,174,096</b>			Exhibit H
<b>Total Long Term Care and Insurance</b>		<b>\$770,406,196</b>			
<b>Service Management</b>					
<b>Single Entry Points (SEP)</b>					
FY 2010-11 Base Contracts		\$25,475,752			Exhibit I
<i>Bottom Line Impacts</i>					
ES-2 Medicaid Program Reductions		(\$90,613)			Exhibit I
ES-6 Medicaid Provider Rate Reduction		(\$131,499)			Exhibit I
<b>Total Single Entry Points</b>		<b>\$25,253,640</b>			
<b>Disease Management</b>					
Base Disease Management		\$4,000,000			Exhibit I
<i>Bottom Line Impacts</i>					
0		\$0			Exhibit I
<b>Total Disease Management</b>		<b>\$4,000,000</b>			
<b>Prepaid Inpatient Health Plan Administration</b>					
Estimated FY 2010-11 Base Expenditures		\$5,836,662			Exhibit I
<i>Bottom Line Impacts</i>					
ES-2 Medicaid Program Reductions		(\$28,349)			Exhibit I
DI-6 CRICC Study Administration Costs		\$240,000			Exhibit I
CRICC Contract Restructuring		\$652,913			Exhibit I
DI-6 Medicaid Value-Based Care Coordination Initiative		\$12,425,340			Exhibit I
ES-6 Medicaid Provider Rate Reduction		(\$55,953)			Exhibit I
Estimated Contract Payment to PIHP for Cost Avoidance FY 2007-08 through FY 2008-09		\$956,606			Exhibit I
<b>Total Prepaid Inpatient Health Plan Administration</b>		<b>\$20,027,219</b>			
<b>Total Service Management</b>		<b>\$49,280,859</b>			
<b>Bottom Line Financing</b>					
Upper Payment Limit Financing		\$8,051,097			Exhibit K
Denver Health Outstationing		\$2,972,022			Exhibit A
Nursing Facility Upper Payment Limit Certifications		\$2,230,998			Exhibit K
Hospital Provider Fee Supplemental Payments		\$309,819,482			Exhibit A
Cash Funds Financing		\$0			Exhibit A
<b>Total Bottom Line Financing</b>		<b>\$323,073,599</b>			

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2010-11**

<b>Item</b>	<b>Long Bill and Special Bills</b>	<b>Department Request</b>	<b>Difference from Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
<b>Grand Total<sup>(2)</sup></b>		<b>\$3,193,794,491</b>			
Total Acute Care		\$1,726,068,473			
Total Community Based Long Term Care		\$324,965,364			
Total Class I Nursing Facilities		\$570,960,660			
Total Class II Nursing Facilities		\$2,345,453			
Total PACE		\$77,940,535			
Total SMIB		\$117,985,452			
Total Health Insurance Buy-In Program		\$1,174,096			
Total Single Entry Point		\$25,253,640			
Total Disease Management		\$4,000,000			
Total Prepaid Inpatient Health Plan Administration		\$20,027,219			
Total Bottom Line Financing		\$323,073,599			
Rounding Adjustment		\$0			
<b>Grand Total<sup>(2)</sup></b>		<b>\$3,193,794,491</b>			

Footnotes

(1) The Department has not received an FY 2010-11 appropriation as of this Budget Request. No annualizations are included.

(2) 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.