

Exhibit E - Summary of Premium Request by Service Group

FY 2010-11	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$96,371,456	\$58,437,550	\$504,540,267	\$218,314,448	\$126,313,330	\$10,417,587	\$505,227,113	\$62,546,127	\$70,706,924	\$48,213,066	\$3,652,946	\$1,704,740,814
Community Based Long Term Care	\$149,241,338	\$23,048,204	\$143,280,069	\$190,426	\$75,843	\$0	\$995,103	\$7,483,004	(\$11)	\$1,184	\$209,505	\$324,524,665
Long Term Care	\$516,504,083	\$35,204,039	\$79,277,295	\$5,367	\$0	\$0	\$0	\$0	\$0	\$0	\$63,657	\$631,054,441
Insurance	\$62,761,717	\$3,828,263	\$34,781,080	\$232,765	\$0	\$0	\$82,614	\$210	\$11,405	\$0	\$19,167,651	\$120,865,705
Service Management	\$12,295,953	\$2,295,178	\$12,540,649	\$1,379,648	\$229,057	\$3,185	\$4,161,447	\$419,835	\$169,673	\$59,221	\$6,724	\$33,560,570
Medical Services Total	\$837,174,547	\$122,813,234	\$774,419,360	\$220,122,654	\$126,618,230	\$10,420,772	\$510,466,277	\$70,449,176	\$70,887,991	\$48,273,471	\$23,100,483	\$2,814,746,195
Eligibles	39,345	7,521	55,416	56,727	46,911	511	297,340	18,956	8,196	3,470	17,177	551,570
Medical Services Per Capita	\$21,277.79	\$16,329.38	\$13,974.65	\$3,880.39	\$2,699.12	\$20,392.90	\$1,716.78	\$3,716.46	\$8,649.10	\$13,911.66	\$1,344.85	\$5,103.15
Financing	\$143,241,801	\$21,013,526	\$132,504,296	\$37,663,311	\$21,664,566	\$1,783,009	\$87,341,534	\$12,053,958	\$12,129,040	\$8,259,662	\$3,952,527	\$481,607,230
Grand Total Medical Services Premiums	\$980,416,348	\$143,826,760	\$906,923,656	\$257,785,965	\$148,282,796	\$12,203,781	\$597,807,811	\$82,503,134	\$83,017,031	\$56,533,133	\$27,053,010	\$3,296,353,425
Total Per Capita	\$24,918.45	\$19,123.36	\$16,365.74	\$4,544.33	\$3,160.94	\$23,882.15	\$2,010.52	\$4,352.35	\$10,128.97	\$16,291.97	\$1,574.96	\$5,976
FY 2011-12	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$100,521,369	\$62,862,163	\$554,443,421	\$236,056,532	\$150,898,556	\$11,878,533	\$556,984,823	\$67,944,730	\$74,407,535	\$49,230,293	\$4,052,668	\$1,869,280,623
Community Based Long Term Care	\$158,177,189	\$25,379,422	\$161,442,132	\$207,828	\$92,591	\$0	\$1,194,069	\$8,880,430	\$0	\$1,158	\$224,503	\$355,599,322
Long Term Care	\$527,500,186	\$35,885,535	\$79,635,714	\$5,369	\$0	\$0	\$0	\$0	\$0	\$0	\$63,676	\$643,090,480
Insurance	\$69,200,635	\$4,222,572	\$39,790,822	\$307,809	\$0	\$0	\$199,430	\$219	\$30,113	\$0	\$21,430,509	\$135,182,109
Service Management	\$12,856,145	\$2,827,234	\$16,010,496	\$4,284,975	\$1,611,604	\$25,266	\$8,546,253	\$1,325,378	\$542,458	\$62,673	\$7,117	\$48,099,599
Medical Services Total	\$868,255,524	\$131,176,926	\$851,322,585	\$240,862,513	\$152,602,751	\$11,903,799	\$566,924,575	\$78,150,757	\$74,980,106	\$49,294,124	\$25,778,473	\$3,051,252,133
Eligibles	40,163	7,853	61,280	60,851	54,539	591	333,991	20,458	8,462	3,410	18,427	610,025
Medical Services Per Capita	\$21,618.29	\$16,704.05	\$13,892.34	\$3,958.23	\$2,798.05	\$20,141.79	\$1,697.42	\$3,820.06	\$8,860.80	\$14,455.75	\$1,398.95	\$5,001.85
Financing	\$141,884,201	\$21,436,009	\$139,117,139	\$39,360,055	\$24,937,267	\$1,945,235	\$92,642,820	\$12,770,846	\$12,252,721	\$8,055,298	\$4,212,537	\$498,614,128
Grand Total Medical Services Premiums	\$1,010,139,725	\$152,612,935	\$990,439,724	\$280,222,568	\$177,540,018	\$13,849,034	\$659,567,395	\$90,921,603	\$87,232,827	\$57,349,422	\$29,991,010	\$3,549,866,261
Total Per Capita	\$25,151.00	\$19,433.71	\$16,162.53	\$4,605.06	\$3,255.29	\$23,433.22	\$1,974.81	\$4,444.31	\$10,308.77	\$16,818.01	\$1,627.56	\$5,819.21

