

**Exhibit E - Summary of Total Requested Expenditure by Service Group**

<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	\$94,939,176	\$60,536,039	\$510,125,983	\$220,028,321	\$115,041,509	\$10,477,995	\$496,820,101	\$62,389,326	\$67,348,708	\$43,441,841	\$3,672,130	\$1,684,821,129
Community Based Long Term Care	\$145,754,790	\$23,139,405	\$138,197,944	\$211,806	\$90,249	\$0	\$778,244	\$8,064,465	\$0	\$1,054	\$65,112	\$316,303,069
Long Term Care	\$523,373,017	\$41,616,634	\$90,245,804	\$6,031	\$0	\$0	\$0	\$0	\$0	\$0	\$71,531	\$655,313,017
Insurance	\$62,564,688	\$3,736,713	\$34,255,943	\$224,700	\$0	\$0	\$32,592	\$210	\$3,360	\$0	\$18,405,080	\$119,223,286
Service Management	\$12,287,050	\$2,252,420	\$12,158,247	\$1,059,188	\$386,024	\$0	\$4,380,637	\$388,332	\$157,345	\$59,171	\$6,724	\$33,135,138
<b>Medical Services Total</b>	<b>\$838,918,721</b>	<b>\$131,281,211</b>	<b>\$784,983,921</b>	<b>\$221,530,046</b>	<b>\$115,517,782</b>	<b>\$10,477,995</b>	<b>\$502,011,574</b>	<b>\$70,842,333</b>	<b>\$67,509,413</b>	<b>\$43,502,066</b>	<b>\$22,220,577</b>	<b>\$2,808,795,639</b>
Eligibles	38,937	7,743	55,996	59,362	47,700	527	299,573	18,568	7,905	3,073	17,044	\$556,428
Medical Services Per Capita	\$21,545.54	\$16,954.83	\$14,018.57	\$3,731.85	\$2,421.76	\$19,882.34	\$1,675.76	\$3,815.29	\$8,540.09	\$14,156.22	\$1,303.72	\$5,048
Financing	\$142,667,992	\$22,325,913	\$133,495,745	\$37,673,789	\$19,645,157	\$1,781,906	\$85,372,970	\$12,047,572	\$11,480,769	\$7,398,038	\$3,778,870	\$477,668,722
<b>Grand Total Medical Services Premiums</b>	<b>\$981,586,713</b>	<b>\$153,607,124</b>	<b>\$918,479,666</b>	<b>\$259,203,835</b>	<b>\$135,162,939</b>	<b>\$12,259,901</b>	<b>\$587,384,545</b>	<b>\$82,889,905</b>	<b>\$78,990,183</b>	<b>\$50,900,104</b>	<b>\$25,999,447</b>	<b>\$3,286,464,361</b>
Total Per Capita	\$25,209.61	\$19,838.19	\$16,402.59	\$4,366.49	\$2,833.60	\$23,263.57	\$1,960.74	\$4,464.13	\$9,992.43	\$16,563.65	\$1,525.43	\$5,906
<b>FY 2011-12</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	\$95,348,790	\$64,222,426	\$555,797,453	\$239,826,404	\$157,752,714	\$11,479,222	\$537,697,925	\$64,465,191	\$67,385,711	\$43,178,996	\$4,043,264	\$1,841,198,096
Community Based Long Term Care	\$152,131,859	\$24,952,153	\$156,611,576	\$254,881	\$133,998	\$0	\$790,591	\$9,984,183	\$0	\$998	\$69,152	\$344,929,391
Long Term Care	\$529,731,434	\$41,692,924	\$90,442,471	\$6,110	\$0	\$0	\$0	\$0	\$0	\$0	\$72,467	\$661,945,406
Insurance	\$66,754,860	\$4,289,267	\$38,010,292	\$310,755	\$0	\$0	\$130,798	\$210	\$19,090	\$0	\$20,939,942	\$130,455,214
Service Management	\$12,817,601	\$2,716,823	\$15,159,258	\$4,096,351	\$1,844,230	\$2,856	\$8,743,671	\$1,339,097	\$548,269	\$62,626	\$7,118	\$47,337,900
<b>Medical Services Total</b>	<b>\$856,784,544</b>	<b>\$137,873,593</b>	<b>\$856,021,050</b>	<b>\$244,494,501</b>	<b>\$159,730,942</b>	<b>\$11,482,078</b>	<b>\$547,362,985</b>	<b>\$75,788,681</b>	<b>\$67,953,070</b>	<b>\$43,242,620</b>	<b>\$25,131,943</b>	<b>\$3,025,866,007</b>
Eligibles	39,544	8,292	62,419	65,773	55,583	598	326,592	19,238	7,828	2,947	18,172	606,986
Medical Services Per Capita	\$21,666.61	\$16,627.30	\$13,714.11	\$3,717.25	\$2,873.74	\$19,200.80	\$1,675.98	\$3,939.53	\$8,680.77	\$14,673.44	\$1,383.00	\$4,985.07
Financing	\$145,861,432	\$23,471,992	\$145,731,453	\$41,623,438	\$27,193,049	\$1,954,742	\$93,184,628	\$12,902,480	\$11,568,523	\$7,361,746	\$4,278,533	\$515,132,015
<b>Grand Total Medical Services Premiums</b>	<b>\$1,002,645,976</b>	<b>\$161,345,585</b>	<b>\$1,001,752,503</b>	<b>\$286,117,939</b>	<b>\$186,923,991</b>	<b>\$13,436,820</b>	<b>\$640,547,613</b>	<b>\$88,691,161</b>	<b>\$79,521,593</b>	<b>\$50,604,366</b>	<b>\$29,410,476</b>	<b>\$3,540,998,022</b>
Total Per Capita	\$25,355.20	\$19,457.98	\$16,048.84	\$4,350.08	\$3,362.97	\$22,469.60	\$1,961.31	\$4,610.21	\$10,158.61	\$17,171.49	\$1,618.45	\$5,833.74

