

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	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
<b>Acute Care</b>	\$108,357,987	\$86,975,523	\$517,005,551	\$28,571,426	\$484,871,743	\$207,413,265	\$1,208,785,211	\$3,738,812	\$802,541,562	\$86,660,156	\$56,552,334	\$153,254,763	\$16,034,423	\$38,215,597	\$17,228,692	\$3,816,207,045
<b>Community Based Long-Term Care</b>																
<i>Base CBLTC</i>	\$163,276,567	\$35,388,288	\$186,805,488	\$1,670,588	\$715,822	\$99,873	\$1,562,125	\$0	\$1,139,441	\$2,839	\$315,514	\$32,087	\$0	\$0	\$1,095,032	\$392,103,664
<i>Hospice</i>	\$35,972,841	\$4,243,093	\$7,341,191	\$290,261	\$370,682	\$245,396	\$4,102,833	\$5,122	\$227,878	\$3,774	\$42,832	\$0	\$0	\$0	\$0	\$52,845,903
<i>Private Duty Nursing &amp; Long-Term Home Health</i>	\$33,528,168	\$10,493,391	\$199,623,115	\$2,496,900	\$348,405	\$69,681	\$1,514,733	\$0	\$28,952,140	\$819,108	\$27,873,689	\$0	\$0	\$0	\$23,227	\$305,742,557
<b>Subtotal CBLTC</b>	<b>\$232,777,576</b>	<b>\$50,124,772</b>	<b>\$393,769,794</b>	<b>\$4,457,749</b>	<b>\$1,434,909</b>	<b>\$414,950</b>	<b>\$7,179,691</b>	<b>\$5,122</b>	<b>\$30,319,459</b>	<b>\$825,721</b>	<b>\$28,232,035</b>	<b>\$32,087</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,118,259</b>	<b>\$750,692,124</b>
<b>Long-Term Care</b>																
<i>Class I Nursing Facilities</i>	\$490,324,730	\$42,681,323	\$89,313,728	\$162,637	\$289,705	\$14,119	\$2,388,642	\$0	\$0	\$0	\$163,360	\$0	\$0	\$0	\$82,025	\$625,420,269
<i>Class II Nursing Facilities</i>	\$457,791	\$507,212	\$3,799,667	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,764,670
<i>PACE</i>	\$114,481,358	\$14,873,021	\$6,336,782	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$135,691,161
<b>Subtotal Long-Term Care</b>	<b>\$605,263,879</b>	<b>\$58,061,556</b>	<b>\$99,450,177</b>	<b>\$162,637</b>	<b>\$289,705</b>	<b>\$14,119</b>	<b>\$2,388,642</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$163,360</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$82,025</b>	<b>\$765,876,100</b>
<b>Insurance</b>																
<i>Supplemental Medicare Insurance Benefit</i>	\$83,045,848	\$4,839,121	\$43,911,656	\$0	\$275,176	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,949,799	\$157,021,600
<i>Health Insurance Buy-In</i>	\$10,883	\$13,604	\$1,333,130	\$0	\$16,324	\$27,207	\$24,485	\$0	\$95,224	\$0	\$0	\$8,162	\$0	\$0	\$0	\$1,529,019
<b>Subtotal Insurance</b>	<b>\$83,056,731</b>	<b>\$4,852,725</b>	<b>\$45,244,786</b>	<b>\$0</b>	<b>\$291,500</b>	<b>\$27,207</b>	<b>\$24,485</b>	<b>\$0</b>	<b>\$95,224</b>	<b>\$0</b>	<b>\$0</b>	<b>\$8,162</b>	<b>\$0</b>	<b>\$0</b>	<b>\$24,949,799</b>	<b>\$158,550,619</b>
<b>Service Management</b>																
<i>Single Entry Points</i>	\$9,319,240	\$2,585,742	\$19,556,026	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,461,008
<i>Disease Management</i>	\$8,232	\$21,647	\$145,304	\$9,050	\$211,327	\$78,847	\$390,096	\$0	\$0	\$0	\$29,418	\$84,586	\$9,735	\$0	\$0	\$988,242
<i>ACC and PIHP Administration</i>	\$2,732,466	\$1,027,690	\$7,744,841	\$379,532	\$18,730,637	\$9,232,123	\$37,870,065	\$0	\$57,642,070	\$7,623,978	\$2,536,567	\$1,155,455	\$141,187	\$0	\$0	\$146,816,611
<b>Subtotal Service Management</b>	<b>\$12,059,938</b>	<b>\$3,635,079</b>	<b>\$27,446,171</b>	<b>\$388,582</b>	<b>\$18,941,964</b>	<b>\$9,310,970</b>	<b>\$38,260,161</b>	<b>\$0</b>	<b>\$57,642,070</b>	<b>\$7,623,978</b>	<b>\$2,565,985</b>	<b>\$1,240,041</b>	<b>\$150,922</b>	<b>\$0</b>	<b>\$0</b>	<b>\$179,265,861</b>
<b>Medical Services Total</b>	<b>\$1,041,516,111</b>	<b>\$203,649,655</b>	<b>\$1,082,916,479</b>	<b>\$33,580,394</b>	<b>\$505,829,821</b>	<b>\$217,180,511</b>	<b>\$1,256,638,190</b>	<b>\$3,743,934</b>	<b>\$890,598,315</b>	<b>\$95,109,855</b>	<b>\$87,513,714</b>	<b>\$154,535,053</b>	<b>\$16,185,345</b>	<b>\$38,215,597</b>	<b>\$43,378,775</b>	<b>\$5,670,591,749</b>
Caseload	42,235	10,541	69,387	6,122	169,718	85,399	317,851	293	470,946	59,725	19,796	14,370	1,678	2,689	32,330	1,303,080
Medical Services Per Capita	\$24,660.02	\$19,319.77	\$15,606.91	\$5,485.20	\$2,980.41	\$2,543.13	\$3,953.54	\$12,777.93	\$1,891.08	\$1,592.46	\$4,420.78	\$10,754.01	\$9,645.62	\$14,211.82	\$1,341.75	\$4,351.68
Financing	\$100,603,388	\$38,326,645	\$152,818,429	\$8,672,201	\$140,898,252	\$41,872,666	\$376,629,575	\$0	\$200,387,478	\$18,977,892	\$13,425,767	\$68,961,832	\$7,080,680	\$32,094,593	\$9,528	\$1,200,758,926
<b>Grand Total Medical Services Premiums</b>	<b>\$1,142,119,499</b>	<b>\$241,976,300</b>	<b>\$1,235,734,908</b>	<b>\$42,252,595</b>	<b>\$646,728,073</b>	<b>\$259,053,177</b>	<b>\$1,633,267,765</b>	<b>\$3,743,934</b>	<b>\$1,090,985,793</b>	<b>\$114,087,747</b>	<b>\$100,939,481</b>	<b>\$223,496,885</b>	<b>\$23,266,025</b>	<b>\$70,310,190</b>	<b>\$43,388,303</b>	<b>\$6,871,350,675</b>
Total Per Capita	\$27,042.01	\$22,955.73	\$17,809.31	\$6,901.76	\$3,810.60	\$3,033.45	\$5,138.47	\$12,777.93	\$2,316.58	\$1,910.22	\$5,098.98	\$15,553.02	\$13,865.33	\$26,147.34	\$1,342.04	\$5,273.16