**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
Caseload	553,409	551,570	(1,839)		
Acute Care					
Base Acute Cost	\$1,724,360,121	\$1,748,849,881	\$24,489,760	Figure Setting, Page 89	Exhibit F
<i>Bottom Line Impacts</i>					
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2010	(\$8,045,186)	(\$8,045,186)	\$0	Figure Setting, Page 97	Exhibit F
FY 2010-11 BRI-1: Prevention and Benefits for Enhanced Value (P-BEV) and BA-12: Evidence Guided Utilization Review (EGUR)	(\$1,064,912)	(\$1,064,911)	\$1	Figure Setting, Page 97	Exhibit F
FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$2,736,825)	(\$3,205,876)	(\$469,051)	Figure Setting, Page 97 imputed	Exhibit F
FY 2010-11 BRI-3: Expansion of State Maximum Allowable Cost Pharmacy Rate Methodology	(\$1,057,450)	(\$1,057,450)	\$0	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)	(\$2,755,976)	(\$512,515)	Figure Setting, Page 111	Exhibit F
FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$1,903,500	\$1,903,500	\$0	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
Annualization of Benefits Limits on Echocardiograms	(\$223,563)	(\$223,563)	\$0	Included in Base	Exhibit F
Enhanced Savings from PACE Enrollment	(\$474,011)	(\$465,840)	\$8,171	Imputed from JBC Staff Background Documentation	Exhibit F
SB 10-167: Colorado False Claims Act	(\$2,771,371)	(\$2,771,371)	\$0	SB 10-167 Appropriations Clause	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	\$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 BA-33: Prior Authorization of Anti-convulsant Drugs	(\$960,000)	(\$960,000)	\$0	Included in Base	Exhibit F
Annualization of FY 2009-10 BA-33: Promote use of VA for Veterans	(\$8,216,992)	(\$2,738,997)	\$5,477,995	Included in Base	Exhibit F
Annualization of FY 2009-10 BRI-2: Medicaid Program Efficiencies - Fluoride Varnish	\$464,864	\$464,864	\$0	Included in Base	Exhibit F
Annualization of FY 2009-10 BRI-1: Pharmacy Efficiencies	(\$1,848,763)	(\$1,848,763)	\$0	Included in Base	Exhibit F
Annualization of NEMT Supplemental Payment	\$659,817	\$425,313	(\$234,504)	Included in Base	Exhibit F
Total Acute Care	\$1,676,041,654	\$1,704,740,814	\$28,699,160		

