

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2011-12	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	Categorically Eligible Low-Income Adults (AFDC-A)	Adults without Dependent Children	Expansion Adults to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$95,282,838	\$64,887,710	\$555,306,053	\$0	\$239,069,757	\$0	\$64,470,579	\$86,986,136	\$11,042,638	\$529,762,351	\$61,715,027	\$62,282,652	\$40,558,194	\$6,130,488	\$1,817,494,423
Community Based Long Term Care	\$147,569,232	\$25,084,978	\$155,477,265	\$0	\$87,787	\$0	\$51,724	\$112,638	\$0	\$640,471	\$8,978,060	\$0	\$0	\$299,915	\$338,302,070
Long Term Care															
<i>Class I Nursing Facilities</i>	\$400,580,930	\$32,432,578	\$78,462,165	\$0	\$7,809	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$578,708	\$512,062,190
<i>Class II Nursing Facilities</i>	\$0	\$980,278	\$2,898,614	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,878,892
<i>PACE</i>	\$70,871,391	\$8,311,727	\$3,605,547	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,788,665
Subtotal Long Term Care	\$471,452,321	\$41,724,583	\$84,966,326	\$0	\$7,809	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$578,708	\$598,729,747
Insurance															
<i>Supplemental Medicare Insurance Benefit</i>	\$62,490,976	\$3,412,827	\$30,235,091	\$0	\$202,090	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,280,033	\$113,621,017
<i>Health Insurance Buy-In</i>	\$2,367	\$748	\$1,227,548	\$0	\$6,101	\$0	\$0	\$0	\$0	\$2,419	\$1,233	\$0	\$0	\$0	\$1,240,416
Subtotal Insurance	\$62,493,343	\$3,413,575	\$31,462,639	\$0	\$208,191	\$0	\$0	\$0	\$0	\$2,419	\$1,233	\$0	\$0	\$17,280,033	\$114,861,433
Service Management															
<i>Single Entry Points</i>	\$12,336,806	\$2,195,204	\$10,783,329	\$0	\$4,271	\$0	\$0	\$0	\$0	\$1,424	\$8,541	\$0	\$62,626	\$7,118	\$25,399,319
<i>Disease Management</i>	\$34,947	\$19,544	\$172,808	\$0	\$82,772	\$0	\$0	\$0	\$2,354	\$144,905	\$22,865	\$19,805	\$0	\$0	\$500,000
<i>Prepaid Inpatient Health Plan</i>	\$1,129,934	\$546,761	\$3,581,622	\$0	\$6,026,000	\$0	\$3,662,374	\$2,862,214	\$0	\$8,675,343	\$555,802	\$465,606	\$0	\$0	\$27,505,656
Subtotal Service Management	\$13,501,687	\$2,761,509	\$14,537,759	\$0	\$6,113,043	\$0	\$3,662,374	\$2,862,214	\$2,354	\$8,821,672	\$587,208	\$485,411	\$62,626	\$7,118	\$53,404,975
Expansion Populations															
<i>Disabled Buy-In</i>	\$0	\$0	\$0	\$566,364	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$566,364
<i>Adults Without Dependent Children</i>	\$0	\$0	\$0	\$0	\$0	\$6,626,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,626,200
Subtotal Expansion Populations	\$0	\$0	\$0	\$566,364	\$0	\$6,626,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,192,564
Medical Services Total	\$790,299,421	\$137,872,355	\$841,750,042	\$566,364	\$245,486,587	\$6,626,200	\$68,184,677	\$89,960,988	\$11,044,992	\$539,226,913	\$71,281,528	\$62,768,063	\$40,620,820	\$24,296,262	\$2,929,985,212
Caseload	39,867	8,399	59,589	58	70,299	1,667	24,050	35,406	610	336,582	18,141	7,472	2,659	18,796	623,595
Medical Services Per Capita	\$19,823.40	\$16,415.33	\$14,125.93	\$9,764.90	\$3,492.04	\$3,974.93	\$2,835.12	\$2,540.84	\$18,106.54	\$1,602.07	\$3,929.31	\$8,400.44	\$15,276.73	\$1,292.63	\$4,698.54
Financing	\$192,810,120	\$33,636,853	\$205,362,578	\$138,176	\$59,891,602	\$1,616,600	\$16,635,082	\$21,947,870	\$2,694,657	\$131,555,716	\$17,390,624	\$15,313,586	\$9,910,301	\$5,927,583	\$714,831,348
Grand Total Medical Services Premiums	\$983,109,541	\$171,509,208	\$1,047,112,620	\$704,540	\$305,378,189	\$8,242,800	\$84,819,759	\$111,908,858	\$13,739,649	\$670,782,629	\$88,672,152	\$78,081,649	\$50,531,121	\$30,223,845	\$3,644,816,560
Total Per Capita	\$24,659.73	\$20,420.19	\$17,572.25	\$12,147.24	\$4,343.99	\$4,944.69	\$3,526.81	\$3,160.73	\$22,524.01	\$1,992.92	\$4,887.94	\$10,449.90	\$19,003.81	\$1,607.99	\$5,844.85

