

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% FPL	Expansion Adults to 133% FPL	Adults without Dependent Children (AwDC)	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens Emergency Services	Partial Dual Eligibles	TOTAL
Acute Care	\$110,532,492	\$81,914,621	\$605,042,170	\$37,967,231	\$268,989,770	\$80,797,065	\$127,333,002	\$393,973,308	\$10,019,612	\$641,493,799	\$61,528,437	\$130,617,152	\$43,936,423	\$9,091,412	\$2,603,236,494
Community Based Long-Term Care															
<i>Base CBLTC</i>	\$151,215,314	\$29,949,821	\$172,349,602	\$57,347	\$9,775	\$10,678	\$47,972	\$9,344	\$0	\$20,522	\$83,439	\$0	\$0	\$266,892	\$354,020,706
<i>Hospice</i>	\$32,881,784	\$3,056,601	\$6,679,249	\$389,885	\$128,419	\$57,642	\$117,964	\$796,679	\$0	\$42,044	\$0	\$0	\$0	\$42,975	\$44,193,242
<i>Private Duty Nursing</i>	\$3,098,741	\$738,284	\$32,602,810	\$24,568	\$0	\$0	\$0	\$0	\$0	\$1,524,739	\$10,819,068	\$0	\$0	\$0	\$48,808,210
Subtotal CBLTC	\$187,195,839	\$33,744,706	\$211,631,661	\$471,800	\$138,194	\$68,320	\$165,936	\$806,023	\$0	\$1,587,305	\$10,902,507	\$0	\$0	\$309,867	\$447,022,158
Long-Term Care															
<i>Class I Nursing Facilities</i>	\$433,571,810	\$36,872,519	\$81,349,759	\$0	\$0	\$0	\$0	\$12,889	\$0	\$0	\$0	\$0	\$0	\$258,387	\$552,065,364
<i>Class II Nursing Facilities</i>	\$137,984	\$629,394	\$3,064,899	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,832,277
<i>PACE</i>	\$97,228,858	\$11,258,363	\$5,563,999	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$114,051,220
Subtotal Long-Term Care	\$530,938,652	\$48,760,276	\$89,978,657	\$0	\$0	\$0	\$0	\$12,889	\$0	\$0	\$0	\$0	\$0	\$258,387	\$669,948,861
Insurance															
<i>Supplemental Medicare Insurance Benefit</i>	\$68,079,271	\$4,022,365	\$35,804,770	\$0	\$230,046	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,934,145	\$128,070,597
<i>Health Insurance Buy-In</i>	\$4,692	\$2,685	\$2,216,774	\$0	\$10,717	\$0	\$0	\$0	\$0	\$8,626	\$3,097	\$0	\$0	\$0	\$2,246,591
Subtotal Insurance	\$68,083,963	\$4,025,050	\$38,021,544	\$0	\$240,763	\$0	\$0	\$0	\$0	\$8,626	\$3,097	\$0	\$0	\$19,934,145	\$130,317,188
Service Management															
<i>Single Entry Points</i>	\$11,836,994	\$3,027,142	\$14,103,512	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,967,648
<i>Disease Management</i>	\$35,122	\$42,408	\$307,419	\$11,156	\$289,303	\$83,817	\$112,008	\$76,806	\$224	\$162,805	\$56,156	\$94,009	\$961	\$8,846	\$1,281,040
<i>Prepaid Inpatient Health Plan</i>	\$1,357,047	\$709,117	\$6,082,958	\$98,182	\$9,833,769	\$4,216,924	\$7,688,753	\$12,465,139	\$0	\$44,234,616	\$2,376,355	\$817,704	\$0	\$0	\$89,880,564
Subtotal Service Management	\$13,229,163	\$3,778,667	\$20,493,889	\$109,338	\$10,123,072	\$4,300,741	\$7,800,761	\$12,541,945	\$224	\$44,397,421	\$2,432,511	\$911,713	\$961	\$8,846	\$120,129,252
Medical Services Total	\$909,980,109	\$172,223,320	\$965,167,921	\$38,548,369	\$279,491,799	\$85,166,126	\$135,299,699	\$407,334,165	\$10,019,836	\$687,487,151	\$74,866,552	\$131,528,865	\$43,937,384	\$29,602,657	\$3,970,653,953
Caseload	42,146	9,825	64,762	2,515	81,258	30,960	53,752	73,694	581	421,603	17,752	14,611	2,489	22,909	838,857
Medical Services Per Capita	\$21,591.14	\$17,529.09	\$14,903.31	\$15,327.38	\$3,439.57	\$2,750.87	\$2,517.13	\$5,527.37	\$17,235.96	\$1,630.65	\$4,217.36	\$9,002.15	\$17,652.63	\$1,292.18	\$4,733.41
Financing	\$199,521,241	\$37,761,496	\$211,621,660	\$8,452,073	\$61,281,065	\$18,673,431	\$29,665,664	\$89,311,642	\$2,196,938	\$150,737,679	\$16,415,158	\$28,838,875	\$9,633,663	\$6,490,646	\$870,601,231
Grand Total Medical Services Premiums	\$1,109,501,350	\$209,984,816	\$1,176,789,581	\$47,000,442	\$340,772,864	\$103,839,557	\$164,965,363	\$496,645,807	\$12,216,774	\$838,224,830	\$91,281,710	\$160,367,740	\$53,571,047	\$36,093,303	\$4,841,255,184
Total Per Capita	\$26,325.19	\$21,372.50	\$18,170.99	\$18,688.05	\$4,193.73	\$3,354.02	\$3,069.03	\$6,739.30	\$21,015.09	\$1,988.18	\$5,142.05	\$10,975.96	\$21,523.12	\$1,575.51	\$5,771.25