**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
Community Based Long Term Care					
Base CBLTC Cost	\$327,765,245	\$335,044,236	\$7,278,991	Figure Setting, Page 89	Exhibit G
<i>Bottom Line Impacts</i>					
FY 2010-11 BRI-2: "Coordinated Payment and Payment	(\$502,473)	(\$421,550)	\$80,923	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
FY 2009-10 BA-15 Community Transitions Services for Mental Illness Waiver Clients	(\$373,390)	(\$373,390)	\$0	Imputed from JBC Staff Background Documentation	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)	(\$751,233)	\$0	Included in Base	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	Figure Setting, Page 97	Exhibit G
Estimated Impact of Increased PACE Enrollment	(\$756,403)	(\$756,403)	\$0	Imputed from JBC Staff Background Documentation	Exhibit G
Annualization of FY 2009-10 BA-33: "Promote use of VA for Veterans"	(\$508,579)	(\$508,579)	\$0	Included in Base imputed	Exhibit G
HB 10-1146 State-funded Public Assistance Programs	\$296,481	\$296,481	\$0	HB 10-1146 appropriations clause	Exhibit G
Total Community Based Long Term Care	\$317,177,074	\$324,524,665	\$7,347,591		
Long Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$568,487,031	\$569,385,640	\$898,609	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$4,267,707	\$4,267,707	\$0	Imputed from JBC Staff Background Documentation	Exhibit H
Estate and Income Trust Recoveries	(\$6,913,239)	(\$6,913,239)	\$0	Imputed from JBC Staff Background Documentation	Exhibit H
Recoveries from Department Overpayment Reviews	(\$593,477)	(\$593,477)	\$0	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
HB 10-1324 Medicaid Nursing Facility Per Diem Rates	\$0	(\$8,416,927)	(\$8,416,927)	HB 10-1324 Appropriations Clause	See Exhibit H, Class I Nursing Facility Footnote 10
HB 10-1379 Nursing Facility Rate Reduction	(\$6,234,689)	(\$5,591,531)	\$643,158	HB 10-1379 Appropriations Clause	See Exhibit H, Class I Nursing Facility Footnote 10
Total Class I Nursing Facilities	\$558,653,333	\$551,778,173	(\$6,875,160)		Exhibit H

**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
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities Cost	\$2,293,431	\$2,224,737	(\$68,694)	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	Not included
Total Class II Nursing Facilities	\$2,272,237	\$2,224,737	(\$47,500)		
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
FY 2010-11 Estimated Monthly Enrollment		1,753			Exhibit H
Estimated FY 2010-11 Base Cost Per Enrollee		\$44,790.60			Exhibit H
Base PACE Cost	\$77,621,951	\$78,517,916	\$895,965	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 Medicaid Provider Rate Reduction	(\$418,628)	(\$418,628)	\$0	Included in Base, Figure Setting Page 85	Exhibit H
FY 2010-11 BRI-6: Medicaid Program Reductions	(\$661,507)	(\$664,459)	(\$2,952)	Figure Setting, page 114	Exhibit H
Total PACE	\$76,158,518	\$77,051,531	\$893,013		
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB Cost	\$113,523,523	\$119,422,881	\$5,899,358	Figure Setting, Page 89 imputed	Exhibit H
Total Supplemental Medicare Insurance Benefit	\$113,523,523	\$119,422,881	\$5,899,358		
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Cost	\$801,181	\$1,062,023	\$260,842	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
SB 10-167 "Medicaid Efficiency & False Claims"	\$380,801	\$380,801	\$0	SB 10-167 Fiscal Note, imputed	Exhibit H
Total Health Insurance Buy-In Program	\$1,181,982	\$1,442,824	\$260,842		
Total Long Term Care and Insurance	\$751,789,593	\$751,920,146	\$130,553		

