

**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	\$101,958,419	\$55,996,808	\$497,548,727	\$224,961,104	\$77,192,078	\$9,148,142	\$464,693,196	\$63,474,220	\$64,383,826	\$58,635,547	\$4,271,372	\$1,622,263,439
Community Based Long Term Care	\$140,711,098	\$20,566,241	\$127,573,519	\$27,018	\$9,904	\$0	\$335,597	\$5,981,894	(\$107)	\$0	\$252,122	\$295,457,286
Long Term Care	\$481,155,796	\$34,680,887	\$80,299,422	\$21,880	\$0	\$0	\$0	\$0	\$0	\$0	\$253,249	\$596,411,234
Insurance	\$51,987,681	\$3,141,400	\$28,573,743	\$208,245	\$0	\$0	\$21,782	\$0	\$739	\$0	\$15,320,743	\$99,254,333
Service Management	\$12,205,432	\$2,092,569	\$11,243,875	\$580,777	\$107,318	\$299	\$2,452,421	\$232,719	\$106,259	\$58,850	\$7,022	\$29,087,541
<b>Medical Services Total</b>	<b>\$788,018,426</b>	<b>\$116,477,905</b>	<b>\$745,239,286</b>	<b>\$225,799,024</b>	<b>\$77,309,300</b>	<b>\$9,148,441</b>	<b>\$467,502,996</b>	<b>\$69,688,833</b>	<b>\$64,490,717</b>	<b>\$58,694,397</b>	<b>\$20,104,508</b>	<b>\$2,642,473,833</b>
Eligibles	38,556	6,837	52,711	59,581	29,636	424	277,805	18,715	7,448	3,963	15,735	511,411
Medical Services Per Capita	\$20,438.28	\$17,036.41	\$14,138.21	\$3,789.78	\$2,608.63	\$21,576.51	\$1,682.85	\$3,723.69	\$8,658.80	\$14,810.60	\$1,277.69	\$5,167.03
Financing	\$83,467,171	\$12,337,378	\$78,935,990	\$23,916,707	\$8,188,626	\$969,006	\$49,518,071	\$7,381,464	\$6,830,878	\$6,216,930	\$2,129,476	\$279,891,697
<b>Grand Total Medical Services Premiums</b>	<b>\$871,485,597</b>	<b>\$128,815,283</b>	<b>\$824,175,276</b>	<b>\$249,715,731</b>	<b>\$85,497,926</b>	<b>\$10,117,447</b>	<b>\$517,021,067</b>	<b>\$77,070,297</b>	<b>\$71,321,595</b>	<b>\$64,911,327</b>	<b>\$22,233,984</b>	<b>\$2,922,365,530</b>
Total Per Capita	\$22,603.11	\$18,840.91	\$15,635.74	\$4,191.20	\$2,884.93	\$23,861.90	\$1,861.09	\$4,118.10	\$9,575.94	\$16,379.34	\$1,413.03	\$5,714.32
<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	\$107,655,347	\$61,438,884	\$537,930,595	\$247,955,749	\$134,338,277	\$10,736,304	\$510,091,759	\$68,659,357	\$69,554,169	\$64,399,083	\$5,073,820	\$1,817,833,344
Community Based Long Term Care	\$149,599,529	\$22,328,634	\$137,291,945	\$22,307	\$12,734	\$0	\$337,856	\$6,844,757	(\$78)	\$0	\$189,782	\$316,627,466
Long Term Care	\$524,056,230	\$37,424,402	\$85,864,084	\$23,352	\$0	\$0	\$0	\$0	\$0	\$0	\$270,288	\$647,638,356
Insurance	\$54,929,916	\$3,361,353	\$30,256,450	\$239,173	\$0	\$0	\$21,325	\$0	\$813	\$0	\$16,832,259	\$105,641,289
Service Management	\$14,164,588	\$2,626,294	\$15,096,119	\$2,740,171	\$561,613	\$27,782	\$11,040,984	\$1,014,509	\$513,478	\$62,664	\$7,477	\$47,855,679
<b>Medical Services Total</b>	<b>\$850,405,610</b>	<b>\$127,179,567</b>	<b>\$806,439,193</b>	<b>\$250,980,752</b>	<b>\$134,912,624</b>	<b>\$10,764,086</b>	<b>\$521,491,924</b>	<b>\$76,518,623</b>	<b>\$70,068,382</b>	<b>\$64,461,747</b>	<b>\$22,373,626</b>	<b>\$2,935,596,134</b>
Eligibles	39,030	7,009	53,517	65,879	49,037	487	304,891	19,329	7,639	4,102	16,563	567,483
Medical Services Per Capita	\$21,788.51	\$18,145.18	\$15,068.84	\$3,809.72	\$2,751.24	\$22,102.85	\$1,710.42	\$3,958.75	\$9,172.45	\$15,714.71	\$1,350.82	\$5,173.01
Financing	\$78,980,554	\$11,811,673	\$74,897,218	\$23,309,581	\$12,529,872	\$999,704	\$48,433,031	\$7,106,589	\$6,507,530	\$5,986,819	\$2,077,926	\$272,640,497
<b>Grand Total Medical Services Premiums</b>	<b>\$929,386,164</b>	<b>\$138,991,240</b>	<b>\$881,336,411</b>	<b>\$274,290,333</b>	<b>\$147,442,496</b>	<b>\$11,763,790</b>	<b>\$569,924,955</b>	<b>\$83,625,212</b>	<b>\$76,575,912</b>	<b>\$70,448,566</b>	<b>\$24,451,552</b>	<b>\$3,208,236,631</b>
Total Per Capita	\$23,812.10	\$19,830.40	\$16,468.34	\$4,163.55	\$3,006.76	\$24,155.63	\$1,869.27	\$4,326.41	\$10,024.34	\$17,174.20	\$1,476.28	\$5,653.45