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% FPL	Expansion Adults to 133% FPL	Adults without Dependent Children (AwDC)	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens Emergency Services	Partial Dual Eligibles	TOTAL
Acute Care	\$117,286,490	\$85,663,195	\$620,116,001	\$55,863,121	\$290,464,398	\$88,927,006	\$162,217,172	\$903,182,339	\$834,968	\$638,969,350	\$62,030,802	\$146,951,808	\$44,398,552	\$10,535,918	\$3,227,441,120
Community Based Long-Term Care															
<i>Base CBLTC</i>	\$163,350,278	\$32,353,282	\$186,180,586	\$61,949	\$10,560	\$11,535	\$51,822	\$10,093	\$0	\$22,169	\$90,135	\$0	\$0	\$288,310	\$382,430,719
<i>Hospice</i>	\$33,137,089	\$3,264,497	\$6,894,934	\$563,951	\$142,194	\$65,308	\$149,908	\$1,763,516	\$0	\$44,955	\$0	\$0	\$0	\$46,367	\$46,072,719
<i>Private Duty Nursing</i>	\$3,276,343	\$785,134	\$34,766,235	\$26,212	\$0	\$0	\$0	\$0	\$0	\$1,637,292	\$11,276,200	\$0	\$0	\$0	\$51,767,416
Subtotal CBLTC	\$199,763,710	\$36,402,913	\$227,841,755	\$652,112	\$152,754	\$76,843	\$201,730	\$1,773,609	\$0	\$1,704,416	\$11,366,335	\$0	\$0	\$334,677	\$480,270,854
Long-Term Care															
<i>Class I Nursing Facilities</i>	\$437,070,588	\$37,170,067	\$82,006,224	\$0	\$0	\$0	\$0	\$12,993	\$0	\$0	\$0	\$0	\$0	\$260,472	\$556,520,344
<i>Class II Nursing Facilities</i>	\$152,224	\$694,347	\$3,381,197	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,227,768
<i>PACE</i>	\$109,801,162	\$13,408,594	\$6,855,197	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$130,064,953
Subtotal Long-Term Care	\$547,023,974	\$51,273,008	\$92,242,618	\$0	\$0	\$0	\$0	\$12,993	\$0	\$0	\$0	\$0	\$0	\$260,472	\$690,813,065
Insurance															
<i>Supplemental Medicare Insurance Benefit</i>	\$70,940,496	\$4,379,212	\$37,609,419	\$0	\$261,886	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,850,616	\$135,041,629
<i>Health Insurance Buy-In</i>	\$10,839	\$6,202	\$5,120,796	\$0	\$24,756	\$0	\$0	\$0	\$0	\$19,927	\$7,154	\$0	\$0	\$0	\$5,189,674
Subtotal Insurance	\$70,951,335	\$4,385,414	\$42,730,215	\$0	\$286,642	\$0	\$0	\$0	\$0	\$19,927	\$7,154	\$0	\$0	\$21,850,616	\$140,231,303
Service Management															
<i>Single Entry Points</i>	\$12,208,676	\$3,234,501	\$14,865,102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,308,279
<i>Disease Management</i>	\$35,122	\$42,408	\$307,419	\$11,156	\$289,303	\$83,817	\$112,008	\$76,806	\$0	\$162,805	\$56,156	\$94,009	\$961	\$8,846	\$1,280,816
<i>Prepaid Inpatient Health Plan</i>	\$1,333,653	\$859,941	\$7,709,219	\$129,971	\$13,388,088	\$5,923,188	\$15,907,888	\$28,617,465	\$0	\$41,207,725	\$3,071,123	\$971,962	\$0	\$0	\$119,120,223
Subtotal Service Management	\$13,577,451	\$4,136,850	\$22,881,740	\$141,127	\$13,677,391	\$6,007,005	\$16,019,896	\$28,694,271	\$0	\$41,370,530	\$3,127,279	\$1,065,971	\$961	\$8,846	\$150,709,318
Medical Services Total	\$948,602,960	\$181,861,380	\$1,005,812,329	\$56,656,360	\$304,581,185	\$95,010,854	\$178,438,798	\$933,663,212	\$834,968	\$682,064,223	\$76,531,570	\$148,017,779	\$44,399,513	\$32,990,529	\$4,689,465,660
Caseload	43,419	10,537	67,132	3,653	90,349	35,223	68,592	163,808	-	452,674	18,248	16,465	2,473	24,820	997,393
Medical Services Per Capita	\$21,847.65	\$17,259.31	\$14,982.61	\$15,509.54	\$3,371.17	\$2,697.40	\$2,601.45	\$5,699.74	\$0.00	\$1,506.74	\$4,193.97	\$8,989.58	\$17,953.71	\$1,329.19	\$4,701.72
Financing	\$178,783,087	\$34,275,392	\$189,565,328	\$10,678,017	\$57,404,379	\$17,906,684	\$33,630,339	\$175,967,393	\$157,366	\$128,548,562	\$14,423,896	\$27,896,893	\$8,367,971	\$6,217,721	\$883,823,028
Grand Total Medical Services Premiums	\$1,127,386,047	\$216,136,772	\$1,195,377,657	\$67,334,377	\$361,985,564	\$112,917,538	\$212,069,137	\$1,109,630,605	\$992,334	\$810,612,785	\$90,955,466	\$175,914,672	\$52,767,484	\$39,208,250	\$5,573,288,688
Total Per Capita	\$25,965.27	\$20,512.17	\$17,806.38	\$18,432.62	\$4,006.54	\$3,205.78	\$3,091.74	\$6,773.97	\$0.00	\$1,790.72	\$4,984.41	\$10,683.84	\$21,337.44	\$1,579.70	\$5,587.85

