

Exhibit A - Summary of Request

Calculation of Request

FY 2016-17

Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2016-17 Appropriation						
FY 2016-17 Long Bill Appropriation (HB 16-1405)	\$6,762,815,547	\$1,075,134,728	\$873,835,000	\$678,702,748	\$5,240,893	\$4,129,902,178
SB 16-027 "Medicaid Option for Prescribed Drugs by Mail"	(\$29,917)	(\$9,084)	\$0	(\$409)	\$0	(\$20,424)
HB 16-1408 "Allocation of Cash Fund Revenues from Tobacco MSA"	\$55,694,236	(\$6,451,471)	\$0	\$27,008,330	\$0	\$35,137,377
HB 16-1097 "PUC Permit for Medicaid Transportation Providers"	(\$215,271)	(\$69,405)	\$0	(\$2,549)	\$0	(\$143,317)
FY 2016-17 Total Spending Authority	\$6,818,264,595	\$1,068,604,768	\$873,835,000	\$705,708,120	\$5,240,893	\$4,164,875,814
Total Projected FY 2016-17 Expenditure	\$6,959,959,497	\$1,100,822,761	\$873,835,000	\$707,358,313	\$9,102,709	\$4,268,840,714
FY 2016-17 Requested Change from Appropriation	\$141,694,902	\$32,217,993	\$0	\$1,650,193	\$3,861,816	\$103,964,900
Percent Change	2.08%	3.01%	0.00%	0.23%	73.69%	2.50%

Calculation of Request

FY 2017-18

Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2016-17 Appropriation Plus Special Bills	\$6,818,264,595	\$1,068,604,768	\$873,835,000	\$705,708,120	\$5,240,893	\$4,164,875,814
Bill Annualizations						
Annualization of Long Bill FY 2016-17 (HB 16-1405)	(\$7,767,108)	(\$3,156,180)	\$0	\$283	\$0	(\$4,611,211)
SB 16-027 Annualization "Medicaid Option for Prescribed Drugs by Mail"	(\$1,737,180)	(\$528,579)	\$0	(\$43,239)	\$0	(\$1,165,362)
HB 16-1408 Annualization "Allocation of Cash Fund Revenues from Tobacco MSA"	(\$55,694,236)	\$6,451,471	\$0	(\$27,008,330)	\$0	(\$35,137,377)
HB 16-1097 Annualization "PUC Permit for Medicaid Transportation Providers"	(\$234,492)	(\$67,441)	\$0	(\$8,561)	\$0	(\$158,490)
HB 16-1321 "Medicaid Buy-In Certain Medicaid Waivers"	\$61,533	(\$138,758)	\$0	\$184,000	\$0	\$16,291
Total Annualizations	(\$65,371,483)	\$2,560,513	\$0	(\$26,875,847)	\$0	(\$41,056,149)
FY 2017-18 Total Spending Authority	\$6,752,893,112	\$1,071,165,281	\$873,835,000	\$678,832,273	\$5,240,893	\$4,123,819,665
Total Projected FY 2017-18 Expenditure	\$7,114,289,396	\$1,195,496,083	\$873,835,000	\$689,180,826	\$9,031,044	\$4,346,746,443
FY 2017-18 Requested Change from Appropriation	\$361,396,284	\$124,330,802	\$0	\$10,348,553	\$3,790,151	\$222,926,778
Percent Change	5.35%	11.61%	0.00%	1.52%	72.32%	5.41%

Calculation of Request

FY 2018-19

Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2017-18 Appropriation Plus Special Bills	\$6,752,893,112	\$1,071,165,281	\$873,835,000	\$678,832,273	\$5,240,893	\$4,123,819,665
Bill Annualizations						
Annualization of Long Bill FY 2016-17 (HB 16-1405)	\$0	\$0	\$0	\$0	\$0	\$0
HB 16-1321 Annualization "Medicaid Buy-In Certain Medicaid Waivers"	\$13,122	(\$36,325)	\$0	\$44,031	\$0	\$5,416
Total Annualizations	\$13,122	(\$36,325)	\$0	\$44,031	\$0	\$5,416
FY 2018-19 Total Spending Authority	\$6,752,906,234	\$1,071,128,956	\$873,835,000	\$678,876,304	\$5,240,893	\$4,123,825,081
Total Projected FY 2018-19 Expenditures	\$7,830,346,931	\$1,264,111,385	\$873,835,000	\$962,480,570	\$8,951,417	\$4,720,968,559
FY 2018-19 Requested Change From Appropriation	\$1,077,440,697	\$192,982,429	\$0	\$283,604,266	\$3,710,524	\$597,143,478
Percent Change	15.96%	18.02%	0.00%	41.78%	70.80%	14.48%

