

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)	Expansion Adults to 60%	Expansion Adults to 100%	Adults without Dependent Children (AwDC)	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$95,313,337	\$72,331,716	\$573,879,563	\$9,556,491	\$235,805,269	\$71,601,311	\$97,492,999	\$93,845,030	\$10,362,070	\$523,008,727	\$58,300,286	\$68,177,699	\$41,724,686	\$6,485,324	\$1,957,884,508
Community Based Long Term Care															
<i>Base CBLTC</i>	\$124,051,881	\$24,528,089	\$137,728,134	\$0	\$2,919	\$6,092	\$21,622	\$0	\$0	\$7,805	\$117,384	\$0	\$0	\$274,355	\$286,738,281
<i>Hospice</i>	\$32,519,890	\$3,051,433	\$7,164,269	\$257,241	\$69,667	\$51,247	\$77,215	\$41,861	\$0	\$125,422	\$1,196	\$1,834	\$0	\$96,772	\$43,458,047
<i>Private Duty Nursing</i>	\$2,025,420	\$150,964	\$23,568,721	\$0	\$0	\$0	\$0	\$0	\$0	\$681,413	\$8,617,060	\$0	\$0	\$0	\$35,043,578
<i>Subtotal CBLTC</i>	\$158,597,191	\$27,730,486	\$168,461,124	\$257,241	\$72,586	\$57,339	\$98,837	\$41,861	\$0	\$814,640	\$8,735,640	\$1,834	\$0	\$371,127	\$365,239,906
Long Term Care															
<i>Class I Nursing Facilities</i>	\$429,800,296	\$35,077,791	\$79,529,913	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$413,512	\$544,821,512
<i>Class II Nursing Facilities</i>	\$0	\$940,754	\$3,086,671	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,027,425
<i>PACE</i>	\$92,012,316	\$9,636,152	\$4,583,488	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$106,231,956
<i>Subtotal Long Term Care</i>	\$521,812,612	\$45,654,697	\$87,200,072	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$413,512	\$655,080,893
Insurance															
<i>Supplemental Medicare Insurance Benefit</i>	\$64,051,593	\$3,784,418	\$33,667,724	\$0	\$208,437	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,952,181	\$120,664,353
<i>Health Insurance Buy-In</i>	\$4,024	\$12,386	\$2,088,551	\$0	\$18,104	\$0	\$0	\$0	\$0	\$33,646	\$5,756	\$8,693	\$0	\$0	\$2,171,160
<i>Subtotal Insurance</i>	\$64,055,617	\$3,796,804	\$35,756,275	\$0	\$226,541	\$0	\$0	\$0	\$0	\$33,646	\$5,756	\$8,693	\$0	\$18,952,181	\$122,835,513
Service Management															
<i>Single Entry Points</i>	\$12,563,256	\$2,679,600	\$11,733,705	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,976,561
<i>Disease Management</i>	\$93,384	\$66,293	\$549,838	\$395	\$234,603	\$63,345	\$82,131	\$2,367	\$10,162	\$507,479	\$58,690	\$62,639	\$41,489	\$5,351	\$1,778,166
<i>Prepaid Inpatient Health Plan</i>	\$1,140,607	\$630,002	\$4,549,819	\$25,706	\$6,950,514	\$3,063,033	\$4,225,507	\$2,083,927	\$0	\$20,790,763	\$1,707,737	\$492,951	\$0	\$0	\$45,660,566
<i>Subtotal Service Management</i>	\$13,797,247	\$3,375,895	\$16,833,362	\$26,101	\$7,185,117	\$3,126,378	\$4,307,638	\$2,086,294	\$10,162	\$21,298,242	\$1,766,427	\$555,590	\$41,489	\$5,351	\$74,415,293
Medical Services Total	\$853,576,004	\$152,889,598	\$882,130,396	\$9,839,833	\$243,289,513	\$74,785,028	\$101,899,474	\$95,973,185	\$10,372,232	\$545,155,255	\$68,808,109	\$68,743,816	\$41,766,175	\$26,227,495	\$3,175,456,113
Caseload	40,972	9,079	61,728	890	69,197	28,717	41,139	10,975	622	364,502	17,928	7,914	2,584	21,245	677,492
Medical Services Per Capita	\$20,833.15	\$16,839.92	\$14,290.60	\$11,055.99	\$3,515.90	\$2,604.21	\$2,476.96	\$8,744.71	\$16,675.61	\$1,495.62	\$3,838.02	\$8,686.90	\$16,163.38	\$1,234.53	\$4,687.08
Financing	\$206,412,390	\$36,971,878	\$213,317,437	\$2,379,476	\$58,832,453	\$18,084,572	\$24,641,408	\$23,208,308	\$2,508,221	\$131,829,854	\$16,639,229	\$16,623,681	\$10,099,928	\$6,342,353	\$767,891,188
Grand Total Medical Services Premiums	\$1,059,988,394	\$189,861,476	\$1,095,447,833	\$12,219,309	\$302,121,966	\$92,869,600	\$126,540,882	\$119,181,493	\$12,880,453	\$676,985,109	\$85,447,338	\$85,367,497	\$51,866,103	\$32,569,848	\$3,943,347,301
Total Per Capita	\$25,871.04	\$20,912.16	\$17,746.37	\$13,729.56	\$4,366.11	\$3,233.96	\$3,075.93	\$10,859.36	\$20,708.12	\$1,857.29	\$4,766.14	\$10,787.58	\$20,072.02	\$1,533.06	\$5,820.51