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FY 2016-17	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
<b>Acute Care</b>	\$99,330,577	\$86,616,372	\$502,823,585	\$29,083,584	\$494,473,950	\$216,018,475	\$1,291,560,508	\$1,933,297	\$802,805,601	\$91,124,783	\$55,064,903	\$153,689,277	\$16,219,361	\$38,690,531	\$20,519,576	\$3,899,954,380
<b>Community Based Long-Term Care</b>																
<i>Base CBLTC</i>	\$184,318,294	\$39,874,306	\$228,305,784	\$2,137,072	\$814,561	\$112,990	\$1,760,939	\$0	\$1,860,355	\$3,000	\$685,715	\$36,308	\$0	\$0	\$1,237,306	\$461,146,630
<i>Hospice</i>	\$38,045,093	\$4,495,211	\$7,557,375	\$280,490	\$433,454	\$263,057	\$4,503,769	\$2,719	\$241,469	\$4,124	\$43,277	\$0	\$0	\$0	\$0	\$55,870,038
<i>Private Duty Nursing &amp; Long-Term Home Health</i>	\$36,766,607	\$11,486,192	\$221,485,280	\$2,751,834	\$379,966	\$75,993	\$1,656,054	\$0	\$32,282,388	\$895,654	\$31,500,517	\$0	\$0	\$0	\$25,332	\$339,305,817
<b>Subtotal CBLTC</b>	<b>\$259,129,994</b>	<b>\$55,855,709</b>	<b>\$457,348,439</b>	<b>\$5,169,396</b>	<b>\$1,627,981</b>	<b>\$452,040</b>	<b>\$7,920,762</b>	<b>\$2,719</b>	<b>\$34,384,212</b>	<b>\$902,778</b>	<b>\$32,229,509</b>	<b>\$36,308</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,262,638</b>	<b>\$856,322,485</b>
<b>Long-Term Care</b>																
<i>Class I Nursing Facilities</i>	\$515,645,395	\$44,885,413	\$93,925,943	\$171,036	\$304,665	\$14,848	\$2,511,993	\$0	\$0	\$0	\$171,796	\$0	\$0	\$0	\$86,261	\$657,717,350
<i>Class II Nursing Facilities</i>	\$483,839	\$536,072	\$4,015,868	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,035,779
<i>PACE</i>	\$131,341,494	\$17,494,870	\$7,189,673	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$156,026,037
<b>Subtotal Long-Term Care</b>	<b>\$647,470,728</b>	<b>\$62,916,355</b>	<b>\$105,131,484</b>	<b>\$171,036</b>	<b>\$304,665</b>	<b>\$14,848</b>	<b>\$2,511,993</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$171,796</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$86,261</b>	<b>\$818,779,166</b>
<b>Insurance</b>																
<i>Supplemental Medicare Insurance Benefit</i>	\$91,100,484	\$5,444,129	\$48,719,325	\$0	\$322,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,442,300	\$176,029,043
<i>Health Insurance Buy-In</i>	\$13,321	\$16,652	\$1,631,776	\$0	\$19,981	\$33,302	\$29,970	\$0	\$116,556	\$0	\$0	\$9,990	\$0	\$0	\$0	\$1,871,548
<b>Subtotal Insurance</b>	<b>\$91,113,805</b>	<b>\$5,460,781</b>	<b>\$50,351,101</b>	<b>\$0</b>	<b>\$342,786</b>	<b>\$33,302</b>	<b>\$29,970</b>	<b>\$0</b>	<b>\$116,556</b>	<b>\$0</b>	<b>\$0</b>	<b>\$9,990</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,442,300</b>	<b>\$177,900,591</b>
<b>Service Management</b>																
<i>Single Entry Points</i>	\$9,782,406	\$2,713,478	\$20,524,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,019,933
<i>Disease Management</i>	\$8,138	\$22,669	\$147,828	\$8,670	\$231,899	\$83,397	\$424,960	\$0	\$0	\$0	\$29,511	\$85,164	\$9,860	\$0	\$0	\$1,052,096
<i>ACC and PIHP Administration</i>	\$4,224,822	\$1,364,134	\$9,955,723	\$396,712	\$22,028,272	\$10,715,783	\$44,847,131	\$0	\$64,656,491	\$8,688,957	\$2,736,378	\$1,271,555	\$151,639	\$0	\$0	\$171,037,597
<b>Subtotal Service Management</b>	<b>\$14,015,366</b>	<b>\$4,100,281</b>	<b>\$30,627,600</b>	<b>\$405,382</b>	<b>\$22,260,171</b>	<b>\$10,799,180</b>	<b>\$45,272,091</b>	<b>\$0</b>	<b>\$64,656,491</b>	<b>\$8,688,957</b>	<b>\$2,765,889</b>	<b>\$1,356,719</b>	<b>\$161,499</b>	<b>\$0</b>	<b>\$0</b>	<b>\$205,109,626</b>
<b>Medical Services Total</b>	<b>\$1,111,060,470</b>	<b>\$214,949,498</b>	<b>\$1,146,282,209</b>	<b>\$34,829,398</b>	<b>\$519,009,553</b>	<b>\$227,317,845</b>	<b>\$1,347,295,324</b>	<b>\$1,936,016</b>	<b>\$901,962,860</b>	<b>\$100,716,518</b>	<b>\$90,232,097</b>	<b>\$155,092,294</b>	<b>\$16,380,860</b>	<b>\$38,690,531</b>	<b>\$52,310,775</b>	<b>\$5,958,066,248</b>
Caseload	42,831	11,058	70,731	5,858	185,519	90,649	345,496	154	494,148	64,623	19,806	14,459	1,700	2,746	36,113	1,385,891
Medical Services Per Capita	\$25,940.57	\$19,438.37	\$16,206.22	\$5,945.61	\$2,797.61	\$2,507.67	\$3,899.60	\$12,571.53	\$1,825.29	\$1,558.52	\$4,555.80	\$10,726.35	\$9,635.80	\$14,089.78	\$1,448.53	\$4,299.09
Financing	\$67,429,515	\$25,668,276	\$102,431,710	\$5,793,467	\$94,385,228	\$28,082,221	\$252,418,126	\$0	\$134,295,777	\$12,713,441	\$9,012,059	\$46,186,804	\$4,747,424	\$21,484,106	\$0	\$804,648,154
<b>Grand Total Medical Services Premiums</b>	<b>\$1,178,489,985</b>	<b>\$240,617,774</b>	<b>\$1,248,713,919</b>	<b>\$40,622,865</b>	<b>\$613,394,781</b>	<b>\$255,400,066</b>	<b>\$1,599,713,450</b>	<b>\$1,936,016</b>	<b>\$1,036,258,637</b>	<b>\$113,429,959</b>	<b>\$99,244,156</b>	<b>\$201,279,098</b>	<b>\$21,128,284</b>	<b>\$60,174,637</b>	<b>\$52,310,775</b>	<b>\$6,762,714,402</b>
Total Per Capita	\$27,514.88	\$21,759.61	\$17,654.41	\$6,934.60	\$3,306.37	\$2,817.46	\$4,630.19	\$12,571.53	\$2,097.06	\$1,755.26	\$5,010.81	\$13,920.68	\$12,428.40	\$21,913.56	\$1,448.53	\$4,879.69