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2015-16	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% FPL	Expansion Adults to 133% FPL	Adults without Dependent Children (AwDC)	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens Emergency Services	Partial Dual Eligibles	TOTAL
Acute Care	\$120,366,349	\$89,522,579	\$648,396,609	\$67,595,686	\$304,263,875	\$96,982,268	\$173,765,410	\$1,058,074,506	\$0	\$646,130,199	\$64,210,552	\$145,541,265	\$46,756,961	\$11,935,474	\$3,473,541,733
Community Based Long-Term Care															
<i>Base CBLTC</i>	\$176,903,133	\$35,037,570	\$201,627,625	\$67,089	\$11,436	\$12,492	\$56,122	\$10,931	\$0	\$24,008	\$97,613	\$0	\$0	\$312,230	\$414,160,249
<i>Hospice</i>	\$33,950,944	\$3,472,579	\$7,111,825	\$673,365	\$156,607	\$75,126	\$158,409	\$1,996,607	\$0	\$47,401	\$0	\$0	\$0	\$50,168	\$47,693,031
<i>Private Duty Nursing</i>	\$3,663,170	\$882,149	\$39,140,086	\$29,517	\$0	\$0	\$0	\$0	\$0	\$1,849,953	\$12,456,151	\$0	\$0	\$0	\$58,021,026
Subtotal CBLTC	\$214,517,247	\$39,392,298	\$247,879,536	\$769,971	\$168,043	\$87,618	\$214,531	\$2,007,538	\$0	\$1,921,362	\$12,553,764	\$0	\$0	\$362,398	\$519,874,306
Long-Term Care															
<i>Class I Nursing Facilities</i>	\$449,266,056	\$38,207,214	\$84,294,423	\$0	\$0	\$0	\$0	\$13,356	\$0	\$0	\$0	\$0	\$0	\$267,740	\$572,048,789
<i>Class II Nursing Facilities</i>	\$154,903	\$706,568	\$3,450,173	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,311,644
<i>PACE</i>	\$122,350,678	\$15,243,580	\$7,949,374	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$145,543,632
Subtotal Long-Term Care	\$571,771,637	\$54,157,362	\$95,693,970	\$0	\$0	\$0	\$0	\$13,356	\$0	\$0	\$0	\$0	\$0	\$267,740	\$721,904,065
Insurance															
<i>Supplemental Medicare Insurance Benefit</i>	\$74,553,955	\$4,792,192	\$39,845,689	\$0	\$297,251	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,296,343	\$143,785,430
<i>Health Insurance Buy-In</i>	\$11,857	\$6,784	\$5,601,639	\$0	\$27,081	\$0	\$0	\$0	\$0	\$21,798	\$7,826	\$0	\$0	\$0	\$5,676,985
Subtotal Insurance	\$74,565,812	\$4,798,976	\$45,447,328	\$0	\$324,332	\$0	\$0	\$0	\$0	\$21,798	\$7,826	\$0	\$0	\$24,296,343	\$149,462,415
Service Management															
<i>Single Entry Points</i>	\$12,571,274	\$3,434,070	\$15,655,925	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,661,269
<i>Disease Management</i>	\$36,168	\$45,309	\$318,901	\$13,377	\$320,192	\$96,971	\$118,803	\$87,651	\$0	\$172,786	\$58,286	\$94,101	\$991	\$9,721	\$1,373,257
<i>Prepaid Inpatient Health Plan</i>	\$1,051,091	\$1,006,002	\$9,018,627	\$152,047	\$15,662,046	\$6,929,238	\$18,609,833	\$33,478,124	\$0	\$46,505,809	\$3,592,750	\$1,137,050	\$0	\$0	\$137,142,617
Subtotal Service Management	\$13,658,533	\$4,485,381	\$24,993,453	\$165,424	\$15,982,238	\$7,026,209	\$18,728,636	\$33,565,775	\$0	\$46,678,595	\$3,651,036	\$1,231,151	\$991	\$9,721	\$170,177,143
Medical Services Total	\$994,879,578	\$192,356,596	\$1,062,410,896	\$68,531,081	\$320,738,488	\$104,096,095	\$192,708,577	\$1,093,661,175	\$0	\$694,751,954	\$80,423,178	\$146,772,416	\$46,757,952	\$36,871,676	\$5,034,959,662
Caseload	44,652	11,271	69,629	4,386	100,060	40,744	72,885	186,491	-	479,961	18,924	16,480	2,540	27,004	1,075,027
Medical Services Per Capita	\$22,280.74	\$17,066.51	\$15,258.17	\$15,624.96	\$3,205.46	\$2,554.88	\$2,644.01	\$5,864.42	\$0.00	\$1,447.52	\$4,249.80	\$8,906.09	\$18,408.64	\$1,365.42	\$4,683.57
Financing	\$175,342,387	\$33,901,856	\$187,244,431	\$12,078,249	\$56,528,501	\$18,346,399	\$33,963,891	\$192,752,132	\$0	\$122,446,442	\$14,174,170	\$25,867,880	\$8,240,847	\$6,498,442	\$887,385,627
Grand Total Medical Services Premiums	\$1,170,221,965	\$226,258,452	\$1,249,655,327	\$80,609,330	\$377,266,989	\$122,442,494	\$226,672,468	\$1,286,413,307	\$0	\$817,198,396	\$94,597,348	\$172,640,296	\$54,998,799	\$43,370,118	\$5,922,345,289