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2012-13	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	Categorically Eligible Low-Income Adults (AFDC-A)	Adults without Dependent Children	Expansion Adults to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$97,140,941	\$69,330,549	\$585,446,274	\$0	\$258,647,322	\$0	\$70,583,329	\$108,772,292	\$12,110,906	\$570,962,062	\$62,681,711	\$62,801,573	\$41,065,615	\$7,029,283	\$1,946,571,857
Community Based Long Term Care	\$153,976,923	\$27,436,796	\$166,700,311	\$0	\$95,712	\$0	\$59,151	\$139,798	\$0	\$707,108	\$9,408,501	\$0	\$0	\$244,560	\$358,768,860
Long Term Care															
<i>Class I Nursing Facilities</i>	\$421,500,268	\$34,126,288	\$82,559,655	\$0	\$8,217	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$608,930	\$538,803,358
<i>Class II Nursing Facilities</i>	\$0	\$1,318,389	\$3,898,386	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,216,775
<i>PACE</i>	\$75,943,739	\$9,471,930	\$4,234,050	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$89,649,719
Subtotal Long Term Care	\$497,444,007	\$44,916,607	\$90,692,091	\$0	\$8,217	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$608,930	\$633,669,852
Insurance															
<i>Supplemental Medicare Insurance Benefit</i>	\$61,689,343	\$3,808,862	\$33,219,016	\$0	\$230,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,808,242	\$118,755,863
<i>Health Insurance Buy-In</i>	\$7,105	\$2,245	\$3,684,962	\$0	\$18,315	\$0	\$0	\$0	\$0	\$7,261	\$3,661	\$0	\$0	\$0	\$3,723,549
Subtotal Insurance	\$61,696,448	\$3,811,107	\$36,903,978	\$0	\$248,715	\$0	\$0	\$0	\$0	\$7,261	\$3,661	\$0	\$0	\$19,808,242	\$122,479,412
Service Management															
<i>Single Entry Points</i>	\$12,863,588	\$2,497,923	\$11,526,300	\$0	\$4,514	\$0	\$0	\$0	\$0	\$1,505	\$9,026	\$0	\$66,183	\$7,522	\$26,976,561
<i>Disease Management</i>	\$34,947	\$19,544	\$172,808	\$0	\$82,772	\$0	\$0	\$0	\$2,354	\$144,905	\$22,865	\$19,805	\$0	\$0	\$500,000
<i>Prepaid Inpatient Health Plan</i>	\$1,542,927	\$772,251	\$4,853,564	\$0	\$9,383,797	\$0	\$5,507,233	\$4,124,743	\$0	\$8,597,886	\$661,838	\$664,939	\$0	\$0	\$36,109,178
Subtotal Service Management	\$14,441,462	\$3,289,718	\$16,552,672	\$0	\$9,471,083	\$0	\$5,507,233	\$4,124,743	\$2,354	\$8,744,296	\$693,729	\$684,744	\$66,183	\$7,522	\$63,585,739
Expansion Populations															
<i>Disabled Buy-In</i>	\$0	\$0	\$0	\$23,492,951	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$23,492,951
<i>Adults Without Dependent Children</i>	\$0	\$0	\$0	\$0	\$0	\$98,333,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$98,333,000
Subtotal Expansion Populations	\$0	\$0	\$0	\$23,492,951	\$0	\$98,333,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$121,825,951
Medical Services Total	\$824,699,781	\$148,784,777	\$896,295,326	\$23,492,951	\$268,471,049	\$98,333,000	\$76,149,713	\$113,036,833	\$12,113,260	\$580,420,727	\$72,787,602	\$63,486,317	\$41,131,798	\$27,698,537	\$3,246,901,671
Caseload	40,820	8,948	62,098	2,208	77,455	10,000	26,498	42,381	679	367,649	18,159	7,546	2,529	20,503	687,473
Medical Services Per Capita	\$20,203.33	\$16,627.71	\$14,433.56	\$10,639.92	\$3,466.16	\$9,833.30	\$2,873.79	\$2,667.16	\$17,839.85	\$1,578.74	\$4,008.35	\$8,413.24	\$16,264.06	\$1,350.95	\$4,722.95
Financing	\$191,668,163	\$34,579,014	\$208,307,657	\$5,459,988	\$62,395,255	\$22,853,535	\$17,697,926	\$26,270,848	\$2,815,238	\$134,895,361	\$16,916,539	\$14,754,831	\$9,559,426	\$6,437,406	\$754,611,187
Grand Total Medical Services Premiums	\$1,016,367,944	\$183,363,791	\$1,104,602,983	\$28,952,939	\$330,866,304	\$121,186,535	\$93,847,639	\$139,307,681	\$14,928,498	\$715,316,088	\$89,704,141	\$78,241,148	\$50,691,224	\$34,135,943	\$4,001,512,858
Total Per Capita	\$24,898.77	\$20,492.15	\$17,788.06	\$13,112.74	\$4,271.72	\$12,118.65	\$3,541.69	\$3,287.03	\$21,986.01	\$1,945.65	\$4,939.93	\$10,368.56	\$20,043.98	\$1,664.92	\$5,820.61