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FY 2017-18	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
<b>Acute Care</b>	\$101,961,131	\$90,298,292	\$517,632,740	\$35,621,293	\$505,232,290	\$221,707,220	\$1,313,959,653	\$662,148	\$835,441,619	\$97,277,969	\$55,299,444	\$155,507,434	\$16,420,058	\$38,692,759	\$23,204,264	\$4,008,918,314
<b>Community Based Long-Term Care</b>																
<i>Base CBLTC</i>	\$201,416,598	\$43,474,055	\$246,955,210	\$2,305,280	\$889,376	\$123,482	\$1,915,953	\$0	\$2,003,595	\$3,248	\$707,003	\$39,684	\$0	\$0	\$1,350,634	\$501,184,118
<i>Hospice</i>	\$39,879,964	\$4,727,810	\$7,852,141	\$330,535	\$485,248	\$275,400	\$4,551,552	\$940	\$252,218	\$4,445	\$43,415	\$0	\$0	\$0	\$0	\$58,403,668
<i>Private Duty Nursing &amp; Long-Term Home Health</i>	\$40,287,209	\$12,559,469	\$246,002,339	\$3,032,980	\$413,669	\$82,734	\$1,808,239	\$0	\$36,057,933	\$978,123	\$35,714,949	\$0	\$0	\$0	\$27,578	\$376,965,222
<b>Subtotal CBLTC</b>	<b>\$281,583,771</b>	<b>\$60,761,334</b>	<b>\$500,809,690</b>	<b>\$5,668,795</b>	<b>\$1,788,293</b>	<b>\$481,616</b>	<b>\$8,275,744</b>	<b>\$940</b>	<b>\$38,313,746</b>	<b>\$985,816</b>	<b>\$36,465,367</b>	<b>\$39,684</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,378,212</b>	<b>\$936,553,008</b>
<b>Long-Term Care</b>																
<i>Class I Nursing Facilities</i>	\$533,360,151	\$46,427,430	\$97,152,724	\$176,912	\$315,132	\$15,358	\$2,598,292	\$0	\$0	\$0	\$177,698	\$0	\$0	\$0	\$89,225	\$680,312,922
<i>Class II Nursing Facilities</i>	\$497,628	\$551,350	\$4,130,320	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,179,298
<i>PACE</i>	\$146,138,945	\$19,933,203	\$8,100,932	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$174,173,080
<b>Subtotal Long-Term Care</b>	<b>\$679,996,724</b>	<b>\$66,911,983</b>	<b>\$109,383,976</b>	<b>\$176,912</b>	<b>\$315,132</b>	<b>\$15,358</b>	<b>\$2,598,292</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$177,698</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$89,225</b>	<b>\$859,665,300</b>
<b>Insurance</b>																
<i>Supplemental Medicare Insurance Benefit</i>	\$95,682,144	\$5,907,874	\$51,997,491	\$0	\$353,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,344,357	\$189,285,604
<i>Health Insurance Buy-In</i>	\$16,748	\$20,937	\$2,051,723	\$0	\$25,124	\$41,872	\$37,683	\$0	\$146,553	\$0	\$0	\$12,561	\$0	\$0	\$0	\$2,353,201
<b>Subtotal Insurance</b>	<b>\$95,698,892</b>	<b>\$5,928,811</b>	<b>\$54,049,214</b>	<b>\$0</b>	<b>\$378,862</b>	<b>\$41,872</b>	<b>\$37,683</b>	<b>\$0</b>	<b>\$146,553</b>	<b>\$0</b>	<b>\$0</b>	<b>\$12,561</b>	<b>\$0</b>	<b>\$0</b>	<b>\$35,344,357</b>	<b>\$191,638,805</b>
<b>Service Management</b>																
<i>Single Entry Points</i>	\$10,256,853	\$2,846,438	\$21,523,570	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,626,861
<i>Disease Management</i>	\$8,259	\$23,741	\$152,944	\$10,174	\$242,683	\$86,941	\$427,653	\$0	\$0	\$0	\$29,480	\$85,169	\$9,866	\$0	\$0	\$1,076,910
<i>ACC and PIHP Administration</i>	\$4,280,682	\$1,405,830	\$10,386,492	\$478,529	\$23,732,808	\$11,663,323	\$46,343,464	\$0	\$68,308,896	\$9,341,562	\$2,838,389	\$1,320,026	\$158,265	\$0	\$0	\$180,258,266
<b>Subtotal Service Management</b>	<b>\$14,545,794</b>	<b>\$4,276,009</b>	<b>\$32,063,006</b>	<b>\$488,703</b>	<b>\$23,975,491</b>	<b>\$11,750,264</b>	<b>\$46,771,117</b>	<b>\$0</b>	<b>\$68,308,896</b>	<b>\$9,341,562</b>	<b>\$2,867,869</b>	<b>\$1,405,195</b>	<b>\$168,131</b>	<b>\$0</b>	<b>\$0</b>	<b>\$215,962,037</b>
<b>Medical Services Total</b>	<b>\$1,173,786,312</b>	<b>\$228,176,429</b>	<b>\$1,213,938,626</b>	<b>\$41,955,703</b>	<b>\$531,690,068</b>	<b>\$233,996,330</b>	<b>\$1,371,642,489</b>	<b>\$663,088</b>	<b>\$942,210,814</b>	<b>\$107,605,347</b>	<b>\$94,810,378</b>	<b>\$156,964,874</b>	<b>\$16,588,189</b>	<b>\$38,692,759</b>	<b>\$60,016,058</b>	<b>\$6,212,737,464</b>
Caseload	43,469	11,581	73,179	6,874	194,146	94,501	347,685	53	513,962	69,358	19,785	14,460	1,701	2,748	40,374	1,433,876
Medical Services Per Capita	\$27,002.84	\$19,702.65	\$16,588.62	\$6,103.54	\$2,738.61	\$2,476.13	\$3,945.07	\$12,511.09	\$1,833.23	\$1,551.45	\$4,792.03	\$10,855.11	\$9,752.02	\$14,080.33	\$1,486.50	\$4,332.83
Financing	\$64,686,766	\$24,624,198	\$98,265,217	\$5,557,813	\$90,546,032	\$26,939,953	\$242,150,813	\$0	\$128,833,187	\$12,196,311	\$8,645,486	\$44,308,118	\$4,554,319	\$20,610,222	\$0	\$771,918,435
<b>Grand Total Medical Services Premiums</b>	<b>\$1,238,473,078</b>	<b>\$252,800,627</b>	<b>\$1,312,203,843</b>	<b>\$47,513,516</b>	<b>\$622,236,100</b>	<b>\$260,936,283</b>	<b>\$1,613,793,302</b>	<b>\$663,088</b>	<b>\$1,071,044,001</b>	<b>\$119,801,658</b>	<b>\$103,455,864</b>	<b>\$201,272,992</b>	<b>\$21,142,508</b>	<b>\$59,302,981</b>	<b>\$60,016,058</b>	<b>\$6,984,655,899</b>
Total Per Capita	\$28,490.95	\$21,828.91	\$17,931.43	\$6,912.06	\$3,204.99	\$2,761.20	\$4,641.54	\$12,511.09	\$2,083.90	\$1,727.29	\$5,229.01	\$13,919.29	\$12,429.46	\$21,580.42	\$1,486.50	\$4,871.17