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

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source(1)	Department Source
<b>Acute Care</b>					
Base Acute Cost	\$1,724,272,653	\$1,720,573,711	(\$3,698,942)		Exhibit F
<i>Bottom Line Impacts</i>					
FY 2010-11 BRI-1: Prevention and Benefits for Enhanced Value (P-BEV) and BA-12: Evidence Guided Utilization Review (EGUR)	(\$1,064,912)	\$0	\$1,064,912	Figure Setting, Page 97	Exhibit F
FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$2,736,825)	(\$1,602,938)	\$1,133,887	Figure Setting, Page 97, imputed	Exhibit F
FY 2010-11 BRI-3: Expansion of State Maximum Allowable Cost Pharmacy Rate Methodology	(\$1,057,450)	(\$2,206,076)	(\$1,148,626)	Figure Setting, Page 107	Exhibit F
FY 2010-11 BRI-6: Medicaid Program Reductions Limitation on Incontinence Products	(\$637,311)	(\$637,311)	\$0	Figure Setting, Page 109	Exhibit F
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$13,601,272)	(\$13,661,969)	(\$60,697)	Figure Setting, Page 109	Exhibit F
FY 2010-11 S-6: Accountable Care Collaborative	(\$2,243,461)	(\$2,437,213)	(\$193,752)	Figure Setting, Page 111	Exhibit F
FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$1,903,500	\$0	(\$1,903,500)	Figure Setting, Page 112	Exhibit F
HB 10-1005: Home Health Care - Telemedicine Changes	\$123,270	\$123,270	\$0	HB 10-1005 Appropriations Clause	Exhibit F
HB 10-1033: Add Screening, Brief Intervention, and Referral to Treatment to Optional Services	\$870,155	\$870,155	\$0	HB 10-1033 Appropriations Clause	Exhibit F
SB 10-167: Colorado False Claims Act - NCCI	(\$901,300)	(\$50,000)	\$851,300	SB 10-167 Appropriations Clause	Exhibit F
SB 10-167: Colorado False Claims Act - HIBI	(\$707,201)	(\$229,611)	\$477,590	SB 10-167 Appropriations Clause	Exhibit F
SB 10-167: Colorado False Claims Act - PARIS	(\$430,807)	(\$215,404)	\$215,403	SB 10-167 Appropriations Clause	Exhibit F
SB 10-167: Colorado False Claims Act - RX COB	(\$351,262)	\$0	\$351,262	SB 10-167 Appropriations Clause	Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$474,011)	(\$881,017)	(\$407,006)	Imputed from JBC Staff Background Documentation	Exhibit F
Annualization of Benefits Limits on Echocardiograms	(\$223,563)	(\$223,563)	\$0	Included in Base	Exhibit F
Annualization of Remove Manual Pricing of DME, Injectibles and Medical Services	(\$1,435,095)	(\$1,435,095)	\$0	Included in Base	Exhibit F
Annualization of Colorado Access CRICC Contract Restructuring	\$1,605,504	\$1,605,504	\$0	Included in Base	Exhibit F
Annualization of Average Wholesale Pricing Reductions	(\$1,753,058)	(\$1,753,058)	\$0	Included in Base	Exhibit F
Annualization of FY 2009-10 ES-2: 1.5% Rate Reduction Effective Sept 1, 2009	(\$6,876,307)	(\$6,876,307)	\$0	Included in Base	Exhibit F
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2009	(\$8,045,186)	(\$8,045,186)	\$0	Included in Base	Exhibit F
Annualization of FY 2009-10 BA-33: Promote use of VA for Veterans	(\$8,216,992)	(\$7,000)	\$8,209,992	Included in Base	Exhibit F
Annualization of FY 2009-10 BA-33: Prior Authorization of Anti-Convulsants	(\$960,000)	\$0	\$960,000	Included in Base	Exhibit F
Annualization of FY 2009-10 BRI-2: Medicaid Program Efficiencies - Fluoride Application	\$464,864	\$464,864	\$0	Included in Base	Exhibit F
Annualization FY 2009-10 BRI-2: Medicaid Program Reductions - Oxygen Restrictions	(\$293,333)	(\$293,333)	\$0	Included in Base	Exhibit F
Annualization of FY 2009-10 BRI-1: Pharmacy Efficiencies - SMAC and Physician/Hospital Rebates/Auto PA	(\$1,848,763)	(\$225,683)	\$1,623,080	Included in Base	Exhibit F
Annualization of NEMT Supplemental Payment	\$659,817	\$659,817	\$0	Included in Base	Exhibit F