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2013-14	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	Categorically Eligible Low-Income Adults (AFDC-A)	Adults without Dependent Children	Expansion Adults to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$100,072,525	\$74,805,802	\$620,977,140	\$0	\$272,271,341	\$0	\$76,152,391	\$121,639,961	\$13,108,008	\$618,265,933	\$64,633,079	\$71,935,296	\$44,628,118	\$8,031,175	\$2,086,520,769.00
Community Based Long Term Care	\$161,630,612	\$29,914,054	\$177,562,915	\$0	\$100,062	\$0	\$64,568	\$161,112	\$0	\$779,741	\$9,941,278	\$0	\$0	\$265,216	\$380,419,558.00
Long Term Care															
<i>Class I Nursing Facilities</i>	\$437,898,325	\$35,453,939	\$85,771,558	\$0	\$8,537	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$632,620	\$559,764,979.00
<i>Class II Nursing Facilities</i>	\$0	\$1,545,754	\$4,570,689	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,116,443.00
<i>PACE</i>	\$81,149,891	\$10,664,446	\$4,880,253	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$96,694,590.00
Subtotal Long Term Care	\$519,048,216	\$47,664,139	\$95,222,500	\$0	\$8,537	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$632,620	\$662,576,012.00
Insurance															
<i>Supplemental Medicare Insurance Benefit</i>	\$67,454,803	\$4,302,339	\$36,564,205	\$0	\$257,700	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,872,428	\$131,451,475.00
<i>Health Insurance Buy-In</i>	\$11,202	\$3,539	\$5,809,611	\$0	\$28,875	\$0	\$0	\$0	\$0	\$11,447	\$5,652	\$0	\$0	\$0	\$5,870,326.00
Subtotal Insurance	\$67,466,005	\$4,305,878	\$42,373,816	\$0	\$286,575	\$0	\$0	\$0	\$0	\$11,447	\$5,652	\$0	\$0	\$22,872,428	\$137,321,801.00
Service Management															
<i>Single Entry Points</i>	\$13,412,863	\$2,842,387	\$12,320,462	\$0	\$4,770	\$0	\$0	\$0	\$0	\$1,590	\$9,539	\$0	\$69,942	\$7,949	\$28,669,502.00
<i>Disease Management</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
<i>Prepaid Inpatient Health Plan</i>	\$1,545,021	\$771,548	\$4,844,253	\$0	\$9,383,797	\$0	\$5,507,233	\$4,124,743	\$0	\$8,597,886	\$661,838	\$664,939	\$0	\$0	\$36,101,258.00
Subtotal Service Management	\$14,957,884	\$3,613,935	\$17,164,715	\$0	\$9,388,567	\$0	\$5,507,233	\$4,124,743	\$0	\$8,599,476	\$671,377	\$664,939	\$69,942	\$7,949	\$64,770,760.00
Expansion Populations															
<i>Disabled Buy-In</i>	\$0	\$0	\$0	\$62,777,782	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,777,782.00
<i>Adults Without Dependent Children</i>	\$0	\$0	\$0	\$0	\$0	\$105,367,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$105,367,200.00
Subtotal Expansion Populations	\$0	\$0	\$0	\$62,777,782	\$0	\$105,367,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$168,144,982.00
Medical Services Total	\$863,175,242	\$160,303,808	\$953,301,086	\$62,777,782	\$282,055,082	\$105,367,200	\$81,724,192	\$125,925,816	\$13,108,008	\$627,656,597	\$75,251,386	\$72,600,235	\$44,698,060	\$31,809,388	\$3,499,753,882.00
Caseload	41,914	9,491	64,184	5,671	81,351	10,000	27,831	46,835	743	399,867	18,264	8,472	2,549	22,231	739,403
Medical Services Per Capita	\$20,593.96	\$16,890.09	\$14,852.63	\$11,069.97	\$3,467.14	\$10,536.72	\$2,936.44	\$2,688.71	\$17,642.00	\$1,569.66	\$4,120.20	\$8,569.43	\$17,535.53	\$1,430.86	\$4,733.22
Financing	\$186,721,264	\$34,676,771	\$206,217,204	\$13,580,031	\$61,013,893	\$22,792,935	\$17,678,501	\$27,240,155	\$2,835,512	\$135,774,091	\$16,278,310	\$15,704,815	\$9,669,043	\$6,880,977	\$757,063,502
Grand Total Medical Services Premiums	\$1,049,896,506	\$194,980,579	\$1,159,518,290	\$76,357,813	\$343,068,975	\$128,160,135	\$99,402,693	\$153,165,971	\$15,943,520	\$763,430,688	\$91,529,696	\$88,305,050	\$54,367,103	\$38,690,365	\$4,256,817,384
Total Per Capita	\$25,048.83	\$20,543.73	\$18,065.53	\$13,464.61	\$4,217.15	\$12,816.01	\$3,571.65	\$3,270.33	\$21,458.30	\$1,909.21	\$5,011.48	\$10,423.16	\$21,328.80	\$1,740.38	\$5,757.10