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)	Expansion Adults to 60%	Expansion Adults to 100%	Adults without Dependent Children (AwDC)	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$98,123,735	\$79,034,492	\$601,675,760	\$20,899,641	\$252,596,208	\$77,261,379	\$107,371,751	\$164,890,583	\$11,064,208	\$547,514,208	\$59,103,684	\$70,602,653	\$44,860,136	\$7,700,260	\$2,142,698,698
Community Based Long Term Care															
<i>Base CBLTC</i>	\$136,949,693	\$27,078,301	\$152,047,880	\$0	\$3,222	\$6,725	\$23,870	\$0	\$0	\$8,616	\$129,589	\$0	\$0	\$302,880	\$316,550,776
<i>Hospice</i>	\$33,879,703	\$3,292,542	\$7,461,224	\$560,140	\$74,095	\$55,329	\$85,266	\$72,607	\$0	\$139,610	\$1,206	\$1,950	\$0	\$106,640	\$45,730,312
<i>Private Duty Nursing</i>	\$2,256,194	\$169,453	\$26,661,441	\$0	\$0	\$0	\$0	\$0	\$0	\$766,239	\$9,487,535	\$0	\$0	\$0	\$39,340,862
<i>Subtotal CBLTC</i>	\$173,085,590	\$30,540,296	\$186,170,545	\$560,140	\$77,317	\$62,054	\$109,136	\$72,607	\$0	\$914,465	\$9,618,330	\$1,950	\$0	\$409,520	\$401,621,950
Long Term Care															
<i>Class I Nursing Facilities</i>	\$455,841,952	\$37,203,159	\$84,348,641	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$438,567	\$577,832,319
<i>Class II Nursing Facilities</i>	\$0	\$1,102,987	\$3,618,967	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,721,954
<i>PACE</i>	\$108,522,654	\$11,525,385	\$5,538,172	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,586,211
<i>Subtotal Long Term Care</i>	\$564,364,606	\$49,831,531	\$93,505,780	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$438,567	\$708,140,484
Insurance															
<i>Supplemental Medicare Insurance Benefit</i>	\$69,757,154	\$4,356,373	\$37,050,917	\$0	\$232,002	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,465,693	\$133,862,139
<i>Health Insurance Buy-In</i>	\$11,447	\$35,232	\$5,940,874	\$0	\$51,497	\$0	\$0	\$0	\$0	\$95,706	\$16,373	\$24,726	\$0	\$0	\$6,175,855
<i>Subtotal Insurance</i>	\$69,768,601	\$4,391,605	\$42,991,791	\$0	\$283,499	\$0	\$0	\$0	\$0	\$95,706	\$16,373	\$24,726	\$0	\$22,465,693	\$140,037,994
Service Management															
<i>Single Entry Points</i>	\$12,918,796	\$2,974,356	\$12,386,099	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,279,251
<i>Disease Management</i>	\$62,272	\$44,206	\$366,649	\$263	\$156,440	\$42,240	\$54,768	\$1,578	\$6,777	\$338,403	\$39,136	\$41,770	\$27,666	\$3,568	\$1,185,736
<i>Prepaid Inpatient Health Plan</i>	\$1,215,800	\$711,715	\$5,963,201	\$44,514	\$9,443,861	\$4,151,129	\$5,745,284	\$2,043,955	\$0	\$33,080,283	\$2,384,770	\$629,283	\$0	\$0	\$65,413,795
<i>Subtotal Service Management</i>	\$14,196,868	\$3,730,277	\$18,715,949	\$44,777	\$9,600,301	\$4,193,369	\$5,800,052	\$2,045,533	\$6,777	\$33,418,686	\$2,423,906	\$671,053	\$27,666	\$3,568	\$94,878,782
Medical Services Total	\$919,539,400	\$167,528,201	\$943,059,825	\$21,504,558	\$262,557,325	\$81,516,802	\$113,280,939	\$167,008,723	\$11,070,985	\$581,943,065	\$71,162,293	\$71,300,382	\$44,887,802	\$31,017,608	\$3,487,377,908
Caseload	42,119	9,746	63,956	1,928	73,217	30,845	45,195	18,938	666	403,649	17,979	8,370	2,537	23,291	742,436
Medical Services Per Capita	\$21,831.94	\$17,189.43	\$14,745.45	\$11,153.82	\$3,586.02	\$2,642.79	\$2,506.49	\$8,818.71	\$16,623.10	\$1,441.71	\$3,958.08	\$8,519.07	\$17,693.26	\$1,331.74	\$4,697.21
Financing	\$211,607,149	\$38,552,089	\$217,019,737	\$4,948,693	\$60,420,474	\$18,758,889	\$26,068,547	\$38,432,545	\$2,547,688	\$133,918,472	\$16,376,079	\$16,407,856	\$10,329,715	\$7,137,864	\$802,525,797
Grand Total Medical Services Premiums	\$1,131,146,549	\$206,080,290	\$1,160,079,562	\$26,453,251	\$322,977,799	\$100,275,691	\$139,349,486	\$205,441,268	\$13,618,673	\$715,861,537	\$87,538,372	\$87,708,238	\$55,217,517	\$38,155,472	\$4,289,903,705
Total Per Capita	\$26,855.97	\$21,145.11	\$18,138.71	\$13,720.57	\$4,411.24	\$3,250.95	\$3,083.29	\$10,848.10	\$20,448.46	\$1,773.48	\$4,868.92	\$10,479.51	\$21,764.89	\$1,638.21	\$5,778.15