Total Per Capita	\$26,207.60	\$20,074.39	\$17,947.34	\$18,378.78	\$3,770.41	\$3,005.17	\$3,110.00	\$6,897.99	\$0.00	\$1,702.63	\$4,998.80	\$10,475.75	\$21,653.07	\$1,606.06	\$5,509.02

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

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2013)	S-1 Difference from R-1	Description of Difference from Appropriation	Department Source
Acute Care						
Base Acute Cost	\$2,435,899,271	\$2,523,058,593	\$2,480,784,674	\$42,273,919	Trends for Some Populations Changed Based on FY 2013-14 6-Month Actuals	Exhibit F
<i>Bottom Line Impacts</i>						
SB 10-117: "OTC MEDS"	(\$149,755)	\$0	\$0	\$0	Savings Shifted From Prior Year Due to Implementation Timing	Exhibit F
Physicians to 100% of Medicare: 100% Federally Funded Portion	\$10,397,552	\$31,918,911	\$31,305,493	\$613,418	Significantly Higher Volume of Code Utilization for Applicable Services	Exhibit F
Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009	\$2,560,873	\$3,512,863	\$1,768,437	\$1,744,426	Significantly Higher Volume of Code Utilization for Applicable Services	Exhibit F
Accountable Care Collaborative Savings	(\$23,753,345)	(\$47,117,881)	(\$34,157,154)	(\$12,960,727)	Anticipated Program Expansion	Exhibit F
FY 2010-11 BRI-1: "Client Overutilization"	(\$789,331)	(\$394,666)	(\$591,998)	\$197,332	Savings Shifted From Prior Year Due to Implementation Timing	Exhibit F
FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	(\$555,067)	\$0	\$0	\$0	Savings Shifted From Prior Year Due to Implementation Timing	Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$2,680,144)	(\$1,514,552)	(\$1,965,656)	\$451,104	Increasing Enrollment in PACE Program	Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - RX COB"	\$0	\$0	\$0	\$0		Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$4,409,106)	(\$97,720)	(\$1,932,762)	\$1,835,042	Savings Shifted From Prior Year Due to Implementation Timing	Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - NCCI"	(\$629,100)	(\$629,100)	(\$629,100)	\$0	Savings Shifted From Prior Year Due to Implementation Timing	Exhibit F
Colorado Choice Transitions	\$128,130	\$54,357	\$56,947	(\$2,590)	Savings Shifted From Prior Year Due to Implementation Timing	Exhibit F
FY 2012-13 R-6: "Dental Efficiency"	(\$1,449,199)	(\$1,449,199)	(\$1,449,199)	\$0	Savings Shifted From Prior Year Due to Implementation Timing	Exhibit F
FY 2012-13 R-6: "Augmentative Communication Devices"	(\$492,000)	\$0	(\$369,000)	\$369,000	Savings Shifted From Prior Year Due to Implementation Timing	Exhibit F
FY 2012-13 R-6: "Pharmacy Rate Methodology Transition"	\$0	(\$8,166,667)	(\$8,166,667)	\$0		Exhibit F
FY 2012-13 R-5: "ACC Gainsharing"	(\$12,369,678)	(\$2,802,007)	(\$2,802,007)	\$0	Revised Estimates, includes FQHC/RHC and BHO Gainsharing	Exhibit F
Presumptive Eligibility Settlement	\$0	(\$3,075,000)	(\$3,075,000)	\$0	One-time Settlement	Exhibit F
53 Pay Periods in FY 2013-14	\$32,659,616	\$38,288,901	\$32,659,616	\$5,629,285	Adjustment Added for Additional Pay Period in FY 2013-14	Exhibit F
SB 11-008: "Aligning Medicaid Eligibility for Children"	(\$4,954,426)	(\$6,785,756)	(\$12,001,745)	\$5,215,989	Revised Per Capita Estimates - Increased Caseload	Exhibit F
FY 2013-14 R-7: "Substance Abuse Disorder Benefit"	\$415,440	\$415,440	\$415,440	\$0		Exhibit F
FY 2013-14 R-9: "Dental ASO for Children"	(\$576,072)	(\$576,072)	(\$576,072)	\$0		Exhibit F
FY 2013-14 R-13: "2% Provider Rate Increase"	\$57,507,296	\$47,899,071	\$47,899,071	\$0	JBC Additional Rate Increase	Exhibit F
SB 13-242: "Adult Dental Benefit"	\$32,858,915	\$32,858,915	\$32,858,915	\$0		Exhibit F
Preventive Services	\$0	\$646,789	\$646,789	\$0	Implementation of Section	Exhibit F
NEMT Utilization Adjustment in Contract	\$0	\$3,000,000	\$3,000,000	\$0	Higher than Expected Utilization	Exhibit F
Fluoride Benefit Expansion for Children	\$0	\$315,385	\$315,385	\$0	New Policy	Exhibit F
Total Acute Care	\$2,519,619,870	\$2,603,236,494	\$2,563,994,407	\$39,242,087		
Community Based Long-Term Care						