**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
Service Management					
<i>Single Entry Points (SEP)</i>					
FY 2010-11 Base Contracts	\$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
Total Single Entry Points	\$23,771,726	\$24,021,659	\$249,933		Exhibit I
<i>Disease Management</i>					
Base Disease Management	\$0	\$0	\$0		Exhibit I
Total Disease Management	\$0	\$0	\$0		Exhibit I
<i>Prepaid Inpatient Health Plan Administration</i>					
Estimated FY 2010-11 Base Expenditures	\$8,251,215	\$8,595,109	\$343,894	Figure Setting, Page 89 imputed	Exhibit I
<i>Bottom Line Impacts</i>					
Estimated Contract Payment to PIHP for Cost Avoidance	\$943,802	\$943,802	\$0	Not Included	Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$9,195,017	\$9,538,911	\$343,894		
Total Service Management	\$32,966,743	\$33,560,570	\$593,827		
Bottom Line Financing					
Upper Payment Limit Financing	\$10,282,095	\$8,345,715	(\$1,936,380)	Figure Setting, Page 89 imputed	Exhibit K
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	\$455,282,340	\$142,813,790	Figure Setting, Page 94	Exhibit J
Physician Supplemental Payments	\$3,160,395	\$5,458,922	\$2,298,527	In Base	Exhibit A
Medical Services Premiums Contingent Liabilities	\$0	\$9,000,000	\$9,000,000	Not included	Exhibit A
Cash Funds Financing	\$0	\$0	\$0	Multiple sources, Figure Setting Pages 113, 114, 115	
Total Bottom Line Financing	\$328,883,062	\$481,607,230	\$152,724,168		

**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
Grand Total⁽²⁾	\$3,106,858,126	\$3,296,353,425	\$189,495,299		
Total Acute Care	\$1,676,041,654	\$1,704,740,814	\$28,699,160		
Total Community Based Long Term Care	\$317,177,074	\$324,524,665	\$7,347,591		
Total Class I Nursing Facilities	\$558,653,333	\$551,778,173	(\$6,875,160)		
Total Class II Nursing Facilities	\$2,272,237	\$2,224,737	(\$47,500)		
Total PACE	\$76,158,518	\$77,051,531	\$893,013		
Total SMIB	\$113,523,523	\$119,422,881	\$5,899,358		
Total Health Insurance Buy-In Program	\$1,181,982	\$1,442,824	\$260,842		
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	\$9,538,911	\$343,894		
Total Bottom Line Financing	\$328,883,062	\$481,607,230	\$152,724,168		
Rounding Adjustment	\$1	\$0	(\$1)		
Grand Total⁽²⁾	\$3,106,858,127	\$3,296,353,425	\$189,495,298		
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**

Item	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Caseload	610,025			
Acute Care				
Base Acute Cost	\$1,914,408,766			Exhibit F
<i>Bottom Line Impacts</i>				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)	(\$116,636)			Exhibit F
Annualization of FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$3,447,290)			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	(\$19,409,659)			Exhibit F
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$2,303,100			Exhibit F
Annualization 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	(\$1,518,207)			Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$654,003)			Exhibit F
HB 09-1293 Children's Continuous Eligibility Adjustment	(\$8,586,550)			Exhibit F
HB 09-1293 Disabled Buy-in Adjustment	(\$10,130,335)			Exhibit F
HB 09-1293 Foster Care Adjustment	(\$961,176)			Exhibit F
Total Acute Care	\$1,869,280,623			

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

Item	Department Request	Difference from Department Request	Appropriation Source ⁽¹⁾	Department Source
Community Based Long Term Care				
Base CBLTC Cost	\$357,148,479			Exhibit G
<i>Bottom Line Impacts</i>				Exhibit G
Annualization of FY 2010-11 BRI#2: "Coordinated Payment and Payment Reform"	(\$405,630)			Exhibit G
Annualization of FY 2010-11 BRI#6: "Medicaid Program Reductions"	(\$441,287)			Exhibit G
Annualization of HB 10-1146 State-funded Public Assistance Programs	\$376,827			Exhibit G
Estimated Impact of Increased PACE Enrollment	(\$1,064,133)			Exhibit G
Annualization of FY 2009-10 BA-15 Community Transitions Services for Mental Illness Waiver Clients	(\$14,934)			Exhibit G
Total Community Based Long Term Care	\$355,599,322			
Long Term Care and Insurance				
<i>Class I Nursing Facilities</i>				
Base Class I Nursing Facility Cost	\$557,095,396			Exhibit H
<i>Bottom Line Impacts</i>				Exhibit H
Hospital Back Up Program	\$4,161,302			Exhibit H
Estate and Income Trust Recoveries	(\$7,265,847)			Exhibit H
Recoveries from Department Overpayment Reviews	(\$796,081)			Exhibit H
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1324	(\$641,150)			Exhibit H
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1379	(\$427,922)			Exhibit H
Annualization of FY 2010-11 BRI#2: "Coordinated Payment and Payment Reform"	(\$180,000)			Exhibit H
Total Class I Nursing Facilities	\$551,945,698			
<i>Class II Nursing Facilities</i>				
Base Class II Nursing Facilities	\$2,259,189			Exhibit H
<i>Bottom Line Impacts</i>	\$0			
Total Class II Nursing Facilities	\$2,259,189			