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2015-16

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2015)	S-1 Difference from R-1	Description of Difference from Appropriation	Department Source
<b>Acute Care</b>						
Base Acute Cost	\$3,784,165,354	\$3,785,075,252	\$3,726,712,224	\$58,363,028	Increase driven by federally-funded populations	Exhibit F
<i>Bottom Line Impacts</i>						
Annualization of Physicians to 100% of Medicare: 100% Federally Funded Portion	(\$39,365,571)	(\$35,980,518)	(\$35,980,518)	\$0		Exhibit F
Annualization of Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009	(\$4,207,240)	(\$3,162,394)	(\$3,162,394)	\$0		Exhibit F
Accountable Care Collaborative Savings	(\$54,713,941)	(\$32,128,447)	(\$46,935,785)	\$14,807,338	Enrollment expectations dampened	Exhibit F
Rocky HMO Reconciliation Payment	\$0	(\$5,022,888)	\$0	(\$5,022,888)	New information	Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$2,441,737)	(\$2,289,516)	(\$3,750,939)	\$1,461,423	Enrollment expectations adjusted based on FY 2015-16 6-month actuals	Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - HIB1"	(\$454,078)	(\$431,672)	(\$475,058)	\$43,386	Enrollment slightly lower than anticipated, adjusted downward	Exhibit F
FY 2012-13 R-6: "Dental Efficiency"	(\$1,704,632)	\$0	\$0	\$0		Exhibit F
Annualization of FY 2012-13 R-6: "Augmentative Communication Devices"	(\$538,250)	(\$423,262)	(\$423,262)	\$0		Exhibit F
Annualization of Fluoride Benefit Expansion for Children	\$367,949	\$367,949	\$367,949	\$0		Exhibit F
Annualization of FY 2014-15 R-9: "Medicaid Community Living Initiative"	\$5,994	\$5,994	\$5,994	\$0		Exhibit F
Annualization of FY 2014-15 R-10: "Primary Care Specialty Collaboration"	(\$368,269)	\$0	(\$86,994)	\$86,994	Software delayed, expected savings pushed out accordingly	Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase"	\$4,736,631	\$4,736,631	\$4,736,631	\$0		Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Extended Hours/After Hours Care 10% Rate Increase	\$58,327	\$58,327	\$58,327	\$0		Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Incentives to Use Ambulatory Surgery Centers	\$166,667	\$148,148	\$148,148	\$0		Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - High-Value Specialist Services to 80% of Medicare	\$1,028,403	\$1,028,403	\$1,028,403	\$0		Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Mammography Reimbursement to 80% of Medicare	\$8,622	\$8,622	\$8,622	\$0		Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Assistive Technology Reimbursement Rate to 80% of Medicare	\$2,003	\$2,003	\$2,003	\$0		Exhibit F
Annualization of FY 2014-15 BA-10: "Continuation of 1202 Provider Rate Increase"	\$48,705,466	\$66,392,695	\$66,392,695	\$0		Exhibit F
Annualization of FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	(\$5,528,463)	(\$4,617,990)	(\$5,174,136)	\$556,146	Enrollment ramp-up slower than anticipated	Exhibit F
Annualization of FY 2014-15 JBC Action: "Matching Incentives to Ambulatory Surgery Center Facilities"	\$166,667	\$148,148	\$148,148	\$0		Exhibit F
Annualization of FY 2014-15 JBC Action: "Family Planning Rate Increase"	\$165,207	\$165,207	\$165,207	\$0		Exhibit J
Annualization of FY 2014-15 JBC Action: "Raising FQHC Rate Increase to APM"	\$660,159	\$660,159	\$660,159	\$0		Exhibit F
Annualization of FY 2014-15 JBC Action: "Full Denture Benefit"	\$2,228,156	\$2,228,156	\$2,228,156	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase"	\$11,566,794	\$11,566,794	\$11,566,794	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Physical and Occupational Therapy Services	\$3,587,268	\$3,587,268	\$3,587,268	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prostate Biopsy	\$5,485	\$5,485	\$5,485	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Diabetic Self-Management	\$485,433	\$485,433	\$485,433	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental X-Rays	\$365,089	\$365,089	\$365,089	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prenatal and Postpartum Care	\$624,511	\$624,511	\$624,511	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Sealants	\$1,484,511	\$1,484,511	\$1,484,511	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Vision Retinal Services	\$407,583	\$407,583	\$407,583	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Eye Materials	\$3,995,056	\$3,995,056	\$3,995,056	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Fillings and Extractions	\$15,058,255	\$15,058,255	\$15,058,255	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Anesthesia	\$12,862,698	\$12,862,698	\$12,862,698	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - EMT	\$1,109,263	\$1,109,263	\$1,109,263	\$0		Exhibit F