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2014-15	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)	Expansion Adults to 60%	Expansion Adults to 100%	Adults without Dependent Children (AwDC)	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$98,270,128	\$83,694,454	\$612,883,961	\$29,529,182	\$251,016,186	\$77,149,615	\$108,773,018	\$167,676,937	\$11,231,779	\$549,792,535	\$59,689,550	\$72,218,922	\$47,269,954	\$8,947,233	\$2,178,143,454.00
Community Based Long Term Care															
<i>Base CBLTC</i>	\$146,648,442	\$28,995,981	\$162,815,882	\$0	\$3,451	\$7,202	\$25,560	\$0	\$0	\$9,227	\$138,766	\$0	\$0	\$324,330	\$338,968,841
<i>Hospice</i>	\$34,471,496	\$3,458,392	\$7,607,895	\$778,644	\$74,333	\$56,056	\$87,247	\$72,667	\$0	\$144,480	\$1,223	\$2,007	\$0	\$114,614	\$46,869,054
<i>Private Duty Nursing</i>	\$2,428,142	\$183,590	\$29,080,010	\$0	\$0	\$0	\$0	\$0	\$0	\$831,459	\$10,103,797	\$0	\$0	\$0	\$42,626,998
<i>Subtotal CBLTC</i>	\$183,548,080	\$32,637,963	\$199,503,787	\$778,644	\$77,784	\$63,258	\$112,807	\$72,667	\$0	\$985,166	\$10,243,786	\$2,007	\$0	\$438,944	\$428,464,893
Long Term Care															
<i>Class I Nursing Facilities</i>	\$463,021,294	\$37,789,095	\$85,677,101	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$445,474	\$586,932,964
<i>Class II Nursing Facilities</i>	\$0	\$1,198,092	\$3,931,012	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,129,104
<i>PACE</i>	\$121,990,128	\$13,269,151	\$6,324,186	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$141,583,465
<i>Subtotal Long Term Care</i>	\$585,011,422	\$52,256,338	\$95,932,299	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$445,474	\$733,645,533
Insurance															
<i>Supplemental Medicare Insurance Benefit</i>	\$75,321,436	\$4,879,980	\$40,290,347	\$0	\$248,218	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,750,955	\$146,490,936
<i>Health Insurance Buy-In</i>	\$12,522	\$38,540	\$6,498,722	\$0	\$56,333	\$0	\$0	\$0	\$0	\$104,693	\$17,910	\$27,048	\$0	\$0	\$6,755,768
<i>Subtotal Insurance</i>	\$75,333,958	\$4,918,520	\$46,789,069	\$0	\$304,551	\$0	\$0	\$0	\$0	\$104,693	\$17,910	\$27,048	\$0	\$25,750,955	\$153,246,704
Service Management															
<i>Single Entry Points</i>	\$13,234,015	\$3,289,043	\$13,028,938	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,551,996
<i>Disease Management</i>	\$67,433	\$49,657	\$399,250	\$401	\$167,948	\$45,744	\$59,787	\$1,620	\$7,400	\$374,911	\$42,480	\$45,928	\$29,072	\$4,012	\$1,295,643
<i>Prepaid Inpatient Health Plan</i>	\$1,437,791	\$881,876	\$7,694,241	\$59,664	\$12,396,122	\$5,459,152	\$7,555,894	\$2,014,412	\$0	\$43,611,932	\$3,106,743	\$812,315	\$0	\$0	\$85,030,142
<i>Subtotal Service Management</i>	\$14,739,239	\$4,220,576	\$21,122,429	\$60,065	\$12,564,070	\$5,504,896	\$7,615,681	\$2,016,032	\$7,400	\$43,986,843	\$3,149,223	\$858,243	\$29,072	\$4,012	\$115,877,781
Medical Services Total	\$956,902,827	\$177,727,851	\$976,231,545	\$30,367,891	\$263,962,591	\$82,717,769	\$116,501,506	\$169,765,636	\$11,239,179	\$594,869,237	\$73,100,469	\$73,106,220	\$47,299,026	\$35,586,618	\$3,609,378,365
Caseload	43,311	10,397	66,233	2,722	74,601	31,739	46,968	19,250	691	424,262	18,523	8,749	2,533	25,424	775,403
Medical Services Per Capita	\$22,093.76	\$17,094.15	\$14,739.35	\$11,156.46	\$3,538.33	\$2,606.19	\$2,480.44	\$8,818.99	\$16,265.09	\$1,402.13	\$3,946.47	\$8,355.95	\$18,673.13	\$1,399.73	\$4,654.84
Financing	\$215,386,199	\$40,004,194	\$219,736,840	\$6,835,412	\$59,414,496	\$18,618,678	\$26,222,952	\$38,212,005	\$2,529,791	\$133,897,216	\$16,453,951	\$16,455,246	\$10,646,387	\$8,010,078	\$812,423,445
Grand Total Medical Services Premiums	\$1,172,289,026	\$217,732,045	\$1,195,968,385	\$37,203,303	\$323,377,087	\$101,336,447	\$142,724,458	\$207,977,641	\$13,768,970	\$728,766,453	\$89,554,420	\$89,561,466	\$57,945,413	\$43,596,696	\$4,421,801,810
Total Per Capita	\$27,066.77	\$20,941.81	\$18,056.99	\$13,667.64	\$4,334.76	\$3,192.81	\$3,038.76	\$10,804.03	\$19,926.15	\$1,717.73	\$4,834.77	\$10,236.77	\$22,876.20	\$1,714.79	\$5,702.59