**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	511,411	34,779		
<b>Acute Care</b>					
Base Acute Care Per Capita Cost	\$3,361.03	\$3,407.57			Exhibit F
Base Acute Cost	\$1,601,973,424	\$1,742,668,530	\$140,695,106	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
<i>Bottom Line Impacts</i>					
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
BRI-1 Pharmacy Efficiencies	(\$1,022,887)	(\$1,022,887)	\$0	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	\$6,420,530	\$1,230,080	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)	(\$9,129,991)	\$0	Figure Setting, Page 20 (Imputed)	Exhibit F
BA-33 Prior Authorization of Anti-convulsant Drugs	(\$960,000)	(\$960,000)	\$0	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)	(\$961,538)	\$0	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)	(\$3,915,491)	\$0	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)	(\$1,291,282)	\$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	(\$797,204)	(\$797,204)	Included in Base: Figure Setting, Page 111	Exhibit F
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, Acute Care MMIS Impact (one-time shift)	(\$26,264,835)	(\$29,127,184)	(\$2,862,349)	SB 09-265 Appropriation clause (Imputed)	Exhibit F
SB 09-265 Timing of Medicaid Payments, Acute Care HMO Impact (permanent shift)	(\$10,686,028)	(\$11,850,594)	(\$1,164,566)	SB 09-265 Appropriation clause (Imputed)	Exhibit F
<b>Total Acute Care</b>	<b>\$1,501,855,533</b>	<b>\$1,622,263,439</b>	<b>\$120,407,906</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>Community Based Long Term Care</b>					
Base CBLTC Per Capita Cost	\$620.37	\$609.04			Exhibit G
Base CBLTC Cost	\$295,690,034	\$311,470,177	\$15,780,143	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)	(\$373,390)	\$0	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)	(\$1,696,961)	\$0	Figure Setting, Page 20 (Imputed)	Exhibit G
BA-33 HCBS Cost Sharing for High Income Families	(\$22,383)	(\$22,383)	\$0	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)	(\$269,014)	\$213,205	Executive Order D 017 09 (Imputed)	Exhibit G
ES-2 Reduction to HCBS Waiver Personal Care Benefit	(\$1,105,854)	(\$1,105,854)	\$0	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
Estimated Impact of Increased PACE Enrollment	\$0	(\$1,302,410)	(\$1,302,410)	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)	(\$5,793,280)	(\$569,310)	SB 09-265 Appropriation clause (Imputed)	Exhibit G
<b>Total Community Based Long Term Care</b>	<b>\$281,246,469</b>	<b>\$295,457,286</b>	<b>\$14,210,817</b>		
<b>Long Term Care and Insurance</b>					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$565,175,450	\$535,214,090	(\$29,961,360)	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	\$7,489,401	\$0	Figure Setting, Page 111 (Imputed)	Exhibit H
Estate and Income Trust Recoveries	(\$6,562,446)	(\$6,562,446)	\$0	Figure Setting, Page 111 (Imputed)	Exhibit H
BA-36 Enhanced Estate and Income Trust Recoveries	(\$1,116,721)	(\$1,116,721)	\$0	Figure Setting, Page 111	Exhibit H
Recoveries from Department Overpayment Reviews	(\$683,879)	(\$683,879)	\$0	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)	(\$1,907,528)	\$0	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)	(\$10,129,504)	(\$995,433)	SB 09-265 Appropriation clause (Imputed)	Exhibit H
<b>Total Class I Nursing Facilities</b>	<b>\$529,602,773</b>	<b>\$523,401,823</b>	<b>(\$6,200,950)</b>		Exhibit H