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

Item	Long Bill and Special Bills	R-1 Request (November 2011)	S-1A Request (February 2012)	Difference from Appropriation	Difference from R-1 Request	Description of Difference from R-1 Request	Department Source
Acute Care							
Base Acute Cost	\$1,806,053,054	\$1,885,579,476	\$1,885,433,963	\$79,380,909	(\$145,513)	Different caseload and per capita cost assumptions	Exhibit F
<i>Bottom Line Impacts</i>							
FY 2011-12 BRI-1: Client Overutilization Program Expansion	(\$136,600)	(\$136,600)	(\$136,600)	\$0	\$0		Exhibit F
FY 2011-12 BRI-5: State Allowable Cost Expansion	(\$1,833,333)	(\$1,833,334)	(\$1,833,334)	(\$1)	\$0		Exhibit F
FY 2011-12 BRI-5: Reduce Rates for Diabetes Supplies	(\$919,340)	(\$842,728)	(\$842,728)	\$76,612	\$0		Exhibit F
FY 2011-12 BRI-5: Reduce Payment for Uncomplicated C-Section	(\$6,846,550)	(\$6,276,004)	(\$6,276,004)	\$570,546	\$0		Exhibit F
FY 2011-12 BRI-5: Reduce Payments for Renal Dialysis	(\$2,366,947)	(\$1,418,733)	(\$1,418,733)	\$948,214	\$0		Exhibit F
FY 2011-12 BRI-5: Deny Payment of Hospital Readmissions 48 hrs	(\$2,700,456)	(\$2,475,418)	(\$2,475,418)	\$225,038	\$0		Exhibit F
FY 2011-12 BRI-5: Prior Authorize Certain Radiology	(\$672,136)	(\$672,136)	(\$672,136)	\$0	\$0		Exhibit F
FY 2011-12 BRI-5: Limit Acute Home Health Services	(\$1,234,424)	(\$1,131,555)	(\$1,131,555)	\$102,869	\$0		Exhibit F
FY 2011-12 BRI-5: HMO Impact to Rates	(\$2,707,680)	(\$1,906,233)	(\$1,906,233)	\$801,447	\$0		Exhibit F
FY 2011-12 BA-9: 0.75% Provider Rate Reduction	(\$11,711,574)	(\$12,092,847)	(\$12,092,847)	(\$381,273)	\$0		Exhibit F
FY 2011-12 BA-9: Estimated ACC Savings	(\$13,067,458)	(\$10,250,663)	(\$6,189,762)	\$6,877,696	\$4,060,901	Delayed implementation and enrollment case mix	Exhibit F
FY 2011-12 BA-9: Limit Fluoride Application Benefit	(\$33,798)	(\$30,982)	(\$30,982)	\$2,816	\$0		Exhibit F
FY 2011-12 BA-9: Limit Dental Prophylaxis Benefit	(\$176,658)	(\$161,936)	(\$161,936)	\$14,722	\$0		Exhibit F
FY 2011-12 BA-9: Limit Oral Hygiene Instruction	(\$4,626,574)	(\$4,241,026)	(\$4,241,026)	\$385,548	\$0		Exhibit F
FY 2011-12 BA-9: Limit Physical and Occupational Therapy	(\$504,744)	(\$347,012)	(\$154,227)	\$350,517	\$192,785	Delayed implementation	Exhibit F
FY 2011-12 BA-9: Home Health Billing Changes	(\$2,739,756)	(\$2,511,443)	(\$2,511,443)	\$228,313	\$0		Exhibit F
Estimated Impact of Increasing PACE Enrollment	\$0	(\$1,245,550)	(\$1,318,382)	(\$1,318,382)	(\$72,832)	Revised case mix estimate	Exhibit F
Eliminate Circumcision Benefit	(\$373,000)	(\$373,000)	(\$373,000)	\$0	\$0		Exhibit F
Wound Therapy DME Reduction	(\$100,000)	(\$100,000)	(\$100,000)	\$0	\$0		Exhibit F
Repeal of BA-9 0.75% Pharmacy Reduction (June 2011 1331 Supplemental Request)	\$0	\$1,250,589	\$0	\$0	(\$1,250,589)	Included in the supplemental bill	Exhibit F
SB 11-177: "Sunset of Pregnancy Prevention Program"	\$333,195	\$333,195	\$140,982	(\$192,213)	(\$192,213)	Delayed implementation	Exhibit F
Managed Care Organization Reconciliations	\$0	\$0	(\$5,386,882)	(\$5,386,882)	(\$5,386,882)	Recoupments for overpayments	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)	(\$887,437)	(\$887,437)	(\$764,595)	\$122,842	\$122,842	Delayed implementation	Exhibit F
Annualization of FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$5,060,838)	(\$5,060,838)	(\$1,555,000)	\$3,505,838	\$3,505,838	Revised per capita and initiative participation assumptions	Exhibit F
Annualization of FY 2010-11 BRI-6: Medicaid Program Reductions DME Reductions	(\$125,098)	(\$125,098)	(\$125,098)	\$0	\$0		Exhibit F
Annualization of FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$2,698,858)	(\$2,698,858)	(\$2,698,858)	\$0	\$0		Exhibit F
Annualization of FY 2010-11 S-6: Accountable Care Collaborative	(\$20,085,549)	(\$20,085,549)	(\$11,989,569)	\$8,095,980	\$8,095,980	Delayed implementation and case mix	Exhibit F
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$0	\$0	\$0	\$0	\$0		Exhibit F
Annualization of Increased Drug Rebates due to the Affordable Care Act	(\$2,226,190)	(\$2,226,190)	(\$493,247)	\$1,732,943	\$1,732,943	Revised based on current data	Exhibit F
HB 10-1005: Telemedicine Changes	\$189,306	\$234,432	\$130,240	(\$59,066)	(\$104,192)	Delayed implementation	Exhibit F
Annualization of HB 10-1033: Add SBIRT to Optional Services	\$360,130	\$360,130	\$360,130	\$0	\$0		Exhibit F
Annualization of SB 10-167: NCCI	(\$200,325)	(\$200,325)	(\$12,500)	\$187,825	\$187,825	Delayed implementation	Exhibit F
Annualization of SB 10-167: HIBI	(\$1,310,349)	(\$1,310,349)	(\$244,599)	\$1,065,750	\$1,065,750	Delay implementation and revised enrollment assumptions	Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - PARIS	(\$215,404)	(\$215,404)	(\$215,404)	\$0	\$0		Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - RX COB	\$0	\$0	\$0	\$0	\$0	Delayed implementation	Exhibit F
Annualization of FY 2009-10 BA-33: PA of Anti-Convulsants	(\$720,000)	(\$720,000)	(\$180,000)	\$540,000	\$540,000	Diminished potential savings	Exhibit F
Annualization of FY 2009-10 BRI-1: Auto PA	(\$1,217,310)	(\$1,217,310)	(\$405,770)	\$811,540	\$811,540	Delayed implementation	Exhibit F
Annualization of FY 2009-10 BRI-2: Oxygen Restrictions	(\$586,667)	(\$586,667)	(\$586,667)	\$0	\$0		Exhibit F
ACA 4107 Smoking Cessation Counseling for Pregnant Women	\$0	\$0	(\$46,357)	(\$46,357)	(\$46,357)	Provision of the Affordable Care Act	Exhibit F
Total Acute Care	\$1,718,850,632	\$1,804,376,597	\$1,817,494,423	\$98,643,791	\$13,117,826		