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

Item	Long Bill and Special Bills	R-1 Request (November 2012)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Acute Care					
Base Acute Cost	\$2,075,367,335	\$1,992,480,138	(\$82,887,197)		Exhibit F
Bottom Line Impacts					
SB 10-117 OTC MEDS	(\$149,755)	\$0	\$149,755	Delayed Program Implementation	Exhibit F
Physicians to 100% of Medicare: 100% Federally Funded Portion	\$4,950,838	\$2,475,419	(\$2,475,419)		Exhibit F
Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009	\$1,347,828	\$673,914	(\$673,914)		Exhibit F
Managed Care Organization Reconciliation Annualization	\$5,386,882	\$5,386,882	\$0		Exhibit F
Accountable Care Collaborative Savings	(\$12,418,568)	(\$23,086,577)	(\$10,668,009)	Anticipated Program Expansion	Exhibit F
FY 2010-11 BRI-1: "Client Overutilization"	(\$308,869)	(\$308,869)	\$0		Exhibit F
FY 2011-12 BRI-5: "State Allowable Cost Expansion"	(\$166,666)	(\$166,666)	\$0		Exhibit F
FY 2011-12 BRI-5: "Reduce Rates for Diabetes Supplies"	(\$150,066)	(\$150,066)	\$0		Exhibit F
FY 2011-12 BRI-5: "Reduce Payment for Uncomplicated C-Section"	(\$811,545)	(\$811,545)	\$0		Exhibit F
FY 2011-12 BRI-5: "Reduce Payments for Renal Dialysis"	(\$183,455)	(\$183,455)	\$0		Exhibit F
FY 2011-12 BRI-5: "Deny Payment of Hospital Readmissions 48 hrs"	(\$320,094)	(\$320,094)	\$0		Exhibit F
FY 2011-12 BRI-5: "Prior Authorize Certain Radiology"	(\$3,720,409)	(\$3,720,409)	\$0		Exhibit F
FY 2011-12 BRI-5: Limit Acute Home Health Services to 60 days	(\$286,551)	(\$286,551)	\$0		Exhibit F
FY 2011-12 BRI-5: "HMO Impact to Rates"	(\$81,968)	(\$81,968)	\$0		Exhibit F
FY 2011-12 BA-9: "0.75% Provider Rate Reduction"	(\$2,904,019)	(\$2,904,019)	\$0		Exhibit F
FY 2011-12 BA-9: "Limit Fluoride Application Benefit"	(\$6,101)	(\$6,101)	\$0		Exhibit F
FY 2011-12 BA-9: "Limit Dental Prophylaxis Benefit"	(\$31,892)	(\$31,892)	\$0		Exhibit F
FY 2011-12 BA-9: "Limit Oral Hygiene Instruction"	(\$835,251)	(\$835,251)	\$0		Exhibit F
FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	(\$400,840)	\$0	\$400,840	Delayed Program Implementation	Exhibit F
FY 2011-12 BA-9: "Home Health Billing Changes"	(\$636,809)	(\$636,809)	\$0		Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$1,337,761)	(\$3,755,160)	(\$2,417,399)	Revised Pace Enrollment Estimates	Exhibit F
Annualization of HB 10-1005 Telemedicine	\$182,336	\$182,336	\$0		Exhibit F
SB 11-177: "Sunset of Pregnancy Prevention Program"	\$157,953	(\$51,940)	(\$209,893)	Lower than Anticipated Provider Enrollment	Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - NCCI"	(\$209,700)	(\$209,700)	\$0		Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$3,340,516)	(\$1,177,742)	\$2,162,774	Delayed Contract Execution	Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - PARIS"	(\$215,404)	(\$215,404)	\$0		Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - RX COB"	(\$351,262)	(\$321,990)	\$29,272	Implementation of Systems Changes Delayed	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)"	(\$382,297)	(\$382,297)	\$0		Exhibit F
Annualization of FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	(\$275,000)	(\$275,000)	\$0		Exhibit F
Annualization of FY 2009-10 BA-33: "Prior Authorization of Anti-Convulsants"	(\$60,000)	(\$60,000)	\$0		Exhibit F
Annualization of FY 2009-10 BRI-1: "Pharmacy Efficiencies - Auto PA"	(\$1,217,310)	(\$1,217,310)	\$0		Exhibit F
ACA 4107 Smoking Cessation Counseling for Pregnant Women	(\$95,976)	(\$95,976)	\$0		Exhibit F
Community Choice Transitions	\$105,758	\$24,406	(\$81,352)	Revised Enrollment Assumptions	Exhibit F
FY 2012-13 R-6: "Preterm Labor Prevention"	(\$1,034,351)	(\$1,034,351)	\$0		Exhibit F
FY 2012-13 R-6: "Synagis Prior Authorization Review"	(\$208,519)	(\$208,519)	\$0		Exhibit F