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

Item	Department Request	Difference from Department Request	Appropriation Source ⁽¹⁾	Department Source
Program of All Inclusive Care for the Elderly (PACE)				
FY 2011-12 Estimated Monthly Enrollment	1,934			Exhibit H
Estimated FY 2011-12 Base Cost Per Enrollee	\$46,026.86			Exhibit H
Base PACE Cost	\$89,015,948			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
Total PACE	\$88,885,593			
Supplemental Medicare Insurance Benefit (SMIB)				
<i>Bottom Line Impacts</i>				
Total Supplemental Medicare Insurance Benefit	\$133,070,746			Exhibit H
Health Insurance Buy-In Program (HIBI)				
Base HIBI Per Capita	\$3.46			Exhibit H
Base HIBI Cost	\$1,502,413			Exhibit H
<i>Bottom Line Impacts</i>				
Annualization of SB 10-167 "Medicaid Efficiency & False Claims"	\$608,950			Exhibit H
Total Health Insurance Buy-In Program	\$2,111,363			Exhibit H
Total Long Term Care and Insurance	\$778,272,589			
Service Management				
Single Entry Points (SEP)				
FY 2011-12 Base Contracts	\$25,495,371			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
Total Single Entry Points	\$25,399,302			
Disease Management				
Base Disease Management	\$0			Exhibit I
Adult Medical Home	\$500,000			Exhibit I
Total Disease Management	\$500,000			

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

Item	Department Request	Difference from Department Request	Appropriation Source ⁽¹⁾	Department Source
Prepaid Inpatient Health Plan Administration				
Estimated FY 2010-11 Base Expenditures	\$21,243,691			Exhibit I
Bottom Line Impacts				
Estimated Contract Payment to PIHP for Cost Avoidance FY 2007-08 through FY 2008-09	\$956,606			Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$22,200,297			
Total Service Management	\$48,099,599			
Bottom Line Financing				
Upper Payment Limit Financing	\$2,352,613			Exhibit K
Denver Health Outstationing	\$3,520,253			Exhibit A
Hospital Provider Fee Supplemental Payments	\$487,282,340			Exhibit A
Hospital Provider Fee Financing	\$0			Exhibit A
Physician Supplemental Payments	\$5,458,922			Exhibit A
Cash Funds Financing	\$0			Exhibit A
Total Bottom Line Financing	\$498,614,128			
Grand Total⁽²⁾				
Total Acute Care	\$1,869,280,623			
Total Community Based Long Term Care	\$355,599,322			
Total Class I Nursing Facilities	\$551,945,698			
Total Class II Nursing Facilities	\$2,259,189			
Total PACE	\$88,885,593			
Total SMIB	\$133,070,746			
Total Health Insurance Buy-In Program	\$2,111,363			
Total Single Entry Point	\$25,399,302			
Total Disease Management	\$500,000			
Total Prepaid Inpatient Health Plan Administration	\$22,200,297			
Total Bottom Line Financing	\$498,614,128			
Rounding Adjustment	\$0			
Grand Total⁽²⁾	\$3,549,866,261			
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.				