Increased Drug Rebates due to the Affordable Care Act	\$0	(\$14,968,684)	(\$14,968,684)	Not Included	
Recoveries Adjustment	\$0	\$16,273,256	\$16,273,256	Not Included	Exhibit F
<b>Total Acute Care</b>	<b>\$1,676,041,654</b>	<b>\$1,684,821,129</b>	<b>\$8,779,475</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(1)</b>	<b>Department Source</b>
<b>Community Based Long Term Care</b>					
Base CBLTC Cost	\$327,765,245	\$325,635,260	(\$2,129,985)	Figure Setting, Page 89	Exhibit G
<i>Bottom Line Impacts</i>					
FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	(\$502,473)	(\$210,775)	\$291,698	Figure Setting, Page 97	Exhibit G
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$2,761,480)	(\$2,773,803)	(\$12,323)	Figure Setting, Page 109	Exhibit G
Annualization of FY 2009-10 ES-2: 1.5% Rate Reduction Effective Sept 1, 2009	(\$1,810,834)	(\$1,810,834)	\$0	Included in Base	Exhibit G
Annualization of FY 2009-10 ES-2: HCBS Waiver Transportation Limitations	(\$751,233)	(\$187,808)	\$563,425	Included in Base	Exhibit G
FY 2009-10 BA-15 Community Transition Services for Mental Illness Waiver Clients	(\$373,390)	\$0	\$373,390	Imputed from JBC Staff Background Documentation	Exhibit G
Annualization of Retroactive Increase of HB 08-1114 on FY 2008-09 Hospice Rates	(\$1,994,723)	(\$1,994,723)	\$0	Included in Base	Exhibit G
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2009	(\$1,425,537)	(\$1,425,537)	\$0	Included in Base	Exhibit G
Annualization of FY 2009-10 BA-33: "Promote use of VA for Veterans"	(\$508,579)	\$0	\$508,579	Included in Base	Exhibit G
HB 10-1146 State-funded Public Assistance Programs	\$296,481	\$0	(\$296,481)	HB 10-1146 Appropriations Clause	Exhibit G
Estimated Impact of Increased PACE Enrollment	(\$756,403)	(\$928,711)	(\$172,308)	Included in Base	Exhibit G
<b>Total Community Based Long Term Care</b>	<b>\$317,177,074</b>	<b>\$316,303,069</b>	<b>(\$874,005)</b>		
<b>Long Term Care and Insurance</b>					
<b>Class I Nursing Facilities</b>					
Base Class I Nursing Facility Cost	\$578,957,825	\$562,998,346	(\$15,959,479)	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$4,267,707	\$5,192,673	\$924,966	Imputed from JBC Staff Background Documentation	Exhibit H
Recoveries from Department Overpayment Review	(\$593,477)	(\$796,081)	(\$202,604)	Imputed from JBC Staff Background Documentation	Exhibit H
FY 2010-11 BRI-2 "Coordinated Payment and Payment Reform"	(\$360,000)	(\$360,000)	\$0	Figure Setting, Page 97	Exhibit H
Estate and Income Trust Recoveries	(\$6,913,239)	\$0	\$6,913,239	Imputed from JBC Staff Background Documentation	Exhibit H
HB 10-1324 Medicaid Nursing Facility Per Diem Rates: 1.5% Reduction Effective March 1, 2010	(\$10,470,794)	(\$689,850)	\$9,780,944	HB 10-1324 Appropriations Clause	See Exhibit H, Class I Nursing Facility Footnote 10
HB 10-1379 Nursing Facility Rate Reduction: 1% Reduction Effective July 1, 2010	(\$6,234,689)	(\$459,900)	\$5,774,789	HB 10-1379 Appropriations Clause	See Exhibit H, Class I Nursing Facility Footnote 10
<b>Total Class I Nursing Facilities</b>	<b>\$558,653,333</b>	<b>\$565,885,188</b>	<b>\$7,231,855</b>		<b>Exhibit H</b>
<b>Class II Nursing Facilities</b>					
Base Class II Nursing Facilities Cost	\$2,293,431	\$2,190,626	(\$102,805)	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
FY 2010-11 BRI-6: Medicaid Program Reductions	(\$21,194)	\$0	\$21,194	Figure Setting, Page 109	Exhibit H
FY 2009-10 Reclassification Adjustment	\$0	\$992,481	\$992,481	Not Included	Exhibit H
<b>Total Class II Nursing Facilities</b>	<b>\$2,272,237</b>	<b>\$3,183,107</b>	<b>\$910,870</b>		