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

Item	Long Bill and Special Bills	R-1 Request (November 2012)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
FY 2012-13 R-6: "Expansion of Physician Administered Drug Rebate Program"	(\$679,656)	(\$679,656)	\$0		Exhibit F
FY 2012-13 R-6: "Reimbursement Rate Alignment for Developmental Screenings"	(\$472,127)	(\$472,127)	\$0		Exhibit F
FY 2012-13 R-6: "Physician Administered Drug Pricing and Unit Limits"	(\$57,167)	(\$57,167)	\$0		Exhibit F
FY 2012-13 R-6: "Public Transportation Utilization"	\$406,024	\$406,024	\$0		Exhibit F
FY 2012-13 R-6: "Seroquel Restrictions"	(\$1,236,962)	(\$1,236,962)	\$0		Exhibit F
FY 2012-13 R-6: "Dental Efficiency"	(\$820,798)	\$0	\$820,798	Delayed Program Implementation	Exhibit F
FY 2012-13 R-6: "Augmentative Communication Devices"	(\$492,000)	\$0	\$492,000	Delayed Program Implementation	Exhibit F
FY 2012-13 R-6: "DME Preferred Provider"	(\$1,150,732)	\$0	\$1,150,732	Delayed Program Implementation	Exhibit F
FY 2012-13 R-6: "Pharmacy Rate Methodology Transition"	\$0	(\$5,833,333)	(\$5,833,333)	JBC Did Not Take Savings for This Initiative	Exhibit F
FY 2012-13 R-5: "FQHC/RHC Gainsharing"	\$0	\$0	\$0		Exhibit F
FY 2012-13 R-5: "BHO Gainsharing"	\$0	\$0	\$0		Exhibit F
FY 2012-13 R-5: ACC gainsharing	\$0	\$0	\$0		Exhibit F
SB 12-060 "Improve Medicaid Fraud Prosecution"	(\$52,705)	(\$52,705)	\$0		Exhibit F
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$0	(\$973,744)	(\$973,744)	Revised Per Capita Assumptions	Exhibit F
Total Acute Care	\$2,050,801,853	\$1,957,884,508	(\$92,917,345)		

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

Item	Long Bill and Special Bills	R-1 Request (November 2012)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Community Based Long Term Care					
Base CBLTC Cost	\$358,189,181	\$365,469,091	\$7,279,910		Exhibit G
<i>Bottom Line Impacts</i>					
Annualization of FY 2011-12 BA-9: Medicaid Reductions - 0.50% Rate Reduction	(\$361,468)	(\$361,468)	\$0		Exhibit G
Annualization of BRI-5: Medicaid Reductions - Cap CDASS Wage Rates	(\$1,204,144)	(\$1,204,144)	\$0		Exhibit G
Annualization of HB 10-1146 State-funded Public Assistance Programs	\$376,827	\$376,827	\$0		Exhibit G
Annualization of HB 09-1047 Alternative Therapies for Clients with Spinal Cord Injuries	\$187,440	\$187,440	\$0		Exhibit G
SB 12-159 "Evaluate Children With Autism Medicaid Waiver"	\$6,925	\$6,925	\$0		Exhibit G
Colorado Choice Transitions	\$1,910,160	\$403,767	(\$1,506,393)	Revised Implementation Assumptions	Exhibit G
CDASS State Plan Cash Flow Adjustment	\$0	(\$429,828)	(\$429,828)	Paid for last 2 months of FY 2010-11 and entire FY 2011-12, last year, should only pay for 12 months this year.	Exhibit G
Total Community Based Long Term Care	\$359,466,389	\$365,239,906	\$5,773,517		
Long Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$539,586,490	\$552,970,843	\$13,384,353		Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$4,258,324	\$4,571,186	\$312,862	Revised Caseload Assumptions	Exhibit H
Recoveries from Department Overpayment Review	(\$2,076,753)	(\$2,139,323)	(\$62,570)	Trend Revision	Exhibit H
Savings from days incurred in FY 2011-12 and paid in FY 2012-13 under SB 11-215	(\$723,874)	(\$712,116)	\$11,758	Estimate Revision	Exhibit H
HB 12-1340 1.5% rate reduction Effective July 1, 2012	(\$9,024,676)	(\$9,455,279)	(\$430,603)	Revised Rate and Days Forecast	Exhibit H
Colorado Choice Transitions	(\$2,240,829)	(\$413,799)	\$1,827,030	Delayed Program Implementation	Exhibit H
Total Class I Nursing Facilities	\$529,778,682	\$544,821,512	\$15,042,830		
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities Cost	\$5,216,775	\$4,027,425	(\$1,189,350)		Exhibit H
<i>Bottom Line Impacts</i>					
Census Increases in FY 2012-13	\$0	\$666,420	\$666,420	FY 2011-12 Claims Reflected a Lower Census Than is Expected in FY 2012-13	Exhibit H
Total Class II Nursing Facilities	\$5,216,775	\$4,027,425	(\$1,189,350)		