HB 15-1309: "Protective Restorations by Dental Hygienists"	\$37,540	\$37,540	\$37,540	\$0		Exhibit F
Adjustment for Clients Placed in Incorrect Eligibility Types	\$0	(\$12,351,448)	\$0	(\$12,351,448)	Corrects data error starting July 2015 that placed some clients in incorrect eligibility categories	Exhibit F
Sunset of Long-Acting Reversible Contraceptive (LARC) Funding	\$0	\$0	\$6,051,268	(\$6,051,268)	Removed from forecast	Exhibit F
HB 15-1186: "Children with Autism Waiver Expansion"	\$518,075	\$0	\$345,383	(\$345,383)	Waiver amendment denied	Exhibit F
<b>Total Acute Care</b>	<b>\$3,785,450,985</b>	<b>\$3,816,207,045</b>	<b>\$3,764,659,717</b>	<b>\$51,547,328</b>		
<b>Community Based Long-Term Care</b>						
Base CBLTC Cost	\$754,653,651	\$745,424,991	\$756,428,370	(\$11,003,379)	Revised Enrollment Forecast	Exhibit G
<i>Bottom Line Impacts</i>						
Annualization of FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$427,463)	(\$427,463)	(\$427,463)	\$0		Exhibit G
Annualization of FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$790,806)	(\$790,806)	(\$790,806)	\$0		Exhibit G
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Pediatric Hospice Services 20% Rate Increase	\$22,443	\$37,406	\$201,991	(\$164,585)	Almost fully implemented in base, annualization is only remaining impact	Exhibit G
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" 2% Across the Board Increase	\$584,692	\$584,692	\$584,692	\$0		Exhibit G
Annualization of FY 2014-15 JBC Action: Hospice 2% Rate Increase	\$16,295	\$12,221	\$12,221	\$0		Exhibit G
HB 14-1357: "In-Home Support Services in Medicare Program"	\$893,956	\$372,482	\$496,643	(\$124,161)	Delayed implementation, approved by CMS effective data pushed back from R-1	Exhibit G
FY 2014-15 JBC Action: "Raising Cap on Home Modifications"	\$676,923	\$253,846	\$676,923	(\$423,077)	Delayed implementation, approved by CMS effective data pushed back from R-1	Exhibit G
EPSDT Personal Care	(\$374,663)	(\$179,543)	(\$314,181)	\$134,638	Revised forecast - delayed utilization expectations	Exhibit G
Annualization of CDASS Administrative FMS & Training Contract Competitive Reprourement	(\$2,232,723)	(\$2,232,723)	(\$2,232,723)	\$0		Exhibit G
Colorado Choice Transitions	\$4,368,985	\$1,700,902	\$1,681,671	\$19,231	Revised caseload forecast	Exhibit G
Children With Life Limiting Illnesses Audit Recommendations	\$182,676	\$0	\$182,676	(\$182,676)	Fully implemented in base, removing bottom line impact	Exhibit G
FY 2015-16 R-12: "Community Provider Rate Increase"	\$3,109,946	\$2,827,330	\$2,827,330	\$0		Exhibit G
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - HCBS Personal Care/Homemaker	\$15,291,977	\$4,498,172	\$8,246,648	(\$3,748,476)	Delayed implementation, approved by CMS effective data pushed back from R-1	Exhibit G
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - In-Home Respite (excludes CES Respite)	\$66,320	\$19,732	\$36,175	(\$16,443)	Delayed implementation, approved by CMS effective data pushed back from R-1	Exhibit G
FY 2015-16 JBC Action: "Raising Cap on Home Modifications"	\$711,238	\$211,608	\$387,948	(\$176,340)	Delayed implementation, approved by CMS effective data pushed back from R-1	Exhibit G
HB 15-1186: "Children with Autism Waiver Expansion"	\$9,656,526	\$0	\$3,721,379	(\$3,721,379)	CMS denied implementation, Department is exploring other options but has to provide Behavioral Therapy under EPSDT Medical Necessity	Exhibit G
Independent Living Skills Training Rule Change	\$0	\$144,097	\$201,735	(\$57,638)	Delayed implementation	Exhibit G
Consumer Transition Services Rate Increase	\$0	\$148,705	\$148,705	\$0		Exhibit G
LTHH Impact - FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$619,388)	(\$619,388)	(\$619,388)	\$0		Exhibit G
LTHH Impact - FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$2,072,134)	(\$2,072,134)	(\$2,072,134)	\$0		Exhibit G
LTHH Impact - HB 15-1186: "Children with Autism Waiver Expansion"	\$30,559	\$0	\$20,373	(\$20,373)	CMS denied implementation	Exhibit G
LTHH Impact - EPSDT Personal Care	\$777,975	\$370,098	\$647,638	(\$277,540)	Revised forecast - delayed utilization expectations	Exhibit G
LTHH Impact - Colorado Choice Transitions	\$1,655,557	\$407,899	\$401,624	\$6,275	Revised Caseload Forecast	Exhibit G
<b>Total Community Based Long-Term Care</b>	<b>\$786,182,542</b>	<b>\$750,692,124</b>	<b>\$770,448,047</b>	<b>(\$19,755,923)</b>		