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

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source(1)	Department Source
<b>Program of All Inclusive Care for the Elderly (PACE)</b>					
Base PACE Cost	\$77,621,951	\$81,696,797	\$4,074,846	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
Annualization of FY 2009-10 ES-2 Medicaid Program Reductions	(\$383,298)	(\$383,298)	\$0	Included in Base, Figure Setting Page 85	Exhibit H
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2010	(\$418,628)	(\$418,628)	\$0	Included in Base, Figure Setting Page 85	Exhibit H
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$661,507)	(\$664,459)	(\$2,952)	Figure Setting, Page 114	Exhibit H
FY 2010-11 Reconciliation for Payments prior to FY 2009-10 Q1	\$0	\$3,000,000	\$3,000,000	Not Included	Exhibit H
FY 2010-11 Reconciliation for Payments between FY 2009-10 Q2 - Q4	\$0	\$3,014,310	\$3,014,310	Not Included	Exhibit H
<b>Total Program of All-Inclusive Care for the Elderly</b>	<b>\$76,158,518</b>	<b>\$86,244,722</b>	<b>\$10,086,204</b>		
<b>Supplemental Medicare Insurance Benefit (SMIB)</b>					
Base SMIB Cost	\$113,523,523	\$118,056,526	\$4,533,003	Figure Setting, Page 89 imputed	Exhibit H
<b>Total Supplemental Medicare Insurance Benefit</b>	<b>\$113,523,523</b>	<b>\$118,056,526</b>	<b>\$4,533,003</b>		
<b>Health Insurance Buy-In Program (HIBI)</b>					
Base HIBI Cost	\$801,181	\$1,054,560	\$253,379	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
SB 10-167 "Medicaid Efficiency & False Claims"	\$380,801	\$112,200	(\$268,601)	SB 10-167 Fiscal Note, imputed	Exhibit H
<b>Total Health Insurance Buy-In Program</b>	<b>\$1,181,982</b>	<b>\$1,166,760</b>	<b>(\$15,222)</b>		
<b>Total Long Term Care and Insurance</b>	<b>\$751,789,593</b>	<b>\$774,536,303</b>	<b>\$22,746,710</b>		
<b>Service Management</b>					
<b>Single Entry Points (SEP)</b>					
Single Entry Points (SEP) Base	\$25,224,792	\$25,475,752	\$250,960	Figure Setting, Page 89	Exhibit I
<i>Bottom Line Impacts</i>					
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2009	(\$131,499)	(\$131,499)	\$0	Included in Base, Figure Setting, Page 97	Exhibit I
Annualization of FY 2009-10 ES-2 "Medicaid Program Reductions"	(\$90,613)	(\$90,613)	\$0	Imputed from JBC Staff Background Documentation	Exhibit I
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$230,052)	(\$231,079)	(\$1,027)	Figure Setting, Page 109	Exhibit I
HB 10-1146 State-funded Public Assistance Programs	(\$1,000,902)	(\$1,000,902)	\$0	HB 10-1146 Appropriations Clause	Exhibit I
<b>Total Single Entry Points</b>	<b>\$23,771,726</b>	<b>\$24,021,659</b>	<b>\$249,933</b>		<b>Exhibit I</b>
<b>Disease Management</b>					
Base Disease Management	\$0	\$0	\$0		Exhibit I
<b>Total Disease Management</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		<b>Exhibit I</b>
<b>Prepaid Inpatient Health Plan Administration</b>					
Estimated FY 2010-11 Base Expenditures	\$9,195,017	\$8,169,677	(\$1,025,340)	Figure Setting, Page 89 imputed	Exhibit I
<i>Bottom Line Impacts</i>					
Estimated Contract Payment to PIHP for Cost Avoidance	\$0	\$943,802	\$943,802	Not Included	Exhibit I
<b>Total Prepaid Inpatient Health Plan Administration</b>	<b>\$9,195,017</b>	<b>\$9,113,479</b>	<b>(\$81,538)</b>		
<b>Total Service Management</b>	<b>\$32,966,743</b>	<b>\$33,135,138</b>	<b>\$168,395</b>		