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

Item	Long Bill and Special Bills	R-1 Request (November 2011)	S-1A Request (February 2012)	Difference from Appropriation	Difference from R-1 Request	Description of Difference from R-1 Request	Department Source
Community Based Long Term Care							
Base CBLTC Cost	\$337,461,805	\$343,871,356	\$341,867,636	\$4,405,831	(\$2,003,720)	Different caseload and per capita cost assumptions	Exhibit G
<i>Bottom Line Impacts</i>							
BRI-5: Medicaid Reductions - Cap CDASS Wage Rates	(\$1,549,846)	(\$1,065,519)	(\$473,564)	\$1,076,282	\$591,955	Delayed implementation	
BA-9: Medicaid Reductions - 0.50% Rate Reduction	(\$2,260,830)	(\$1,561,829)	(\$1,561,829)	\$699,001	\$0		Exhibit G
BA-9: Medicaid Reductions - Clients Moved from Nursing Home	\$191,372	\$0	\$0	(\$191,372)	\$0		Exhibit G
Estimated Impact of Increased PACE Enrollment	(\$1,342,987)	(\$1,342,987)	(\$984,506)	\$358,481	\$358,481	Revised case mix estimate	Exhibit G
Annualization of FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	(\$616,405)	(\$616,405)	(\$311,000)	\$305,405	\$305,405	Revised per capita and initiative participation assumptions	Exhibit G
Annualization of FY 2010-11 BRI-6: "Medicaid Program Reductions"	(\$441,287)	(\$441,287)	(\$441,287)	\$0	\$0		Exhibit G
Annualization of FY 2009-10 ES-2: HCBS Waiver Transportation Limitations	(\$563,425)	(\$563,425)	(\$563,425)	\$0	\$0		Exhibit G
Annualization of HB 10-1146 State-funded Public Assistance Programs	\$296,481	\$296,481	\$296,481	\$0	\$0		Exhibit G
HB 09-1047 Alternative Therapies for Clients with Spinal Cord Injuries	\$93,720	\$93,720	\$0	(\$93,720)	(\$93,720)	Delayed implementation	Exhibit G
Total Community Based Long Term Care	\$332,818,444	\$339,735,624	\$338,302,070	\$5,483,626	(\$1,433,554)		
Long Term Care and Insurance							
<i>Class I Nursing Facilities</i>							
Base Class I Nursing Facility Cost	\$513,914,153	\$522,879,421	\$519,877,760	\$5,963,607	(\$3,001,661)	Different caseload and per capita cost assumptions	Exhibit H
<i>Bottom Line Impacts</i>							
BA-5: "Nursing Facility Audits"	(\$24,840)	(\$24,840)	(\$24,840)	\$0	\$0		Exhibit H
BRI-5 Clients Moved From Nursing Home	(\$817,075)	\$0	\$0	\$817,075	\$0		Exhibit H
SB 11-215: 1.5% Nursing Facility Rate Reduction	(\$8,865,830)	(\$8,969,027)	(\$8,889,323)	(\$23,493)	\$79,704	SB 11-125 fiscal note - Different caseload assumptions	Exhibit H
Hospital Back Up Program	\$4,258,324	\$4,923,096	\$4,258,324	\$0	(\$664,772)	Revised based on most current program enrollment	Exhibit H
Recoveries from Department Overpayment Review	(\$1,977,766)	(\$1,977,766)	(\$1,977,766)	\$0	\$0		Exhibit H
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1324	(\$709,179)	(\$722,050)	(\$709,179)	\$0	\$12,871	Annualization adjusted based on revised days forecast	Exhibit H
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1379	(\$472,786)	(\$481,367)	(\$472,786)	\$0	\$8,581	Annualization adjusted based on revised days forecast	Exhibit H
Total Class I Nursing Facilities	\$505,305,001	\$515,627,467	\$512,062,190	\$6,757,189	(\$3,565,277)		Exhibit H
<i>Class II Nursing Facilities</i>							
Base Class II Nursing Facilities Cost	\$2,518,879	\$2,320,072	\$3,878,892	\$1,360,013	\$1,558,820	Figure Setting, Page 89 imputed	Exhibit H
Total Class II Nursing Facilities	\$2,518,879	\$2,320,072	\$3,878,892	\$1,360,013	\$1,558,820		