Base CBLTC Cost	\$359,900,544	\$414,110,803	\$408,212,901	\$5,897,902		Exhibit G
<i>Bottom Line Impacts</i>						
Annualization of HB 09-1047 "Alternative Therapies for Clients with Spinal Cord Injuries"	(\$14,305)	(\$14,305)	(\$14,305)	\$0		Exhibit G
Annualization of SB 12-159 "Evaluate Children With Autism Waiver"	\$0	\$6,925	\$6,925	\$0	Implementation Shifted Out a Year	Exhibit G
Adjustment of 53 Pay Periods	\$4,897,511	\$5,223,933	\$4,897,511	\$326,422	Adjustment Added to Account for Additional Pay Period in FY 2013-14	Exhibit G
Colorado Choice Transitions	\$3,511,230	\$1,366,255	\$1,130,547	\$235,708	Delayed Implementation Shifted Costs Between Fiscal Years	Exhibit G
CLLI Audit Recommendations - not going to be implemented	\$415,615	\$0	\$256,780	(\$256,780)	Delayed Implementation Shifted Costs Between Fiscal Years	Exhibit G
8.26% Rate Adjustment	\$0	\$26,328,547	\$26,328,547	\$0	JBC Additional Rate Increase	Exhibit G
Total Community Based Long-Term Care	\$401,621,950	\$447,022,158	\$440,818,906	\$6,203,252		

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

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2013)	S-1 Difference from R-1	Description of Difference from Appropriation	Department Source
Long-Term Care and Insurance						
<i>Class I Nursing Facilities</i>						
Base Class I Nursing Facility Cost	\$574,100,672	\$552,688,660	\$552,655,265	\$33,395		Exhibit H
<i>Bottom Line Impacts</i>						
Hospital Back Up Program	\$4,571,186	\$5,741,009	\$4,878,895	\$862,114	Revised Forecast	Exhibit H
Recoveries from Department Overpayment Review	(\$2,218,264)	(\$1,600,000)	(\$1,600,000)	\$0	Revised Forecast	Exhibit H
Savings from days incurred in FY 2012-13 and paid in FY 2013-14 under HB 12-1340	(\$739,092)	(\$664,479)	(\$704,843)	\$40,364	Cash Flow Adjustment	Exhibit H
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	\$0	(\$9,442,977)	(\$9,410,173)	(\$32,804)	New Policy	Exhibit H
Colorado Choice Transitions	(\$3,889,710)	(\$1,073,176)	(\$1,293,544)	\$220,368	Delayed Implementation Shifted Costs Between Fiscal Years	Exhibit H
Estimated Expenditure from Additional Payment Cycle	\$6,630,823	\$6,416,327	\$6,416,113	\$214	Adjustment Added to Account for Additional Pay Period in FY 2013-14	Exhibit H
Total Class I Nursing Facilities	\$577,832,319	\$552,065,364	\$550,941,713	\$1,123,651		
<i>Class II Nursing Facilities</i>						
Base Class II Nursing Facilities Cost	\$4,721,954	\$3,832,277	\$4,368,568	(\$536,291)		Exhibit H
<i>Bottom Line Impacts</i>						
Total Class II Nursing Facilities	\$4,721,954	\$3,832,277	\$4,368,568	(\$536,291)		
<i>Program of All Inclusive Care for the Elderly (PACE)</i>						
Base PACE Cost	\$125,586,211	\$114,051,220	\$115,448,268	(\$1,397,048)		Exhibit H
<i>Bottom Line Impacts</i>						
Total Program of All-Inclusive Care for the Elderly	\$125,586,211	\$114,051,220	\$115,448,268	(\$1,397,048)		
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>						
Base SMIB Cost	\$133,862,139	\$128,070,597	\$132,946,522	(\$4,875,925)	Medicare Part B Premium Remained Constant	Exhibit H
<i>Bottom Line Impacts</i>						
Total Supplemental Medicare Insurance Benefit	\$133,862,139	\$128,070,597	\$132,946,522	(\$4,875,925)		
<i>Health Insurance Buy-In Program (HIBI)</i>						
Base HIBI Cost	\$5,806,530	\$1,978,796	\$1,978,796	\$0		Exhibit H
<i>Bottom Line Impacts</i>						
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$369,325	\$267,795	\$267,795	\$0	Delayed Program Implementation	Exhibit H
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$2,073,287	\$708,640	\$708,640	\$0	Delayed Program Implementation	Exhibit H
Total Health Insurance Buy-In Program	\$6,175,855	\$2,246,591	\$2,246,591	\$0		
Total Long-Term Care and Insurance	\$848,178,478	\$800,266,049	\$805,951,662	(\$5,685,613)		
Service Management						
<i>Single Entry Points (SEP)</i>						
Single Entry Points (SEP) Base	\$28,279,251	\$28,399,655	\$28,386,249	\$13,406		Exhibit I
<i>Bottom Line Impacts</i>						