Exhibit A - Summary of Request

**Calculation of Fund Splits
FY 2016-17**

Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP⁽³⁾	Notes
Acute Care Services							
Base Acute	\$2,132,351,795	\$1,061,911,194	\$0	\$0	\$1,070,440,601	50.20%	
Breast and Cervical Cancer Program	\$3,403,741	\$0	\$1,186,884	\$0	\$2,216,857	65.13%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$12,046,581	\$1,204,658	\$0	\$0	\$10,841,923	90.00%	
Indian Health Service	\$4,291,193	\$0	\$0	\$0	\$4,291,193	100.00%	
Affordable Care Act Drug Rebate Offset	(\$17,092,043)	\$0	\$0	\$0	(\$17,092,043)	100.00%	
Affordable Care Act Preventive Services	\$54,301,189	\$26,498,980	\$0	\$0	\$27,802,209	51.20%	
Non-Emergency Medical Transportation	\$0	\$82,883	\$0	\$0	(\$82,883)	N/A	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$93,867,448	\$11,142,066	\$0	\$0	\$82,725,382	88.13%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$18,621,450	\$2,210,366	\$0	\$0	\$16,411,084	88.13%	
MAGI Parents/Caretakers to 133% FPL	\$246,755,252	\$0	\$6,213,707	\$0	\$240,541,545	97.48%	100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund; NEMT services receive administrative match
MAGI Adults	\$1,300,462,803	\$0	\$34,176,072	\$0	\$1,266,286,731	97.37%	100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$43,754,769	\$0	\$21,789,875	\$0	\$21,964,894	50.20%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$33,331,703	\$0	\$18,135,725	\$0	\$15,195,978	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$41,005,922	\$0	\$5,872,048	\$0	\$35,133,874	85.68%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$30,377,570	\$0	\$15,128,030	\$0	\$15,249,540	50.20%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$64,632,877	\$0	\$32,092,650	\$0	\$32,540,227	Variable	CF: Adult Dental Fund
HB 16-1408 Primary Care Rate Increase Financing	\$38,487,283	\$0	\$19,166,667	\$0	\$19,320,616	50.20%	CF: Primary Care Provider Sustainability Fund
HB 16-1408 State Plan Autism Treatment	\$18,534,147	\$2,778,534	\$6,451,471	\$0	\$9,304,142	50.20%	CF: Colorado Autism Treatment Fund
Acute Care Services Sub-Total	\$4,119,133,680	\$1,105,828,681	\$160,213,129	\$0	\$2,853,091,870		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$827,207,224	\$411,949,198	\$0	\$0	\$415,258,026	50.20%	
Children with Autism Waiver Services	\$447,565	\$0	\$222,887	\$0	\$224,678	50.20%	CF: Colorado Autism Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$1,503,657	\$178,484	\$0	\$0	\$1,325,173	88.13%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	88.13%	
MAGI Parents/Caretakers to 133% FPL	\$163,864	\$0	\$18,155	\$0	\$145,709	88.92%	Waivers Services Standard Match; Hospice/PDN/LTHH 100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund
MAGI Adults	\$6,952,557	\$0	\$834,579	\$0	\$6,117,978	88.00%	Waivers Services Standard Match; Hospice/PDN/LTHH 100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund
Continuous Eligibility for Children	\$108,312	\$0	\$53,939	\$0	\$54,373	50.20%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$5,654,821	\$0	\$3,076,779	\$0	\$2,578,042	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,062,716	\$0	\$152,181	\$0	\$910,535	85.68%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$133,668	\$0	\$66,567	\$0	\$67,101	50.20%	CF: Hospital Provider Fee Fund
Community Based Long-Term Care Services Sub-Total	\$843,234,384	\$412,127,682	\$4,425,087	\$0	\$426,681,615		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$643,079,163	\$320,253,423	\$0	\$0	\$322,825,740	50.20%	
Class II Nursing Facilities	\$4,468,182	\$2,225,155	\$0	\$0	\$2,243,027	50.20%	
PACE	\$147,293,793	\$73,352,309	\$0	\$0	\$73,941,484	50.20%	
Supplemental Medicare Insurance Benefit (SMIB)	\$192,636,853	\$104,023,901	\$0	\$0	\$88,612,952	50.00%	Approximately 13% of Total is State-Only & 5% is 100% FFP.