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

Item	Long Bill and Special Bills	R-1 Request (November 2012)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Program of All Inclusive Care for the Elderly (PACE)					
Base PACE Cost	\$89,649,719	\$106,231,956	\$16,582,237		Exhibit H
Total Program of All-Inclusive Care for the Elderly	\$89,649,719	\$106,231,956	\$16,582,237		
Supplemental Medicare Insurance Benefit (SMIB)					
Base SMIB Cost	\$120,810,425	\$120,664,353	(\$146,072)		Exhibit H
Bottom Line Impacts					
Contractor to Enroll More Clients in Medicare	\$0	\$180,000	\$180,000	Department Initiative to Increase Medicare Enrollment	Exhibit H
Total Supplemental Medicare Insurance Benefit	\$120,810,425	\$120,664,353	(\$146,072)		
Health Insurance Buy-In Program (HIBI)					
Base HIBI Cost	\$1,280,937	\$261,598	(\$1,019,339)		Exhibit H
Bottom Line Impacts					
Annualization of SB 10-167	\$2,442,612	\$1,909,562	(\$533,050)	Delayed Program Implementation	Exhibit H
Total Health Insurance Buy-In Program	\$3,723,549	\$2,171,160	(\$1,552,389)		
Total Long Term Care and Insurance	\$749,179,150	\$777,916,406	\$28,737,256		
Service Management					
Single Entry Points (SEP)					
Single Entry Points (SEP) Base	\$26,976,561	\$26,976,561	\$0		Exhibit I
Total Single Entry Points	\$26,976,561	\$26,976,561	\$0		
Disease Management					
Base Disease Management	\$1,077,316	\$499,489	(\$577,827)		Exhibit I
Bottom Line Impacts					
Smoking Quit line	\$796,154	\$796,154	\$0		Exhibit I
Total Disease Management	\$1,873,470	\$1,778,166	(\$95,304)		
Prepaid Inpatient Health Plan Administration					
Estimated FY 2010-11 Base Expenditures	\$37,074,823	\$44,392,702	\$7,317,879		Exhibit I
Bottom Line Impacts					
Estimated Contract Payment to PIHP for Cost Avoidance	\$1,267,864	\$1,267,864	\$0		Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$38,342,687	\$45,660,566	\$7,317,879		
Total Service Management	\$67,192,718	\$74,415,293	\$7,222,575		
Grand Total Services	\$3,226,640,110	\$3,175,456,113	(\$51,183,997)		
Bottom Line Financing					
Upper Payment Limit Financing	\$4,111,163	\$4,768,240	\$657,077		Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0		Exhibit A
Denver Health Outstationing	\$5,485,699	\$14,066,357	\$8,580,658		Exhibit A
Hospital Provider Fee Supplemental Payments	\$651,089,802	\$648,733,906	(\$2,355,896)		Exhibit J
Nursing Facility Provider Fee Supplemental Payments	\$86,763,011	\$83,842,713	(\$2,920,298)		Exhibit H
Physician Supplemental Payments	\$7,161,512	\$14,294,954	\$7,133,442		Exhibit A
Memorial Hospital High Volume Supplemental Payments	\$4,362,089	\$2,185,018	(\$2,177,071)		Exhibit A
Cash Funds Financing	\$0	\$0	\$0		Exhibit A
Total Bottom Line Financing	\$758,973,276	\$767,891,188	\$8,917,912		

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

Item	Long Bill and Special Bills	R-1 Request (November 2012)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Grand Total⁽¹⁾	\$3,985,613,386	\$3,943,347,301	(\$42,266,085)		
Total Acute Care	\$2,050,801,853	\$1,957,884,508	(\$92,917,345)		
Total Community Based Long Term Care	\$359,466,389	\$365,239,906	\$5,773,517		
Total Class I Nursing Facilities	\$529,778,682	\$544,821,512	\$15,042,830		
Total Class II Nursing Facilities	\$5,216,775	\$4,027,425	(\$1,189,350)		
Total Program of All-Inclusive Care for the Elderly	\$89,649,719	\$106,231,956	\$16,582,237		
Total Supplemental Medicare Insurance Benefit	\$120,810,425	\$120,664,353	(\$146,072)		
Total Health Insurance Buy-In Program	\$3,723,549	\$2,171,160	(\$1,552,389)		
Total Single Entry Point	\$26,976,561	\$26,976,561	\$0		
Total Disease Management	\$1,873,470	\$1,778,166	(\$95,304)		
Total Prepaid Inpatient Health Plan Administration	\$38,342,687	\$45,660,566	\$7,317,879		
Total Bottom Line Financing	\$758,973,276	\$767,891,188	\$8,917,912		
Grand Total⁽¹⁾	\$3,985,613,386	\$3,943,347,301	(\$42,266,085)		

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 in Exhibit A of this Request.