2% Rate Increase	\$0	\$567,993	\$567,726	\$267	JBC Additional Rate Increase	Exhibit I
Total Single Entry Points	\$28,279,251	\$28,967,648	\$28,953,975	\$13,673		
<i>Disease Management</i>						
Base Disease Management	\$0	\$957,110	\$957,110	\$0		Exhibit I
<i>Bottom Line Impacts</i>						
Smoking Quit line	\$1,185,736	\$323,930	\$323,930	\$0		Exhibit I
Total Disease Management	\$1,185,736	\$1,281,040	\$1,281,040	\$0		
<i>Prepaid Inpatient Health Plan Administration</i>						
Estimated FY 2010-11 Base Expenditures	\$64,145,931	\$88,612,700	\$77,601,529	\$11,011,171	Enrollment of Expansion Population Earlier than Expected	Exhibit I
<i>Bottom Line Impacts</i>						
Estimated Contract Payment to PIHP for Cost Avoidance	\$1,267,864	\$1,267,864	\$1,267,864	\$0		Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$65,413,795	\$89,880,564	\$78,869,393	\$11,011,171		
Total Service Management	\$94,878,782	\$120,129,252	\$109,104,408	\$11,024,844		

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

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2013)	S-1 Difference from R-1	Description of Difference from Appropriation	Department Source
Grand Total Services	\$3,864,299,080	\$3,970,653,953	\$3,919,869,383	\$50,784,570		
Bottom Line Financing						
Upper Payment Limit Financing	\$5,162,991	\$7,140,859	\$6,129,709	\$1,011,150		Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0	\$0		Exhibit A
Denver Health Outstationing	\$14,066,357	\$6,964,536	\$6,964,536	\$0		Exhibit A
Hospital Provider Fee Supplemental Payments	\$683,597,029	\$683,597,029	\$683,597,029	\$0		Exhibit J
Nursing Facility Provider Fee Supplemental Payments	\$86,274,152	\$88,859,861	\$88,633,218	\$226,643		Exhibit H
Physician Supplemental Payments	\$11,240,250	\$13,483,709	\$13,483,709	\$0		Exhibit A
Memorial Hospital High Volume Supplemental Payments	\$2,185,018	\$555,237	\$555,237	\$0		Exhibit A
Cash Funds Financing	\$0	\$0	\$0	\$0		Exhibit A
Intergovernmental Transfer for Difficult to Discharge Clients	\$70,000,000	\$70,000,000	\$70,000,000	\$0		
Total Bottom Line Financing	\$872,525,797	\$870,601,231	\$869,363,438	\$1,237,793		
Grand Total⁽¹⁾	\$4,736,824,877	\$4,841,255,184	\$4,789,232,821	\$52,022,363		
Total Acute Care	\$2,519,619,870	\$2,603,236,494	\$2,563,994,407	\$39,242,087		
Total Community Based Long-Term Care	\$401,621,950	\$447,022,158	\$440,818,906	\$6,203,252		
Total Class I Nursing Facilities	\$577,832,319	\$552,065,364	\$550,941,713	\$1,123,651		
Total Class II Nursing Facilities	\$4,721,954	\$3,832,277	\$4,368,568	(\$536,291)		
Total Program of All-Inclusive Care for the Elderly	\$125,586,211	\$114,051,220	\$115,448,268	(\$1,397,048)		
Total Supplemental Medicare Insurance Benefit	\$133,862,139	\$128,070,597	\$132,946,522	(\$4,875,925)		
Total Health Insurance Buy-In Program	\$6,175,855	\$2,246,591	\$2,246,591	\$0		
Total Single Entry Point	\$28,279,251	\$28,967,648	\$28,953,975	\$13,673		
Total Disease Management	\$1,185,736	\$1,281,040	\$1,281,040	\$0		
Total Prepaid Inpatient Health Plan Administration	\$65,413,795	\$89,880,564	\$78,869,393	\$11,011,171		
Total Bottom Line Financing	\$872,525,797	\$870,601,231	\$869,363,438	\$1,237,793		
Grand Total⁽¹⁾	\$4,736,824,877	\$4,841,255,184	\$4,789,232,821	\$52,022,363		

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 2014-15

Item	Base Spending Authority	S-1 Request and Budget Actions	R-1 Request (November 2013)	Difference	Description of Difference from Base Request
Acute Care					
Base Acute Cost	\$3,081,061,421	\$3,301,530,654	\$3,255,475,777	\$46,054,877	Increasing Caseload and Per Capita Costs
<i>Bottom Line Impacts</i>					
Physicians to 100% of Medicare: 100% Federally Funded Portion	\$22,343,660	(\$9,575,251)	(\$9,575,251)	\$0	Significantly Higher Volume of Code Utilization for Applicable Services
Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009	\$1,647,048	(\$1,865,815)	(\$1,768,437)	(\$97,378)	Significantly Higher Volume of Code Utilization for Applicable Services