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

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source(1)	Department Source
<b>Bottom Line Financing</b>					
Upper Payment Limit Financing	\$10,282,095	\$13,432,681	\$3,150,586	Figure Setting, Page 89 imputed	Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0	Not Included	Exhibit A
Denver Health Outstationing	\$2,972,022	\$3,520,253	\$548,231	Figure Setting, Page 89 imputed	Exhibit A
Hospital Provider Fee Supplemental Payments	\$312,468,550	\$455,348,204	\$142,879,654	Figure Setting, Page 94	Exhibit J
Physician Supplemental Payments	\$3,160,395	\$5,367,584	\$2,207,189	In Base	Exhibit A
Cash Funds Financing <sup>(1)</sup>	\$0	\$0	\$0	Multiple sources, Figure Setting Pages 113, 114,115	
<b>Total Bottom Line Financing</b>	<b>\$328,883,062</b>	<b>\$477,668,722</b>	<b>\$148,785,660</b>		
<b>Grand Total<sup>(2)</sup></b>	<b>\$3,106,858,126</b>	<b>\$3,286,464,361</b>	<b>\$179,606,235</b>		
Total Acute Care	\$1,676,041,654	\$1,684,821,129	\$8,779,475		
Total Community Based Long Term Care	\$317,177,074	\$316,303,069	(\$874,005)		
Total Class I Nursing Facilities	\$558,653,333	\$565,885,188	\$7,231,855		
Total Class II Nursing Facilities	\$2,272,237	\$3,183,107	\$910,870		
Total Program of All-Inclusive Care for the Elderly	\$76,158,518	\$86,244,722	\$10,086,204		
Total Supplemental Medicare Insurance Benefit	\$113,523,523	\$118,056,526	\$4,533,003		
Total Health Insurance Buy-In Program	\$1,181,982	\$1,166,760	(\$15,222)		
Total Single Entry Point	\$23,771,726	\$24,021,659	\$249,933		
Total Disease Management	\$0	\$0	\$0		
Total Prepaid Inpatient Health Plan Administration	\$9,195,017	\$9,113,479	(\$81,538)		
Total Bottom Line Financing	\$328,883,062	\$477,668,722	\$148,785,660		
Rounding Adjustment	\$1	\$0	(\$1)		
<b>Grand Total<sup>(2)</sup></b>	<b>\$3,106,858,127</b>	<b>\$3,286,464,361</b>	<b>\$179,606,234</b>		