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2015-16

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2015)	S-1 Difference from R-1	Description of Difference from Appropriation	Department Source
<b>Long-Term Care and Insurance</b>						
<i>Class I Nursing Facilities</i>						
Base Class I Nursing Facility Cost	\$611,795,888	\$636,244,895	\$606,125,971	\$30,118,924	Enrollment in the first half of FY 2015-16 higher than anticipated, adjusted accordingly	Exhibit H
<i>Bottom Line Impacts</i>						
Hospital Back Up Program	\$7,789,222	\$7,426,319	\$6,379,244	\$1,047,075	Revised forecast	Exhibit H
Recoveries from Department Overpayment Review	(\$1,658,080)	(\$1,600,000)	(\$1,600,000)	\$0		Exhibit H
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$9,180,452)	(\$8,897,572)	(\$8,457,671)	(\$439,901)	Revised forecast	Exhibit H
Colorado Choice Transitions	(\$11,424,251)	(\$7,753,373)	(\$6,863,642)	(\$889,731)	Revised forecast	Exhibit H
SB 14-130: "Increase Personal Care Allowance Nursing Facility"	\$1,588,240	\$0	\$0	\$0		Exhibit H
<b>Total Class I Nursing Facilities</b>	<b>\$598,910,567</b>	<b>\$625,420,269</b>	<b>\$595,583,902</b>	<b>\$29,836,367</b>		
<i>Class II Nursing Facilities</i>						
Base Class II Nursing Facilities Cost	\$4,711,461	\$4,764,670	\$4,764,670	\$0		Exhibit H
<i>Bottom Line Impacts</i>						
<b>Total Class II Nursing Facilities</b>	<b>\$4,711,461</b>	<b>\$4,764,670</b>	<b>\$4,764,670</b>	<b>\$0</b>		
<i>Program of All Inclusive Care for the Elderly (PACE)</i>						
Base PACE Cost	\$140,174,136	\$138,446,215	\$139,252,808	(\$806,593)	Revised forecast; lower enrollment expectations based on FY 2015-16 6-month actuals	Exhibit H
<i>Bottom Line Impacts</i>						
FY 2014-15 Interim Payment Recoupment	\$0	(\$5,399,766)	(\$5,399,766)	\$0		
FY 2014-15 Enrollment Payments	\$0	\$2,644,712	\$0	\$2,644,712	New information	
<b>Total Program of All-Inclusive Care for the Elderly</b>	<b>\$140,174,136</b>	<b>\$135,691,161</b>	<b>\$133,853,042</b>	<b>\$1,838,119</b>		
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>						
Base SMIB Cost	\$146,971,337	\$157,021,600	\$148,443,165	\$8,578,435	Medicare Part B premium increase	Exhibit H
<i>Bottom Line Impacts</i>						
<b>Total Supplemental Medicare Insurance Benefit</b>	<b>\$146,971,337</b>	<b>\$157,021,600</b>	<b>\$148,443,165</b>	<b>\$8,578,435</b>		
<i>Health Insurance Buy-In Program (HIBI)</i>						
Base HIBI Cost	\$1,515,184	\$1,262,907	\$1,262,907	\$0		Exhibit H
<i>Bottom Line Impacts</i>						
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$29,293	\$33,673	\$37,057	(\$3,384)	Revised forecast	Exhibit H
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$244,503	\$232,439	\$255,800	(\$23,361)	Revised forecast	Exhibit H
<b>Total Health Insurance Buy-In Program</b>	<b>\$1,788,980</b>	<b>\$1,529,019</b>	<b>\$1,555,764</b>	<b>(\$26,745)</b>		
<b>Total Long-Term Care and Insurance</b>	<b>\$892,556,481</b>	<b>\$924,426,719</b>	<b>\$884,200,543</b>	<b>\$40,226,176</b>		
<i>Service Management</i>						
<i>Single Entry Points (SEP)</i>						
Single Entry Points (SEP) Base	\$31,191,905	\$31,303,203	\$31,303,203	\$0		Exhibit I
<i>Bottom Line Impacts</i>						
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Single Entry Point Case Management 10% Rate Increase	\$111,799	\$0	\$0	\$0		Exhibit I
FY 2015-16 R-12: "Community Provider Rate Increase"	\$157,805	\$157,805	\$157,805	\$0		
<b>Total Single Entry Points</b>	<b>\$31,461,509</b>	<b>\$31,461,008</b>	<b>\$31,461,008</b>	<b>\$0</b>		
<i>Disease Management</i>						
Base Disease Management	\$1,269,417	\$988,242	\$988,242	\$0		Exhibit I
<i>Bottom Line Impacts</i>						
<b>Total Disease Management</b>	<b>\$1,269,417</b>	<b>\$988,242</b>	<b>\$988,242</b>	<b>\$0</b>		
<i>Accountable Care Collaborative</i>						
ACC Base	\$151,419,686	\$146,816,611	\$146,272,146	\$544,465	Revised forecast	Exhibit I
<i>Bottom Line Impacts</i>						
<b>Total Accountable Care Collaborative</b>	<b>\$151,419,686</b>	<b>\$146,816,611</b>	<b>\$146,272,146</b>	<b>\$544,465</b>		
<b>Total Service Management</b>	<b>\$184,150,612</b>	<b>\$179,265,861</b>	<b>\$178,721,396</b>	<b>\$544,465</b>		
<b>Grand Total Services</b>	<b>\$5,648,340,620</b>	<b>\$5,670,591,749</b>	<b>\$5,598,029,703</b>	<b>\$72,562,046</b>		

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2015-16

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2015)	S-1 Difference from R-1	Description of Difference from Appropriation	Department Source
<b>Bottom Line Financing</b>						
Upper Payment Limit Financing	\$4,053,417	\$3,374,246	\$3,930,874	(\$556,628)	Updated model	Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0	\$0		Exhibit A
Denver Health Outstationing	\$6,964,536	6,874,421.00	\$6,964,536	(\$90,115)	Updated model	Exhibit A
Hospital Provider Fee Supplemental Payments	\$827,988,116	\$1,086,400,000	\$1,086,400,000	\$0		Exhibit J
Nursing Facility Provider Fee Supplemental Payments	\$96,096,822	\$95,278,525	\$95,278,525	\$0		Exhibit H
Physician Supplemental Payments	\$8,831,734	\$8,831,734	\$8,831,734	\$0		Exhibit A
Memorial Hospital High Volume Supplemental Payments	\$555,237	\$0	\$555,237	(\$555,237)	Memorial not expected to qualify for these payments in FY 2015-16	Exhibit A
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0	\$0		Exhibit A
Intergovernmental Transfer for Difficult to Discharge Clients	\$2,000,000	\$0	\$2,000,000	(\$2,000,000)	Updated based on SPA amount and delayed implementation	Exhibit A
Cash Funds Financing	\$0	\$0	\$0	\$0		Exhibit A
<b>Total Bottom Line Financing</b>	<b>\$946,489,862</b>	<b>\$1,200,758,926</b>	<b>\$1,203,960,906</b>	<b>(\$3,201,980)</b>		
<b>Grand Total<sup>(1)</sup></b>	<b>\$6,594,830,482</b>	<b>\$6,871,350,675</b>	<b>\$6,801,990,609</b>	<b>\$69,360,066</b>		
Total Acute Care	\$3,785,450,985	\$3,816,207,045	\$3,764,659,717	\$51,547,328		
Total Community Based Long-Term Care	\$786,182,542	\$750,692,124	\$770,448,047	(\$19,755,923)		
Total Class I Nursing Facilities	\$598,910,567	\$625,420,269	\$595,583,902	\$29,836,367		
Total Class II Nursing Facilities	\$4,711,461	\$4,764,670	\$4,764,670	\$0		
Total Program of All-Inclusive Care for the Elderly	\$140,174,136	\$135,691,161	\$133,853,042	\$1,838,119		
Total Supplemental Medicare Insurance Benefit	\$146,971,337	\$157,021,600	\$148,443,165	\$8,578,435		
Total Health Insurance Buy-In Program	\$1,788,980	\$1,529,019	\$1,555,764	(\$26,745)		
Total Single Entry Point	\$31,461,509	\$31,461,008	\$31,461,008	\$0		
Total Disease Management	\$1,269,417	\$988,242	\$988,242	\$0		
Total Prepaid Inpatient Health Plan Administration	\$151,419,686	\$146,816,611	\$146,272,146	\$544,465		
Total Bottom Line Financing	\$946,489,862	\$1,200,758,926	\$1,203,960,906	(\$3,201,980)		
Rounding Adjustment	\$2	\$0	\$0	\$0		
<b>Grand Total<sup>(1)</sup></b>	<b>\$6,594,830,484</b>	<b>\$6,871,350,675</b>	<b>\$6,801,990,609</b>	<b>\$69,360,066</b>		