Accountable Care Collaborative Savings	(\$91,329,004)	(\$44,211,123)	(\$22,526,311)	(\$21,684,812)	Anticipated Program Expansion
FY 2010-11 BRI-1: "Client Overutilization"	(\$789,331)	(\$394,665)	(\$197,333)	(\$197,332)	Savings Shifted From Prior Year Due to Implementation Timing
FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	\$0	\$0	(\$277,534)	\$277,534	
Estimated Impact of Increasing PACE Enrollment	(\$4,767,775)	(\$3,253,223)	(\$2,621,180)	(\$632,043)	Increasing Enrollment in PACE Program
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$1,539,007)	(\$1,441,287)	(\$1,932,762)	\$491,475	Savings Shifted From Prior Year Due to Implementation Timing
Colorado Choice Transitions	\$241,196	\$186,839	\$191,178	(\$4,339)	Delayed Implementation
FY 2012-13 R-6: "Augmentative Communication Devices"	(\$451,000)	(\$451,000)	(\$123,000)	(\$328,000)	Savings Shifted From Prior Year Due to Implementation Timing
FY 2012-13 R-5: "ACC Gainsharing"	(\$4,203,011)	(\$1,401,004)	(\$1,401,004)	\$0	Revised Estimates, includes FQHC/RHC and BHO Gainsharing
53 Pay Periods in FY 2013-14	\$0	(\$38,288,901)	(\$37,557,127)	(\$731,774)	Adjustment Added for Additional Pay Period in FY 2013-14
FY 2013-14 R#7: "Substance Use Disorder Benefit"	(\$1,070,542)	(\$1,485,982)	(\$1,485,982)	\$0	Savings Shifted From Prior Year Due to Implementation Timing
FY 2013-14 R#9: "Dental ASO for Children"	(\$576,072)	\$0	\$0	\$0	Savings Shifted From Prior Year Due to Implementation Timing
FY 2013-14 R#13: "2% Provider Rate Increase"	\$52,422,254	\$4,523,183	\$4,523,183	\$0	Implementation Timing - Annualization
SB 13-242: "Adult Dental Benefit"	\$86,207,397	\$53,348,482	\$53,348,482	\$0	Implementation Timing - Annualization
Preventive Services	\$1,293,578	\$646,789	\$646,789	\$0	Implementation Timing - Annualization
Fluoride Benefit Expansion for Children	\$630,770	\$315,385	\$315,385	\$0	Implementation Timing - Annualization
Total Acute Care	\$3,104,255,510	\$3,227,441,120	\$3,182,899,424	\$44,541,696	
Community Based Long-Term Care					
Base CBLTC Cost	\$365,747,274	\$477,314,913	\$471,419,746	\$5,895,167	
<i>Bottom Line Impacts</i>					
Annualization of Adjustment for 53 Pay Periods in FY 2013-14	\$0	(\$5,223,933)	(\$4,897,511)	(\$326,422)	Adjustment Added for Additional Pay Period in FY 2013-14
Colorado Choice Transitions	\$6,307,418	\$4,941,163	\$4,149,710	\$791,453	Delayed Implementation
CLLI Audit Recommendations	\$669,816	\$669,816	\$513,560	\$156,256	Implementation Timing - Annualization
Annualization of 8.26% Rate Adjustment	\$28,897,442	\$2,568,895	\$2,568,895	\$0	Implementation Timing - Annualization
Total Community Based Long-Term Care	\$401,621,950	\$480,270,854	\$473,754,400	\$6,516,454	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2014-15

Item	Base Spending Authority	S-1 Request and Budget Actions	R-1 Request (November 2013)	Difference	Description of Difference from Base Request
Long-Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$595,642,292	\$567,290,694	\$569,246,631	(\$1,955,937)	
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$12,524,610	\$6,783,601	\$5,555,598	\$1,228,003	Revised Forecast
Recoveries from Department Overpayment Review	(\$3,258,080)	(\$1,658,080)	(\$1,658,080)	\$0	Revised Forecast
Savings from days incurred in FY 2013-14 and paid in FY 2014-15 under HB 13-1152	(\$1,337,172)	(\$672,693)	(\$713,735)	\$41,042	Cash Flow Adjustment
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$19,102,652)	(\$9,659,675)	(\$9,666,232)	\$6,557	Policy Adjustment
Colorado Choice Transitions	(\$6,636,679)	(\$5,563,503)	(\$5,783,973)	\$220,470	Delayed Implementation
Total Class I Nursing Facilities	\$577,832,319	\$556,520,344	\$556,980,209	(\$459,865)	
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities	\$4,721,954	\$4,227,768	\$4,452,321	(\$224,553)	
<i>Bottom Line Impacts</i>					
Total Class II Nursing Facilities	\$4,721,954	\$4,227,768	\$4,452,321	(\$224,553)	
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