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

Item	Long Bill and Special Bills	R-1 Request (November 2011)	S-1A Request (February 2012)	Difference from Appropriation	Difference from R-1 Request	Description of Difference from R-1 Request	Department Source
Program of All Inclusive Care for the Elderly (PACE)							
Base PACE Cost	\$85,150,515	\$84,757,246	\$82,788,665	(\$2,361,850)	(\$1,968,581)	Different caseload and per capita cost assumptions	Exhibit H
Bottom Line Impacts							
Annualization of FY 2010-11 BRI#6: 1% Rate Reduction Effective July 1, 2010	\$0	\$0	\$0	\$0	\$0		Exhibit H
Total Program of All-Inclusive Care for the Elderly	\$85,150,515	\$84,757,246	\$82,788,665	(\$2,361,850)	(\$1,968,581)		
Supplemental Medicare Insurance Benefit (SMB)							
Base SMB Cost	\$130,649,240	\$134,751,970	\$113,621,017	(\$17,028,223)	(\$21,130,953)	Figure Setting, Page 89 imputed	Exhibit H
Total Supplemental Medicare Insurance Benefit	\$130,649,240	\$134,751,970	\$113,621,017	(\$17,028,223)	(\$21,130,953)		
Health Insurance Buy-In Program (HIBI)							
Base HIBI Cost	\$1,727,706	\$1,244,583	\$1,125,233	(\$602,473)	(\$119,350)	Figure Setting, Page 89 imputed	Exhibit H
Bottom Line Impacts							
Annualization of SB 10-167	\$0	\$799,879	\$115,183	\$115,183	(\$684,696)	Delay implementation and revised enrollment assumptions	Exhibit H
Total Health Insurance Buy-In Program	\$1,727,706	\$2,044,462	\$1,240,416	(\$487,290)	(\$804,046)		
Total Long Term Care and Insurance	\$725,351,341	\$739,501,217	\$713,591,180	(\$11,760,161)	(\$25,910,037)		
Service Management							
Single Entry Points (SEP)							
Single Entry Points (SEP) Base	\$25,399,319	\$25,399,319	\$25,399,319	\$0	\$0		Exhibit I
Total Single Entry Points	\$25,399,319	\$25,399,319	\$25,399,319	\$0	\$0		Exhibit I
Disease Management							
Base Disease Management	\$500,000	\$500,000	\$500,000	\$0	\$0		Exhibit I
Total Disease Management	\$500,000	\$500,000	\$500,000	\$0	\$0		Exhibit I
Prepaid Inpatient Health Plan Administration							
Estimated FY 2010-11 Base Expenditures	\$28,540,781	\$27,602,421	\$24,969,928	(\$3,570,853)	(\$2,632,493)	Different Caseload and Per Capita Cost Assumptions	Exhibit I
Bottom Line Impacts							
Estimated Contract Payment to PIHP for Cost Avoidance	\$956,606	\$1,721,116	\$2,535,728	\$1,579,122	\$814,612	Revised for updated cost avoidance calculation	Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$29,497,387	\$29,323,537	\$27,505,656	(\$1,991,731)	(\$1,817,881)		
Total Service Management	\$55,396,706	\$55,222,856	\$53,404,975	(\$1,991,731)	(\$1,817,881)		
Expansion Populations							
Disabled Buy-In	\$60,887,688	\$525,479	\$566,364	(\$60,321,324)	\$40,885	The Department has revised caseload estimates as a result of revised implementation timelines.	Exhibit J
Adults Without Dependent Children	\$51,474,921	\$29,439,789	\$6,626,200	(\$44,848,721)	(\$22,813,589)		Exhibit J
Total Expansion Populations	\$112,362,609	\$29,965,268	\$7,192,564	(\$105,170,045)	(\$22,772,704)		
Grand Total Services	\$2,944,779,732	\$2,968,801,562	\$2,929,985,212	(\$14,794,520)	(\$38,816,350)		
Bottom Line Financing							
Upper Payment Limit Financing	\$3,395,239	\$5,135,883	\$4,748,099	\$1,352,860	(\$387,784)	Revised Department Forecast	Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0	\$0	\$0		Exhibit A
Denver Health Outstationing	\$3,520,253	\$5,485,699	\$5,485,699	\$1,965,446	\$0		Exhibit A
Hospital Provider Fee Supplemental Payments	\$502,848,939	\$538,782,512	\$614,029,587	\$111,180,648	\$75,247,075	Revised Department Forecast	Exhibit J
Nursing Facility Provider Fee Supplemental Payments	\$83,952,006	\$83,952,006	\$85,145,251	(\$1,193,245)	\$1,193,245	Revised Department Forecast	Exhibit H
Physician Supplemental Payments	\$5,367,584	\$4,075,759	\$5,422,712	\$55,128	\$1,346,953	Revised Department Forecast	Exhibit A
Cash Funds Financing	\$0	\$0	\$0	\$0	\$0		Exhibit A
Total Bottom Line Financing	\$515,132,015	\$553,479,853	\$714,831,348	\$199,699,333	\$161,351,495		

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

Item	Long Bill and Special Bills	R-1 Request (November 2011)	S-1A Request (February 2012)	Difference from Appropriation	Difference from R-1 Request	Description of Difference from R-1 Request	Department Source
Grand Total⁽¹⁾	\$3,459,911,747	\$3,522,281,415	\$3,644,816,560	\$184,904,813	\$122,535,145		
Total Acute Care	\$1,718,850,632	\$1,804,376,597	\$1,817,494,423	\$98,643,791	\$13,117,826		
Total Community Based Long Term Care	\$332,818,444	\$339,735,624	\$338,302,070	\$5,483,626	(\$1,433,554)		
Total Class I Nursing Facilities	\$505,305,001	\$515,627,467	\$512,062,190	\$6,757,189	(\$3,565,277)		
Total Class II Nursing Facilities	\$2,518,879	\$2,320,072	\$3,878,892	\$1,360,013	\$1,558,820		
Total Program of All-Inclusive Care for the Elderly	\$85,150,515	\$84,757,246	\$82,788,665	(\$2,361,850)	(\$1,968,581)		
Total Supplemental Medicare Insurance Benefit	\$130,649,240	\$134,751,970	\$113,621,017	(\$17,028,223)	(\$21,130,953)		
Total Health Insurance Buy-In Program	\$1,727,706	\$2,044,462	\$1,240,416	(\$487,290)	(\$804,046)		
Total Single Entry Point	\$25,399,319	\$25,399,319	\$25,399,319	\$0	\$0		
Total Disease Management	\$500,000	\$500,000	\$500,000	\$0	\$0		
Total Prepaid Inpatient Health Plan Administration	\$29,497,387	\$29,323,537	\$27,505,656	(\$1,991,731)	(\$1,817,881)		
Total Expansion Populations	\$112,362,609	\$29,965,268	\$7,192,564	(\$105,170,045)	(\$22,772,704)		
Total Bottom Line Financing	\$515,132,015	\$637,431,859	\$714,831,348	\$199,699,333	\$77,399,489		
Rounding Adjustment	(\$4)	\$0	\$0	\$0	\$0		
Grand Total⁽¹⁾	\$3,459,911,743	\$3,606,233,421	\$3,644,816,560	\$184,904,813	\$38,583,139		
Footnotes							
(1) 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 2012-13