(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 2016-17**

Item	Base Spending Authority (1)	S-1 Request and Budget Actions	R-1 Request (November 2015)	Difference	Description of Difference from Base Request
<b>Acute Care</b>					
Base Acute Cost	\$3,783,429,430	\$3,993,159,246	\$3,889,259,605	\$103,899,641	Increase driven by federally funded populations.
<i>Bottom Line Impacts</i>					
SB 10-117: "OTC MEDS"	(\$87,357)	(\$87,357)	(\$87,357)	\$0	
Accountable Care Collaborative Savings	(\$76,913,852)	(\$49,068,314)	(\$64,869,871)	\$15,801,557	Revised forecast
Estimated Impact of Increasing PACE Enrollment	(\$4,342,086)	(\$4,611,023)	(\$6,569,236)	\$1,958,213	Enrollment expectations adjusted down based on FY 2015-16 6-month actuals and delay in facility opening
Annualization of SB 10-167: "Colorado False Claims Act - HBI"	(\$1,212,784)	(\$987,304)	(\$1,124,754)	\$137,450	Updated savings with most recent information available
FY 2012-13 R-6: "Dental Efficiency"	(\$1,859,598)	\$0	(\$1,704,632)	\$1,704,632	Delayed one fiscal year, stakeholder process is taking longer than anticipated
Annualization of FY 2014-15 R-10: "Primary Care Specialty Collaboration"	(\$368,269)	(\$224,742)	(\$224,742)	\$1	
Annualization of FY 2014-15 BA-10: "Continuation of 1202 Provider Rate Increase"	(\$36,529,099)	(\$78,682,939)	(\$51,071,303)	(\$27,611,636)	Higher utilization in prior years will cause additional savings when rate increase ends
Annualization of FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	(\$21,221,511)	(\$17,843,616)	(\$19,840,536)	\$1,996,920	Enrollment ramp-up slower than anticipated
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase"	\$14,800,494	\$14,800,494	\$14,800,494	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Physical and Occupational Therapy Services	\$3,913,384	\$3,913,384	\$3,913,384	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prostate Biopsy	\$5,984	\$5,984	\$5,984	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Diabetic Self-Management	\$529,563	\$529,563	\$529,563	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental X-Rays	\$398,279	\$398,279	\$398,279	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prenatal and Postpartum Care	\$681,284	\$681,284	\$681,284	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Sealants	\$1,619,466	\$1,619,466	\$1,619,466	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Vision Retinal Services	\$444,636	\$444,636	\$444,636	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Eye Materials	\$4,358,243	\$4,358,243	\$4,358,243	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Fillings and Extractions	\$16,427,187	\$16,427,187	\$16,427,187	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Anesthesia	\$14,032,034	\$14,032,034	\$14,032,034	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - EMT	\$1,210,105	\$1,210,105	\$1,210,105	\$0	
Annualization of HB 15-1309: "Protective Restorations by Dental Hygienists"	\$63,667	\$63,667	\$63,667	\$0	
Annualization of HB 15-1186: "Children with Autism Waiver Expansion"	\$888,619	\$0	\$543,236	(\$543,236)	CMS denied implementation, Department is exploring other options
SB 11-177: Annualization "Sunset Teen Pregnancy & Dropout Program"	(\$183,897)	(\$183,897)	(\$183,897)	\$0	
<b>Total Acute Care</b>	<b>\$3,700,083,922</b>	<b>\$3,899,954,380</b>	<b>\$3,802,610,838</b>	<b>\$97,343,542</b>	
<b>Community Based Long-Term Care</b>					
Base CBLTC Cost	\$781,113,928	\$811,351,056	\$829,799,278	(\$18,448,222)	Revised Enrollment Forecast
<i>Bottom Line Impacts</i>					
Annualization of FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$619,821)	(\$619,821)	(\$619,821)	\$0	
Annualization of FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$976,040)	(\$976,040)	(\$976,040)	\$0	
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Pediatric Hospice Services 20% Rate Increase	\$22,443	\$37,406	\$269,321	(\$231,915)	Fully Implemented by FY 2016-17, only the annualization is left
Annualization of HB 14-1357: "In-Home Support Services in Medicaid Program"	\$893,956	\$1,489,928	\$1,191,942	\$297,986	Delayed implementation, approved by CMS effective data pushed back from R-1
Annualization of FY 2014-15 JBC Action: "Raising Cap on Home Modifications"	\$676,923	\$1,353,846	\$1,353,846	\$0	
Annualization of EPSDT Personal Care	(\$374,663)	(\$538,628)	(\$538,628)	\$0	
Colorado Choice Transitions	\$10,713,191	\$5,340,213	\$5,320,982	\$19,231	Revised Enrollment Forecast
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase"	\$3,270,485	\$3,374,121	\$3,374,121	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - HCBS EBD Personal Care/Homemaker	\$15,291,977	\$16,493,296	\$16,493,296	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - In-Home Respite (excludes CES Respite)	\$66,320	\$72,349	\$72,349	\$0	
Annualization of Consumer Transition Services Rate Increase	\$0	\$356,892	\$356,892	\$0	
Annualization of FY 2015-16 JBC Action: "Raising Cap on Home Modifications"	\$711,238	\$775,896	\$775,896	\$0	
Annualization of HB 15-1186: "Children with Autism Waiver Expansion"	\$9,354,427	\$18,534,147	\$9,354,427	\$9,179,720	CMS denied implementation, Department is exploring other options but has to provide Behavioral Therapy under EPSDT Medical Necessity
Annualization of Independent Living Skills Training Rule Change	\$0	\$345,832	\$345,832	\$0	
LTHH Impact - Annualization of FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$900,928)	(\$900,928)	(\$900,928)	\$0	
LTHH Impact - Annualization of FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$2,550,752)	(\$2,550,752)	(\$2,550,752)	\$0	
LTHH Impact - Annualization of HB 15-1186: "Children with Autism Waiver Expansion"	\$52,416	\$0	\$52,416	(\$52,416)	CMS denied implementation
LTHH Impact - EPSDT Personal Care	\$777,975	\$1,110,298	\$1,110,298	\$0	
LTHH Impact - Colorado Choice Transitions	\$2,637,967	\$1,273,374	\$1,023,483	\$249,891	Revised Enrollment Forecast
<b>Total Community Based Long-Term Care</b>	<b>\$820,161,042</b>	<b>\$856,322,485</b>	<b>\$865,308,210</b>	<b>(\$8,985,725)</b>	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2016-17