Base PACE Cost	\$125,586,211	\$130,064,953	\$131,409,787	(\$1,344,834)	
<i>Bottom Line Impacts</i>					
Total Program of All-Inclusive Care for the Elderly	\$125,586,211	\$130,064,953	\$131,409,787	(\$1,344,834)	
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB	\$133,862,139	\$135,041,629	\$147,186,884	(\$12,145,255)	
<i>Bottom Line Impacts</i>					
Total Supplemental Medicare Insurance Benefit	\$133,862,139	\$135,041,629	\$147,186,884	(\$12,145,255)	
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Cost	\$6,175,855	\$5,189,674	\$5,189,674	\$0	
<i>Bottom Line Impacts</i>					
Total Health Insurance Buy-In Program	\$6,175,855	\$5,189,674	\$5,189,674	\$0	
Total Long-Term Care and Insurance	\$848,178,478	\$831,044,368	\$845,218,875	(\$14,174,507)	
Service Management					
<i>Single Entry Points (SEP)</i>					
FY 2012-13 Base Contracts	\$28,279,251	\$30,308,279	\$30,326,331	(\$18,052)	
<i>Bottom Line Impacts</i>					
Total Single Entry Points	\$28,279,251	\$30,308,279	\$30,326,331	(\$18,052)	
<i>Disease Management</i>					
Base Disease Management	\$1,185,736	\$1,280,816	\$1,280,849	(\$33)	
<i>Bottom Line Impacts</i>					
Total Disease Management	\$1,185,736	\$1,280,816	\$1,280,849	(\$33)	
<i>Prepaid Inpatient Health Plan Administration</i>					
Estimated FY 2010-11 Base Expenditures	\$65,413,795	\$119,120,223	\$88,750,379	\$30,369,844	
<i>Bottom Line Impacts</i>					
Total Prepaid Inpatient Health Plan Administration	\$65,413,795	\$119,120,223	\$88,750,379	\$30,369,844	
Total Service Management	\$94,878,782	\$150,709,318	\$120,357,559	\$30,351,759	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2014-15

Item	Base Spending Authority	S-1 Request and Budget Actions	R-1 Request (November 2013)	Difference	Description of Difference from Base Request
Grand Total Services	\$4,448,934,720	\$4,689,465,660	\$4,622,230,258	\$67,235,402	
Bottom Line Financing					
Upper Payment Limit Financing	\$5,162,991	\$7,403,928	\$6,366,903	\$1,037,025	Revised Forecast
Department Recoveries Adjustment	\$0	\$0	\$0	\$0	
Denver Health Outstationing	\$14,066,357	\$6,964,536	\$6,964,536	\$0	Revised Forecast
Hospital Provider Fee Supplemental Payments	\$683,597,029	\$693,330,144	\$693,330,144	\$0	Revised Forecast
Nursing Facility Provider Fee Supplemental Payments	\$86,274,152	\$92,085,474	\$91,850,604	\$234,870	Revised Forecast
Physician Supplemental Payments	\$11,240,250	\$13,483,709	\$13,483,709	\$0	Revised Forecast
Memorial Hospital High Volume Supplemental Payments	\$2,185,018	\$555,237	\$555,237	\$0	Revised Forecast
Intergovernmental Transfer for Difficult to Discharge Clients	\$70,000,000	\$70,000,000	\$70,000,000	\$0	
Cash Funds Financing ⁽¹⁾	\$0	\$0	\$0	\$0	
Total Bottom Line Financing	\$872,525,797	\$883,823,028	\$882,551,133	\$1,271,895	
Grand Total⁽²⁾	\$5,321,460,517	\$5,573,288,688	\$5,504,781,391	\$68,507,297	
Total Acute Care	\$3,104,255,510	\$3,227,441,120	\$3,182,899,424	\$44,541,696	
Total Community Based Long-Term Care	\$401,621,950	\$480,270,854	\$473,754,400	\$6,516,454	
Total Class I Nursing Facilities	\$577,832,319	\$556,520,344	\$556,980,209	(\$459,865)	
Total Class II Nursing Facilities	\$4,721,954	\$4,227,768	\$4,452,321	(\$224,553)	
Total Program of All-Inclusive Care for the Elderly	\$125,586,211	\$130,064,953	\$131,409,787	(\$1,344,834)	
Total Supplemental Medicare Insurance Benefit	\$133,862,139	\$135,041,629	\$147,186,884	(\$12,145,255)	
Total Health Insurance Buy-In Program	\$6,175,855	\$5,189,674	\$5,189,674	\$0	
Total Single Entry Point	\$28,279,251	\$30,308,279	\$30,326,331	(\$18,052)	
Total Disease Management	\$1,185,736	\$1,280,816	\$1,280,849	(\$33)	
Total Prepaid Inpatient Health Plan Administration	\$65,413,795	\$119,120,223	\$88,750,379	\$30,369,844	
Total Bottom Line Financing	\$872,525,797	\$883,823,028	\$882,551,133	\$1,271,895	
Rounding Adjustment	\$0	\$0	\$0	\$0	
Grand Total⁽²⁾	\$5,321,460,517	\$5,573,288,688	\$5,504,781,391	\$68,507,297	

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.