Item	R-1 Request (November 2011)	BA-1 Request (February 2012)	Difference	Description of Difference from R-1 Request
Acute Care				
Base Acute Cost	\$1,954,340,253	\$1,991,149,102	\$36,808,849	Different caseload and per capita cost assumptions
<i>Bottom Line Impacts</i>				
Physician Rate Increase to 100% of Medicare (Section 1202 of Health Care and Education Reconciliation Act)	\$6,298,666	\$6,298,666	\$0	
Annualization of FY 2010-11 S-6: Accountable Care Collaborative	(\$5,683,694)	(\$3,013,670)	\$2,670,024	Delayed implementation and enrollment case mix
Annualization of BRI-1: Client Overutilization Program Expansion	(\$1,098,200)	(\$823,650)	\$274,550	Delayed implementation to full ramp up of expansion
Annualization of FY 2011-12 BRI-5: State Allowable Cost	(\$166,666)	(\$166,666)	\$0	
Annualization of FY 2011-12 BRI-5: Reduce Rates for Diabetes Supplies	(\$150,066)	(\$150,066)	\$0	
Annualization of FY 2011-12 BRI-5: Reduce Payment for Uncomplicated C-Section	(\$811,545)	(\$811,545)	\$0	
Annualization of FY 2011-12 BRI-5: Reduce Payments for Renal Dialysis	(\$183,455)	(\$183,455)	\$0	
Annualization of FY 2011-12 BRI-5: Deny Payment of Hospital Readmissions 48 hrs	(\$320,094)	(\$320,094)	\$0	
Annualization of FY 2011-12 BRI-5: Prior Authorize Certain Radiology	(\$3,720,409)	(\$3,720,409)	\$0	
Annualization of FY 2011-12 BRI-5: Limit Acute Home Health Services	(\$286,551)	(\$286,551)	\$0	
Annualization of FY 2011-12 BRI-5: HMO Impact to Rates	(\$81,968)	(\$81,968)	\$0	
Annualization of FY 2011-12 BA-9: 0.75% Provider Rate Reduction	(\$2,904,019)	(\$2,904,019)	\$0	
Annualization of FY 2011-12 BA-9: Estimated ACC Savings	(\$8,520,553)	(\$9,404,898)	(\$884,345)	Case mix adjustments
Annualization of FY 2011-12 BA-9: Limit Fluoride Application	(\$6,101)	(\$6,101)	\$0	
Annualization of FY 2011-12 BA-9: Limit Dental Prophylaxis	(\$31,892)	(\$31,892)	\$0	
Annualization of FY 2011-12 BA-9: Limit Oral Hygiene Instruction	(\$835,251)	(\$835,251)	\$0	
Annualization of FY 2011-12 BA-9: Limit Physical and	(\$208,056)	(\$400,840)	(\$192,784)	Delayed implementation
Annualization of FY 2011-12 BA-9: Home Health Billing Changes	(\$636,809)	(\$636,809)	\$0	
Estimated Impact of Increasing PACE Enrollment	(\$1,145,853)	(\$1,337,761)	(\$191,908)	Revised case mix estimate
Annualization of Wound Therapy DME Reduction	\$0	\$0	\$0	
Annualization of HB 10-1005: Telemedicine Changes	\$78,144	\$182,336	\$104,192	Delayed implementation
Annualization of SB 11-177: "Sunset of Pregnancy Prevention Program"	\$542,168	\$157,953	(\$384,215)	Delayed implementation
Annualization of SB 10-167: Colorado False Claims Act - NCCI	(\$600,975)	(\$838,800)	(\$237,825)	Delayed implementation
Annualization of SB 10-167: Colorado False Claims Act - HIBI	(\$5,248,385)	(\$3,340,516)	\$1,907,869	Delay implementation and revised enrollment assumptions
Annualization of SB 10-167: Colorado False Claims Act - COB	(\$351,262)	(\$351,262)	\$0	
Annualization of FY 2010-11 BRI-1: Prevention and Benefits for Enhanced Value (P-BEV) and BA#12: Evidence Guided Utilization Review (EGUR)	(\$259,465)	(\$382,297)	(\$122,832)	Delayed implementation
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$1,903,500	\$0	(\$1,903,500)	Removed waiver application
Annualization of FY 2009-10 BA-33: Prior Authorization of Anti-Convulsants	(\$240,000)	(\$60,000)	\$180,000	Diminished potential savings
Annualization of FY 2009-10 BRI-1: Auto PA	(\$405,770)	(\$1,217,310)	(\$811,540)	Delayed implementation
Total Bottom Line Impacts	(\$24,923,995)	(\$19,910,370)	\$5,013,625	
Total Acute Care	\$1,904,642,018	\$1,946,571,857	\$41,929,839	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills FY 2012-13