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills FY 2013-14

Item	Base Spending Authority	R-1 Request (November 2012)	Difference	Description of Difference from Base Request
Acute Care				
Base Acute Cost	\$2,075,836,288	\$2,154,410,457	\$78,574,169	Increasing Caseload and Per Capita Costs
<i>Bottom Line Impacts</i>				
SB 10-117: "OTC Medications"	(\$34,526)	(\$149,755)	(\$115,229)	Savings Shifted From Prior Year Due to Implementation Timing
Physicians to 100% of Medicare: 100% Federally Funded Portion	\$10,397,552	\$10,397,552	\$0	
Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009	\$2,560,873	\$2,560,873	\$0	
Accountable Care Collaborative Savings	\$0	(\$23,753,345)	(\$23,753,345)	Anticipated Program Expansion
Estimated Impact of Increasing PACE Enrollment	(\$1,357,426)	(\$2,680,144)	(\$1,322,718)	Increasing Enrollment in PACE Program
Annualization of SB 10-167: "Colorado False Claims Act - RX COB"	\$0	\$0	\$0	Savings Shifted From Prior Year Due to Implementation Timing
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	\$0	(\$4,409,106)	(\$4,409,106)	Savings Shifted From Prior Year Due to Implementation Timing
Community Choice Transitions	\$97,623	\$128,130	\$30,507	
FY 2010-11 BRI-1: "Client Overutilization"	\$0	(\$789,331)	(\$789,331)	Savings Shifted From Prior Year Due to Implementation Timing
FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	\$0	(\$555,067)	(\$555,067)	Savings Shifted From Prior Year Due to Implementation Timing
FY 2012-13 R-6: "Dental Efficiency"	\$0	(\$1,449,199)	(\$1,449,199)	Savings Shifted From Prior Year Due to Implementation Timing
FY 2012-13 R-6: "Augmentative Communication Devices"	\$0	(\$492,000)	(\$492,000)	Savings Shifted From Prior Year Due to Implementation Timing
FY 2012-13 R-6: "Pharmacy Rate Methodology Transition"	\$0	(\$8,166,667)	(\$8,166,667)	JBC Did Not Take Savings for This Initiative
FY 2012-13 R-5: "FQHC/RHC Gainsharing"	(\$2,143,647)	(\$2,143,647)	\$0	
FY 2012-13 R-5: "BHO Gainsharing"	(\$2,059,364)	(\$2,059,364)	\$0	
53 Pay Periods in FY 2013-14	\$0	\$32,659,616	\$32,659,616	Adjustment Added for Additional Pay Period in FY 2013-14
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$0	(\$4,954,426)	(\$4,954,426)	Revised Per Capita Estimates
Total Bottom Line Impacts	\$7,461,085	(\$5,855,879)	(\$13,316,964)	
Total Acute Care	\$2,083,297,373	\$2,142,698,698	\$59,401,325	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills FY 2013-14

Item	Base Spending Authority	R-1 Request (November 2012)	Difference	Description of Difference from Base Request
Community Based Long Term Care				
Base CBLTC Cost	\$357,717,470	\$393,213,209	\$35,495,739	
<i>Bottom Line Impacts</i>				
Annualization of HB 09-1047 Alternative Therapies for Clients with Spinal Cord Injuries	(\$14,305)	(\$14,305)	\$0	
Annualization of SB 12-159 "Evaluate Children With Autism Medicaid Waiver"	\$0	\$0	\$0	
Adjustment for 53 pay periods	\$0	\$4,897,511	\$4,897,511	Adjustment Added to Account for Additional Pay Period in FY 2013-14
Colorado Choice Transitions	\$1,763,224	\$3,511,230	\$1,748,006	Delayed Implementation Shifted Costs Between Fiscal Years
CLLI Audit Recommendations	\$0	\$415,615	\$415,615	
Total Community Based Long Term Care	\$359,466,389	\$401,621,950	\$42,155,561	
Long Term Care and Insurance				
Class I Nursing Facilities				
Base Class I Nursing Facility Cost	\$541,239,898	\$573,477,376	\$32,237,478	
<i>Bottom Line Impacts</i>				
Hospital Back Up Program	\$4,258,324	\$4,571,186	\$312,862	Revised Forecast
Recoveries from Department Overpayment Review	(\$2,180,694)	(\$2,218,264)	(\$37,570)	Revised Forecast
Savings from days incurred in FY 2012-13 and paid in FY 2013-14 under HB 12-1340	\$0	(\$739,092)	(\$739,092)	Cash-flow Adjustment
Colorado Choice Transitions	(\$4,514,170)	(\$3,889,710)	\$624,460	Delayed Implementation Shifted Savings Between Fiscal Years
Estimated Expenditures from Additional Payment Cycle	\$0	\$6,630,823	\$6,630,823	Adjustment Added to Account for Additional Pay Period in FY 2013-14
Total Class I Nursing Facilities	\$538,803,358	\$577,832,319	\$39,028,961	
Class II Nursing Facilities				
Base Class II Nursing Facilities	\$5,216,775	\$4,721,954	(\$494,821)	
Total Class II Nursing Facilities	\$5,216,775	\$4,721,954	(\$494,821)	
Program of All Inclusive Care for the Elderly (PACE)				
Base PACE Cost	\$89,649,719	\$0	(\$89,649,719)	
Total Program of All-Inclusive Care for the Elderly	\$89,649,719	\$125,586,211	\$35,936,492	
Supplemental Medicare Insurance Benefit (SMIB)				
Base SMIB	\$120,810,425	\$133,862,139	\$13,051,714	
Total Supplemental Medicare Insurance Benefit	\$120,810,425	\$133,862,139	\$13,051,714	
Health Insurance Buy-In Program (HIBI)				
Base HIBI Cost	\$3,723,549	\$3,263,183	(\$460,366)	
<i>Bottom Line Impacts</i>				
Total Health Insurance Buy-In Program	\$3,723,549	\$6,175,855	\$2,452,306	
Total Long Term Care and Insurance	\$874,489,274	\$848,178,478	(\$26,310,796)	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills FY 2013-14