Footnotes

(1) The Department's Figure Setting Document (March 16, 2010) 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 2011-12**

<b>Item</b>	<b>Department Request</b>	<b>Appropriation Source<sup>(1)</sup></b>	<b>Department Source</b>
<b>Acute Care</b>			
Base Acute Cost	\$1,893,648,689		Exhibit F
<i>Bottom Line Impacts</i>			Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$861,786)		Exhibit F
Annualization of FY 2010-11 BRI-1: Prevention and Benefits for Enhanced Value (P-BEV) and BA#12: Evidence Guided Utilization Review (EGUR)	(\$1,064,912)		Exhibit F
Annualization of FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$5,060,838)		Exhibit F
Annualization of FY 2010-11 BRI-6: Medicaid Program Reductions DME Reductions	(\$457,965)		Exhibit F
Annualization of FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$2,698,858)		Exhibit F
Annualization of FY 2010-11 S-6: Accountable Care Collaborative	(\$22,029,755)		Exhibit F
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$1,903,500		Exhibit F
Annualization of HB 10-1005: Telemedicine Changes	\$189,306		Exhibit F
Annualization of HB 10-1033: Add Screening, Brief Intervention, and Referral to Treatment to Optional Services	\$360,130		Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - NCCI	(\$851,300)		Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - HIBI	(\$961,427)		Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - PARIS	(\$215,404)		Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - RX COB	(\$351,262)		Exhibit F
Annualization of FY 2009-10 BA-33: Prior Authorization of Anti-Convulsants	(\$960,000)		Exhibit F
Annualization of FY 2009-10 BRI-1: Pharmacy Efficiencies - Auto PA	(\$1,623,080)		Exhibit F
Annualization of FY 2009-10 BRI-2: Medicaid Program Reductions - Oxygen Restrictions	(\$586,667)		Exhibit F
Annualization of Increased Drug Rebates due to the Affordable Care Act	(\$3,375,348)		Exhibit F
HB 09-1293 Children's Continuous Eligibility Adjustment	(\$3,338,770)		Exhibit F
HB 09-1293 Disabled Buy-in Adjustment	(\$10,136,386)		Exhibit F
HB 09-1293 Foster Care Adjustment	(\$329,771)		Exhibit F
<b>Total Acute Care</b>	<b>\$1,841,198,096</b>		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2011-12**

Item	Department Request	Appropriation Source <sup>(1)</sup>	Department Source
<b>Community Based Long Term Care</b>			
Base CBLTC Cost	\$347,191,484		Exhibit G
<i>Bottom Line Impacts</i>			Exhibit G
Annualization of FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	(\$616,405)		Exhibit G
Annualization of FY 2010-11 BRI-6: "Medicaid Program Reductions"	(\$441,287)		Exhibit G
Annualization of FY 2009-10 ES-2: HCBS Waiver Transportation Limitations	(\$563,425)		Exhibit G
Annualization of HB 10-1146 State-funded Public Assistance Programs	\$296,481		Exhibit G
Estimated Impact of Increased PACE Enrollment	(\$937,457)		Exhibit G
<b>Total Community Based Long Term Care</b>	<b>\$344,929,391</b>		
<b>Long Term Care and Insurance</b>			
<i>Class I Nursing Facilities</i>			
Base Class I Nursing Facility Cost	\$570,578,991		Exhibit H
<i>Bottom Line Impacts</i>			Exhibit H
Hospital Back Up Program	\$5,192,673		Exhibit H
Recoveries from Department Overpayment Review	(\$796,081)		Exhibit H
FY 2010-11 BRI-2 "Coordinated Payment and Payment Reform"	(\$540,000)		Exhibit H
Estate and Income Trust Recoveries	\$0		Exhibit H
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1324	(\$689,850)		Exhibit H
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1379	(\$459,900)		Exhibit H
<b>Total Class I Nursing Facilities</b>	<b>\$573,285,833</b>		
<i>Class II Nursing Facilities</i>			
Base Class II Nursing Facilities	\$3,214,938		Exhibit H
<i>Bottom Line Impacts</i>			
Annualization of FY 2009-10 Reclassification Adjustment	(\$992,481)		Exhibit H
<b>Total Class II Nursing Facilities</b>	<b>\$2,222,457</b>		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2011-12**