Item	Base Spending Authority (d)	S-1 Request and Budget Actions	R-1 Request (November 2015)	Difference	Description of Difference from Base Request
<b>Long-Term Care and Insurance</b>					
<b>Class I Nursing Facilities</b>					
Base Class I Nursing Facility Cost	\$638,029,307	\$688,631,905	\$638,794,061	\$49,837,844	Enrollment in the first half of FY 2015-16 higher than anticipated, adjusted accordingly
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$16,248,317	\$14,470,144	\$12,931,913	\$1,538,231	Revised forecast
Recoveries from Department Overpayment Review	(\$3,376,348)	(\$3,243,520)	(\$3,243,520)	\$0	
HFB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$18,596,535)	(\$18,957,474)	(\$18,191,709)	(\$765,765)	Revised forecast
Colorado Choice Transitions	(\$33,394,174)	(\$23,183,705)	(\$18,786,241)	(\$6,397,464)	Revised forecast
<b>Total Class I Nursing Facilities</b>	<b>\$598,910,567</b>	<b>\$657,717,350</b>	<b>\$613,504,504</b>	<b>\$44,212,846</b>	
<b>Class II Nursing Facilities</b>					
Base Class II Nursing Facilities	\$4,711,461	\$5,035,779	\$5,035,779	\$0	
<i>Bottom Line Impacts</i>					
<b>Total Class II Nursing Facilities</b>	<b>\$4,711,461</b>	<b>\$5,035,779</b>	<b>\$5,035,779</b>	<b>\$0</b>	
<b>Program of All Inclusive Care for the Elderly (PACE)</b>					
Base PACE Cost	\$140,174,136	\$156,026,037	\$156,900,991	(\$874,954)	Revised forecast
<i>Bottom Line Impacts</i>					
<b>Total Program of All-Inclusive Care for the Elderly</b>	<b>\$140,174,136</b>	<b>\$156,026,037</b>	<b>\$156,900,991</b>	<b>(\$874,954)</b>	
<b>Supplemental Medicare Insurance Benefit (SMIB)</b>					
Base SMIB	\$146,971,337	\$176,029,043	\$143,021,819	\$33,007,224	Revised forecast
<i>Bottom Line Impacts</i>					
<b>Total Supplemental Medicare Insurance Benefit</b>	<b>\$146,971,337</b>	<b>\$176,029,043</b>	<b>\$162,436,498</b>	<b>\$13,592,545</b>	
<b>Health Insurance Buy-In Program (HBI)</b>					
Base HBI Cost	\$1,057,705	\$1,236,162	\$1,262,907	(\$26,745)	Revised forecast
<i>Bottom Line Impacts</i>					
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$78,238	\$80,400	\$87,737	(\$7,337)	Revised forecast
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$653,037	\$554,986	\$605,636	(\$50,650)	Revised forecast
<b>Total Health Insurance Buy-In Program</b>	<b>\$1,788,980</b>	<b>\$1,871,548</b>	<b>\$1,956,280</b>	<b>(\$84,732)</b>	
<b>Total Long-Term Care and Insurance</b>	<b>\$892,556,481</b>	<b>\$996,679,757</b>	<b>\$939,834,052</b>	<b>\$56,845,705</b>	
<b>Service Management</b>					
<b>Single Entry Points (SEP)</b>					
FY 2012-13 Base Contracts	\$31,466,328	\$33,019,933	\$33,238,452	(\$218,519)	Forecast adjusted based on enrollment expectations in CBLTC
<i>Bottom Line Impacts</i>					
<b>Total Single Entry Points</b>	<b>\$31,466,328</b>	<b>\$33,019,933</b>	<b>\$33,238,452</b>	<b>(\$218,519)</b>	
<b>Disease Management</b>					
Base Disease Management	\$1,269,417	\$1,052,096	\$1,028,215	\$23,881	Revised forecast
<i>Bottom Line Impacts</i>					
<b>Total Disease Management</b>	<b>\$1,269,417</b>	<b>\$1,052,096</b>	<b>\$1,028,215</b>	<b>\$23,881</b>	
<b>Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration</b>					
Estimated FY 2010-11 Base Expenditures	\$151,419,686	\$171,037,597	\$162,438,472	\$8,599,125	Revised forecast
<i>Bottom Line Impacts</i>					
<b>Total Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration</b>	<b>\$151,419,686</b>	<b>\$171,037,597</b>	<b>\$162,438,472</b>	<b>\$8,599,125</b>	
<b>Total Service Management</b>	<b>\$184,155,431</b>	<b>\$205,109,626</b>	<b>\$196,705,139</b>	<b>\$8,404,487</b>	
<b>Grand Total Services</b>	<b>\$5,596,956,876</b>	<b>\$5,958,066,248</b>	<b>\$5,804,458,239</b>	<b>\$153,608,009</b>	

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2016-17**

Item	Base Spending Authority (1)	S-1 Request and Budget Actions	R-1 Request (November 2015)	Difference	Description of Difference from Base Request
<b>Bottom Line Financing</b>					
Upper Payment Limit Financing	\$4,053,417	\$3,412,681	\$4,048,270	(\$635,589)	Updated Model
Department Recoveries Adjustment	\$0	\$0	\$0	\$0	
Denver Health Outstationing	\$6,964,536	\$13,978,962	\$6,964,536	\$7,014,426	Updated Model
Hospital Provider Fee Supplemental Payments	\$827,988,116	\$679,000,000	\$679,000,000	\$0	
Nursing Facility Provider Fee Supplemental Payments	\$96,096,822	\$97,869,540	\$97,869,540	\$0	
Physician Supplemental Payments	\$8,831,734	\$8,831,734	\$8,831,734	\$0	
Memorial Hospital High Volume Supplemental Payments	\$555,237	\$555,237	\$555,237	\$0	
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0	\$0	
Intergovernmental Transfer for Difficult to Discharge Clients	\$2,000,000	\$1,000,000	\$2,000,000	(\$1,000,000)	Updated based on SPA
Cash Funds Financing	\$0	\$0	\$0	\$0	
<b>Total Bottom Line Financing</b>	<b>\$946,489,862</b>	<b>\$804,648,154</b>	<b>\$799,269,317</b>	<b>\$5,378,837</b>	
<b>Grand Total<sup>(2)</sup></b>	<b>\$6,543,446,738</b>	<b>\$6,762,714,402</b>	<b>\$6,603,727,556</b>	<b>\$158,986,846</b>	
Total Acute Care	\$3,700,083,922	\$3,899,954,380	\$3,802,610,838	\$97,343,542	
Total Community Based Long-Term Care	\$820,161,042	\$856,322,485	\$865,308,210	(\$8,985,725)	
Total Class I Nursing Facilities	\$598,910,567	\$657,717,350	\$613,504,504	\$44,212,846	
Total Class II Nursing Facilities	\$4,711,461	\$5,035,779	\$5,035,779	\$0	
Total Program of All-Inclusive Care for the Elderly	\$140,174,136	\$156,026,037	\$156,900,991	(\$874,954)	
Total Supplemental Medicare Insurance Benefit	\$146,971,337	\$176,029,043	\$162,436,498	\$13,592,545	
Total Health Insurance Buy-In Program	\$1,788,980	\$1,871,548	\$1,956,280	(\$84,732)	
Total Single Entry Point	\$31,466,328	\$33,019,933	\$33,238,452	(\$218,519)	
Total Disease Management	\$1,269,417	\$1,052,096	\$1,028,215	\$23,881	
Total Prepaid Inpatient Health Plan Administration	\$151,419,686	\$171,037,597	\$162,438,472	\$8,599,125	
Total Bottom Line Financing	\$946,489,862	\$804,648,154	\$799,269,317	\$5,378,837	
Rounding Adjustment	\$0	\$0	\$0	\$0	
<b>Grand Total<sup>(2)</sup></b>	<b>\$6,543,446,738</b>	<b>\$6,762,714,402</b>	<b>\$6,603,727,556</b>	<b>\$158,986,846</b>	

(1) The Department has not received a FY 2016-17 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.