Item	Base Spending Authority	R-1 Request (November 2012)	Difference	Description of Difference from Base Request
Service Management				
<i>Single Entry Points (SEP)</i>				
FY 2012-13 Base Contracts	\$26,976,561	\$28,279,251	\$1,302,690	
Total Single Entry Points	\$26,976,561	\$28,279,251	\$1,302,690	
<i>Disease Management</i>				
Base Disease Management	\$0	\$0	\$0	
<i>Bottom Line Impacts</i>				
Smoking Quit line	\$1,281,040	\$1,185,736	(\$95,304)	
Total Disease Management	\$1,281,040	\$1,185,736	(\$95,304)	
<i>Prepaid Inpatient Health Plan Administration</i>				
Estimated FY 2010-11 Base Expenditures	\$37,482,129	\$64,145,931	\$26,663,802	
<i>Bottom Line Impacts</i>				
Estimated Contract Payment to PIHP for Cost Avoidance	\$860,558	\$1,267,864	\$407,306	Revised Forecast
Total Prepaid Inpatient Health Plan Administration	\$38,342,687	\$65,413,795	\$27,071,108	
Total Service Management	\$66,600,288	\$94,878,782	\$28,278,494	
Grand Total Services	\$3,383,853,324	\$3,487,377,908	\$103,524,584	
Bottom Line Financing				
Upper Payment Limit Financing	\$4,111,163	\$5,162,991	\$1,051,828	Revised Forecast
Department Recoveries Adjustment	\$0	\$0	\$0	
Denver Health Outstationing	\$5,485,699	\$14,066,357	\$8,580,658	Revised Forecast
Hospital Provider Fee Supplemental Payments	\$651,089,802	\$683,597,029	\$32,507,227	Revised Forecast
Nursing Facility Provider Fee Supplemental Payments	\$86,763,011	\$86,274,152	(\$488,859)	Revised Forecast
Physician Supplemental Payments	\$7,161,512	\$11,240,250	\$4,078,738	Revised Forecast
Memorial Hospital High Volume Supplemental Payments	\$4,353,611	\$2,185,018	(\$2,168,593)	Revised Forecast
Cash Funds Financing ⁽¹⁾	\$0	\$0	\$0	
Total Bottom Line Financing	\$758,964,798	\$802,525,797	\$43,560,999	
Grand Total⁽²⁾	\$4,142,818,122	\$4,289,903,705	\$147,085,583	
Total Acute Care	\$2,083,297,373	\$2,142,698,698	\$59,401,325	
Total Community Based Long Term Care	\$359,466,389	\$401,621,950	\$42,155,561	
Total Class I Nursing Facilities	\$538,803,358	\$577,832,319	\$39,028,961	
Total Class II Nursing Facilities	\$5,216,775	\$4,721,954	(\$494,821)	
Total Program of All-Inclusive Care for the Elderly	\$89,649,719	\$125,586,211	\$35,936,492	
Total Supplemental Medicare Insurance Benefit	\$120,810,425	\$133,862,139	\$13,051,714	
Total Health Insurance Buy-In Program	\$3,723,549	\$6,175,855	\$2,452,306	
Total Single Entry Point	\$26,976,561	\$28,279,251	\$1,302,690	
Total Disease Management	\$1,281,040	\$1,185,736	(\$95,304)	
Total Prepaid Inpatient Health Plan Administration	\$38,342,687	\$65,413,795	\$27,071,108	
Total Bottom Line Financing	\$758,964,798	\$802,525,797	\$43,560,999	
Rounding Adjustment	(\$1)	\$0	\$1	
Grand Total⁽²⁾	\$4,026,532,673	\$4,289,903,705	\$263,371,032	
Footnotes				
(1) The Department has not received a FY 2014-15 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.				