**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>Class II Nursing Facilities</i></b>					
Base Class II Nursing Facilities Cost	\$2,231,349	\$2,308,289	\$76,940	Figure Setting, Page 111 and Exhibit A-4	Exhibit H
<b><i>Bottom Line Impacts</i></b>					
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>		
<b><i>Program of All Inclusive Care for the Elderly (PACE)</i></b>					
FY 2009-10 Estimated Monthly Enrollment		1,726			Exhibit H
Estimated FY 2009-10 Base Cost Per Enrollee		\$44,551.49			Exhibit H
Base PACE Cost	\$76,149,880	\$76,882,504	\$732,624	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	\$893,455	\$0	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
<b><i>Adjustments to Expenditure</i></b>					
SB 09-265 Timing of Medicaid Payments, PACE Impact (permanent shift)	(\$5,795,752)	(\$6,427,375)	(\$631,623)	SB 09-265 Appropriation clause (Imputed)	Exhibit H
<b>Total PACE</b>	<b>\$71,090,858</b>	<b>\$70,701,122</b>	<b>(\$389,736)</b>		
<b><i>Supplemental Medicare Insurance Benefit (SMIB)</i></b>					
Base SMIB Per Capita	\$209.97	\$191.51			Exhibit H
Base SMIB Cost	\$100,076,903	\$97,938,055	(\$2,138,848)	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>\$97,938,055</b>	<b>(\$2,783,781)</b>		
<b><i>Health Insurance Buy-In Program (HIBI)</i></b>					
Base HIBI Per Capita	\$2.70	\$1.92			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	\$336,538	\$0	JBC Figure Setting document: 111, A-3 (Imputed)	Exhibit H
<b>Total Health Insurance Buy-In Program</b>	<b>\$1,285,235</b>	<b>\$1,316,278</b>	<b>\$31,043</b>		
<b>Total Long Term Care and Insurance</b>	<b>\$704,946,431</b>	<b>\$695,665,567</b>	<b>(\$9,280,864)</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
<b>Total Single Entry Points</b>	<b>\$24,050,633</b>	<b>\$23,891,659</b>	<b>(\$158,974)</b>		Exhibit I
<b>Disease Management</b>					
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
<b>Prepaid Inpatient Health Plan Administration</b>					
Estimated FY 2009-10 Base Expenditures	\$5,002,889	\$4,131,867	(\$871,022)	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
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)	(\$380,781)	(\$37,420)	SB 09-265 Appropriation clause (Imputed)	Exhibit I
<b>Total Prepaid Inpatient Health Plan Administration</b>	<b>\$5,129,274</b>	<b>\$5,132,394</b>	<b>\$3,120</b>		
<b>Total Service Management</b>	<b>\$33,903,391</b>	<b>\$29,087,541</b>	<b>(\$4,815,850)</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	\$327,171,471	\$259,386,380	(\$67,785,091)	HB 09-1293 Appropriation clause	Exhibit A
<b>Total Bottom Line Financing</b>	<b>\$348,143,490</b>	<b>\$279,891,697</b>	<b>(\$68,251,793)</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>\$2,869,450,382</b>	<b>\$2,922,365,530</b>			
Total Acute Care	\$1,501,855,533	\$1,622,263,439	\$120,407,906		
Total Community Based Long Term Care	\$281,246,469	\$295,457,286	\$14,210,817		
Total Class I Nursing Facilities	\$529,602,773	\$523,401,823	(\$6,200,950)		
Total Class II Nursing Facilities	\$2,245,728	\$2,308,289	\$62,561		
Total PACE	\$71,090,858	\$70,701,122	(\$389,736)		
Total SMIB	\$100,721,836	\$97,938,055	(\$2,783,781)		
Total Health Insurance Buy-In Program	\$1,285,235	\$1,316,278	\$31,043		
Total Single Entry Point	\$24,050,633	\$23,891,659	(\$158,974)		
Total Disease Management	\$4,723,484	\$63,488	(\$4,659,996)		
Total Prepaid Inpatient Health Plan Administration	\$5,129,274	\$5,132,394	\$3,120		
Total Bottom Line Financing	\$348,143,490	\$279,891,697	(\$68,251,793)		
Rounding Adjustment	\$1	\$0	(\$1)		
<b>Grand Total<sup>(2)</sup></b>	<b>\$2,870,095,315</b>	<b>\$2,922,365,530</b>	<b>\$52,270,215</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.