Item	Department Request	Appropriation Source <sup>(1)</sup>	Department Source
<b>Program of All Inclusive Care for the Elderly (PACE)</b>			
Base PACE Cost	\$86,567,471		Exhibit H
<i>Bottom Line Impacts</i>			
Annualization of FY 2010-11 BRI#6: 1% Rate Reduction Effective July 1, 2010	(\$130,355)		Exhibit H
<b>Total Program of All-Inclusive Care for the Elderly</b>	<b>\$86,437,116</b>		
<b>Supplemental Medicare Insurance Benefit (SMIB)</b>			
Base SMIB	\$128,727,508		Exhibit H
<i>Bottom Line Impacts</i>			
<b>Total Supplemental Medicare Insurance Benefit</b>	<b>\$128,727,508</b>		<b>Exhibit H</b>
<b>Health Insurance Buy-In Program (HIBI)</b>			
Base HIBI Cost	\$1,206,306		Exhibit H
<i>Bottom Line Impacts</i>			
Annualization of SB 10-167 "Medicaid Efficiency & False Claims"	\$521,400		Exhibit H
<b>Total Health Insurance Buy-In Program</b>	<b>\$1,727,706</b>		<b>Exhibit H</b>
<b>Total Long Term Care and Insurance</b>	<b>\$792,400,620</b>		
<b>Service Management</b>			
<b>Single Entry Points (SEP)</b>			
FY 2011-12 Base Contracts	\$25,495,388		Exhibit I
<i>Bottom Line Impacts</i>			
Annualization of FY 2010-11 BRI#6: 1% Rate Reduction Effective July 1, 2010	(\$33,712)		Exhibit I
Annualization of HB 10-1146 State-funded Public Assistance Programs	(\$62,357)		Exhibit I
<b>Total Single Entry Points</b>	<b>\$25,399,319</b>		
<b>Disease Management</b>			
Base Disease Management	\$0		Exhibit I
<i>Bottom Line Impacts</i>			
Adult Medical Home	\$500,000		Exhibit I
<b>Total Disease Management</b>	<b>\$500,000</b>		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills  
FY 2011-12**

Item	Department Request	Appropriation Source <sup>(1)</sup>	Department Source
<b>Prepaid Inpatient Health Plan Administration</b>			
Estimated FY 2010-11 Base Expenditures	\$21,438,581		Exhibit I
<b>Bottom Line Impacts</b>			
Estimated Contract Payment to PIHP for Cost Avoidance	\$956,606		
<b>Total Prepaid Inpatient Health Plan Administration</b>	<b>\$21,438,581</b>		
<b>Total Service Management</b>	<b>\$47,337,900</b>		
<b>Bottom Line Financing</b>			
Upper Payment Limit Financing	\$3,395,239		Exhibit K
Department Recoveries Adjustment	\$0		Exhibit L
Denver Health Outstationing	\$3,520,253		Exhibit A
Hospital Provider Fee Supplemental Payments	\$502,848,939		Exhibit J
Hospital Provider Fee Financing	\$0		Exhibit A
Physician Supplemental Payments	\$5,367,584		Exhibit A
Cash Funds Financing	\$0		Exhibit A
<b>Total Bottom Line Financing</b>	<b>\$515,132,015</b>		
<b>Grand Total<sup>(2)</sup></b>	<b>\$3,540,998,022</b>		
Total Acute Care	\$1,841,198,096		
Total Community Based Long Term Care	\$344,929,391		
Total Class I Nursing Facilities	\$573,285,833		
Total Class II Nursing Facilities	\$2,222,457		
Total Program of All-Inclusive Care for the Elderly	\$86,437,116		
Total Supplemental Medicare Insurance Benefit	\$128,727,508		
Total Health Insurance Buy-In Program	\$1,727,706		
Total Single Entry Point	\$25,399,319		
Total Disease Management	\$500,000		
Total Prepaid Inpatient Health Plan Administration	\$21,438,581		
Total Bottom Line Financing	\$515,132,015		
Rounding Adjustment	\$0		
<b>Grand Total<sup>(2)</sup></b>	<b>\$3,540,998,022</b>		

Footnotes  
(1) The Department has not received an FY 2011-12 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.