Item	R-1 Request (November 2011)	BA-1 Request (February 2012)	Difference	Description of Difference from R-1 Request
Community Based Long Term Care				
Base CBLTC Cost	\$359,356,403	\$359,825,205	\$468,802	Different caseload and per capita cost assumptions
<i>Bottom Line Impacts</i>				
Estimated Impact of Increased PACE Enrollment	(\$1,241,772)	(\$998,980)	\$242,792	Revised case mix estimate
Annualization of BRI-5: Medicaid Reductions - 0.50% Rate	(\$361,468)	(\$361,468)	\$0	
Annualization of BA-9: Medicaid Reductions - Cap CDASS Wage Rates	(\$612,189)	(\$1,204,144)	(\$591,955)	Delayed implementation
Annualization of BA-9: Medicaid Reductions - Clients Moved from Nursing Home	\$0	\$0	\$0	
Annualization of FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	\$0	(\$55,000)	(\$55,000)	Revised per capita and initiative participation assumptions
Annualization of HB 10-1146 State-funded Public Assistance	\$376,827	\$376,827	\$0	
Annualization of HB 09-1047 Alternative Therapies for Clients with Spinal Cord Injuries	\$79,415	\$187,440	\$108,025	Delayed implementation
Colorado Choice Transitions	\$0	\$1,910,160	\$1,910,160	Added to reflect program implementation
Total Community Based Long Term Care	\$358,838,988	\$358,768,860	(\$70,128)	
Long Term Care and Insurance				
<i>Class I Nursing Facilities</i>				
Base Class I Nursing Facility Cost	\$537,333,213	\$537,345,661	\$12,448	Revised patient days, patient payment, and core per diem
<i>Bottom Line Impacts</i>				
Hospital Back Up Program	\$5,122,481	\$4,258,324	(\$864,157)	Revised caseload
Recoveries from Department Overpayment Review	(\$2,076,753)	(\$2,076,753)	\$0	
Savings from days incurred in FY 2011-12 and paid in FY 2012-13 under SB 11-215	(\$748,228)	(\$723,874)	\$24,354	Revised patient days
Total Class I Nursing Facilities	\$625,177,807	\$538,803,358	(\$86,374,449)	
<i>Class II Nursing Facilities</i>				
Base Class II Nursing Facilities	\$2,366,473	\$5,216,775	\$2,850,302	Revised rate based on most recent cost reports
Total Class II Nursing Facilities	\$2,366,473	\$5,216,775	\$2,850,302	
<i>Program of All Inclusive Care for the Elderly (PACE)</i>				
Base PACE Cost	\$92,964,284	\$89,649,719	(\$3,314,565)	Difference in enrollment assumptions
Total Program of All-Inclusive Care for the Elderly	\$92,964,284	\$89,649,719	(\$3,314,565)	
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>				
Base SMIB	\$148,181,677	\$118,755,863	(\$29,425,814)	Revised based on decrease to Part B premiums
Total Supplemental Medicare Insurance Benefit	\$148,181,677	\$118,755,863	(\$29,425,814)	
<i>Health Insurance Buy-In Program (HIBI)</i>				
Base HIBI Cost	\$2,111,249	\$1,280,937	(\$830,312)	Difference in caseload assumptions
<i>Bottom Line Impacts</i>				
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$484,000	\$369,325	(\$114,675)	Delay implementation and revised enrollment assumptions
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$3,203,784	\$2,073,287	(\$1,130,497)	Delay implementation and revised enrollment assumptions
Total Health Insurance Buy-In Program	\$5,799,033	\$3,723,549	(\$2,075,484)	
Total Long Term Care and Insurance	\$874,489,274	\$756,149,264	(\$118,340,010)	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills FY 2012-13

Item	R-1 Request (November 2011)	BA-1 Request (February 2012)	Difference	Description of Difference from R-1 Request
Service Management				
<i>Single Entry Points (SEP)</i>				
FY 2011-12 Base Contracts	\$26,862,436	\$26,976,561	\$114,125	Increased enrollment assumption
Total Single Entry Points	\$26,862,436	\$26,976,561	\$114,125	
<i>Disease Management</i>				
Base Disease Management	\$500,000	\$500,000	\$0	
Total Disease Management	\$500,000	\$500,000	\$0	
<i>Prepaid Inpatient Health Plan Administration</i>				
Estimated FY 2010-11 Base Expenditures	\$34,629,177	\$34,841,314	\$212,137	Increased enrollment and cost avoidance payment assumptions
<i>Bottom Line Impacts</i>				
Estimated Contract Payment to PIHP for Cost Avoidance	\$860,558	\$1,267,864	\$407,306	
Total Prepaid Inpatient Health Plan Administration	\$35,489,735	\$36,109,178	\$619,443	
Total Service Management	\$62,852,171	\$63,585,739	\$733,568	
Expansion Populations				
Disabled Buy-In	\$22,542,913	\$23,492,951	\$950,038	Revised caseload and per capita assumptions
Adults Without Dependent Children	\$114,135,800	\$98,333,000	(\$15,802,800)	Revised caseload and per capita assumptions
Total Expansion Populations	\$136,678,713	\$121,825,951	(\$14,852,762)	
Grand Total Services	\$3,337,501,164	\$3,246,901,671	(\$90,599,493)	
Bottom Line Financing				
Upper Payment Limit Financing	\$4,594,020	\$4,111,163	(\$482,857)	Revised cost information
Department Recoveries Adjustment	\$0	\$0	\$0	
Denver Health Outstationing	\$5,485,699	\$5,485,699	\$0	
Hospital Provider Fee Supplemental Payments	\$538,782,512	\$651,089,802	\$112,307,290	Update to request year figures based on most current model
Nursing Facility Provider Fee Supplemental Payments	\$85,547,094	\$86,763,011	\$1,215,917	Revised based on final model approved by CMS
Physician Supplemental Payments	\$4,238,789	\$7,161,512	\$2,922,723	Payments now include Memorial Hospital
Cash Funds Financing ⁽¹⁾	\$0	\$0	\$0	
Total Bottom Line Financing	\$553,101,020	\$754,611,187	\$201,510,167	
Grand Total⁽²⁾	\$3,890,602,184	\$4,001,512,858	\$110,910,674	
Total Acute Care	\$1,904,642,018	\$1,946,571,857	\$41,929,839	
Total Community Based Long Term Care	\$358,838,988	\$358,768,860	(\$70,128)	
Total Class I Nursing Facilities	\$625,177,807	\$538,803,358	(\$86,374,449)	
Total Class II Nursing Facilities	\$2,366,473	\$5,216,775	\$2,850,302	
Total Program of All-Inclusive Care for the Elderly	\$92,964,284	\$89,649,719	(\$3,314,565)	
Total Supplemental Medicare Insurance Benefit	\$148,181,677	\$118,755,863	(\$29,425,814)	
Total Health Insurance Buy-In Program	\$5,799,033	\$3,723,549	(\$2,075,484)	
Total Single Entry Point	\$26,862,436	\$26,976,561	\$114,125	
Total Disease Management	\$500,000	\$500,000	\$0	
Total Prepaid Inpatient Health Plan Administration	\$35,489,735	\$36,109,178	\$619,443	
Total Expansion Populations	\$136,678,713	\$121,825,951	(\$14,852,762)	
Total Bottom Line Financing	\$553,101,020	\$754,611,187	\$201,510,167	
Grand Total⁽²⁾	\$3,890,602,184	\$4,001,512,858	\$110,910,674	

Footnotes

(1) The Department has not received an FY 2012-13 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.