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2009-10**

<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>		567,483			
<b>Acute Care</b>					
Base Acute Care Per Capita Cost		\$3,215.16			Exhibit F
Base Acute Cost		\$1,824,547,655			Exhibit F
<i>Top Line Impact</i>					
SB 09-265 Timing of Medicaid Payments, Acute Care MMIS Impact (one-time shift)		\$29,127,184			Exhibit F
<i>Bottom Line Impacts</i>					
BRI-1 Pharmacy Efficiencies Annualization		(\$1,110,999)			Exhibit F
BRI-2 Medicaid Program Efficiencies: Flouride Varnish		\$464,864			Exhibit F
S-8 Physician Supplemental Payment to Denver Health Annualization		(\$4,040,949)			Exhibit F
ES-2 Medicaid Program Reductions Annualization		(\$14,318,586)			Exhibit F
DI-6 Medicaid Value-Based Care Coordination Initiative		(\$14,656,374)			Exhibit F
Average Wholesale Pricing Reduction		(\$1,753,058)			Exhibit F
Estimated Impact of Increased PACE Enrollment		(\$426,393)			Exhibit F
<b>Total Acute Care</b>		<b>\$1,817,833,344</b>			
<b>Community Based Long Term Care</b>					
Base CBLTC Per Capita Cost		\$560.73			Exhibit G
Base CBLTC Cost		\$318,203,514			Exhibit G
<i>Top Line Impact</i>					
SB 09-265 Timing of Medicaid Payments, CBLTC MMIS Impact (one-time shift)		\$5,793,280			Exhibit G
<i>Bottom Line Impacts</i>					
BA-15 Community Transitions Services for Mental Illness Waiver Clients		(\$388,324)			Exhibit G
ES-2 Provider Rate Reductions		(\$1,810,834)			Exhibit G
ES-2 Reduction to HCBS Waiver Personal Care Benefit		(\$482,219)			
ES-2 Reduction to HCBS Waiver Personal Care Benefit		(\$1,995,138)			Exhibit G
Annualization of Retroactive Increase of HB 08-1114 on FY 2008-09 Hospice Rates		(\$1,994,723)			Exhibit G
Estimated Impact of Increased PACE Enrollment		(\$698,090)			Exhibit G
<b>Total Community Based Long Term Care</b>		<b>\$316,627,466</b>			
<b>Long Term Care and Insurance</b>					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost		\$555,497,601			Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Back Up Program		\$8,104,525			Exhibit H
Estate and Income Trust Recoveries		(\$6,989,006)			Exhibit H
BA-36 Enhanced Estate and Income Trust Recoveries		(\$1,116,721)			Exhibit H
Recoveries from Department Overpayment Reviews		(\$872,026)			Exhibit H

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2009-10**

<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>
ES-2: Medicaid Program Reductions		(\$6,136,136)			Exhibit H
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, C1NF MMIS impact of one-time shift		\$10,129,504			Exhibit H
<b>Total Class I Nursing Facilities</b>		<b>\$558,617,741</b>			
<b>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		1,878			Exhibit H
Estimated FY 2010-11 Base Cost Per Enrollee		\$46,361.94			Exhibit H
Base PACE Cost		\$87,058,460			Exhibit H
<i>Bottom Line Impacts</i>					
ES-2 Medicaid Program Reductions		(\$383,298)			Exhibit H
<b>Total PACE</b>		<b>\$86,675,162</b>			
<b>Supplemental Medicare Insurance Benefit (SMIB)</b>					
Base SMIB Per Capita		\$183.75			Exhibit H
<b>Total Supplemental Medicare Insurance Benefit</b>		<b>\$104,272,632</b>			Exhibit H
<b>Health Insurance Buy-In Program (HIBI)</b>					
Base HIBI Per Capita		\$2.41			Exhibit H
<b>Total Health Insurance Buy-In Program</b>		<b>\$1,368,657</b>			Exhibit H
<b>Total Long Term Care and Insurance</b>		<b>\$753,279,645</b>			
<b>Service Management</b>					
<b>Single Entry Points (SEP)</b>					
FY 2010-11 Base Contracts		\$25,538,131			Exhibit I
<i>Bottom Line Impacts</i>					
ES-2 Medicaid Program Reductions		(\$90,613)			Exhibit I
<b>Total Single Entry Points</b>		<b>\$25,447,518</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		\$4,694,564			Exhibit I
<i>Bottom Line Impacts</i>					
DI-6 Medicaid Value-Based Care Coordination Initiative		\$12,425,340			Exhibit I
DI-6 CRICC Study Administration Costs		\$360,000			Exhibit I
ES-2 Medicaid Program Reductions		(\$28,349)			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>\$18,408,161</b>			
<b>Total Service Management</b>		<b>\$47,855,679</b>			

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2009-10**

<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>Bottom Line Financing</b>					
Upper Payment Limit Financing		\$10,282,095			Exhibit K
Denver Health Outstationing		\$2,972,022			Exhibit A
Hospital Provider Fee Supplemental Payments		\$259,386,380			Exhibit A
Cash Funds Financing		\$0			Exhibit A
<b>Total Bottom Line Financing</b>		<b>\$272,640,497</b>			
<b>Grand Total<sup>(2)</sup></b>		<b>\$3,208,236,631</b>			
Total Acute Care		\$1,817,833,344			
Total Community Based Long Term Care		\$316,627,466			
Total Class I Nursing Facilities		\$558,617,741			
Total Class II Nursing Facilities		\$2,345,453			
Total PACE		\$86,675,162			
Total SMIB		\$104,272,632			
Total Health Insurance Buy-In Program		\$1,368,657			
Total Single Entry Point		\$25,447,518			
Total Disease Management		\$4,000,000			
Total Prepaid Inpatient Health Plan Administration		\$18,408,161			
Total Bottom Line Financing		\$272,640,497			
Rounding Adjustment		\$0			
<b>Grand Total<sup>(2)</sup></b>		<b>\$3,208,236,631</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.