Health Insurance Buy-In	\$1,998,605	\$995,305	\$0	\$0	\$1,003,300	50.20%	
MAGI Parents/Caretakers to 133% FPL	\$50,142	\$0	\$1,253	\$0	\$48,889	97.50%	100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund
MAGI Adults	\$944,329	\$0	\$23,608	\$0	\$920,721	97.50%	100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund
Continuous Eligibility for Children	\$0	\$0	\$0	\$0	\$0	50.20%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$167,943	\$0	\$91,377	\$0	\$76,566	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,554,243	\$0	\$222,568	\$0	\$1,331,675	85.68%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$27,220	\$0	\$13,556	\$0	\$13,664	50.20%	CF: Hospital Provider Fee Fund
Long-Term Care and Insurance Sub-Total	\$992,220,473	\$500,850,093	\$352,362	\$0	\$491,018,018		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2016-17							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Service Management							
Base Service Management	\$34,367,015	\$17,183,507	\$0	\$0	\$17,183,508	50.00%	
Accountable Care Collaborative	\$93,760,020	\$46,692,490	\$0	\$0	\$47,067,530	50.20%	
Tobacco Quit Line	\$1,285,726	\$0	\$642,863	\$0	\$642,863	50.00%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$8,379,219	\$994,613	\$0	\$0	\$7,384,606	88.13%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$170,837	\$20,278	\$0	\$0	\$150,559	88.13%	
MAGI Parents/Caretakers to 133% FPL	\$10,980,884	\$0	\$274,522	\$0	\$10,706,362	97.50%	100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund
MAGI Adults	\$43,897,925	\$0	\$1,097,448	\$0	\$42,800,477	97.50%	100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund
Continuous Eligibility for Children	\$7,250,224	\$0	\$3,610,612	\$0	\$3,639,612	50.20%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$365,816	\$0	\$199,040	\$0	\$166,776	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$229,946	\$0	\$32,928	\$0	\$197,018	85.68%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$1,070,095	\$0	\$532,907	\$0	\$537,188	50.20%	CF: Hospital Provider Fee Fund
Service Management Sub-Total	\$201,757,707	\$64,890,888	\$6,390,320	\$0	\$130,476,499		
FY 2016-17 Estimate of Total Expenditures for Medical Services to Clients	\$6,156,346,244	\$2,083,697,344	\$171,380,898	\$0	\$3,901,268,002		
Financing							
Upper Payment Limit Financing	\$3,420,352	(\$3,543,898)	\$3,420,352	\$0	\$3,543,898	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$15,546,204)	\$48,642,690	\$0	(\$33,096,486)	68.04%	CF: Department Recoveries
Denver Health Outstationing	\$13,978,962	\$2,399,972	\$3,560,950	\$0	\$8,018,040	57.36%	CF: Certified Public Expenditures
Hospital Provider Fee Supplemental Payments	\$656,945,497	\$0	\$327,158,857	\$0	\$329,786,640	50.20%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$103,022,596	\$0	\$51,305,253	\$0	\$51,717,343	50.20%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$19,369,964	(\$1,019,472)	\$10,194,718	\$0	\$10,194,718	Variable	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$67,372,681)	\$67,372,681	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$0	\$500,000	\$0	\$500,000	50.00%	CF: Intergovernmental Transfer
Repayment of Federal Funds for Physical and Occupational Therapy Unit Limit Policy	\$0	\$2,833,453	\$0	\$0	(\$2,833,453)	N/A	
Denver Health Ambulance Payments	\$5,875,882	(\$312,840)	\$3,060,323	\$0	\$3,128,399	50.55%	CF: Certified Public Expenditures, see Narrative
Technical Adjustment of Systems Issue for Children	\$0	\$688,206	(\$688,206)	\$0	\$0	N/A	CF: Hospital Provider Fee Cash Fund
Historical Adjustment for Non-Newly Eligible Definition	\$0	\$0	\$3,386,387	\$0	(\$3,386,387)	N/A	CF: Hospital Provider Fee Cash Fund
Cash Funds Financing ⁽¹⁾	\$0	(\$27,166,119)	\$18,063,410	\$9,102,709	\$0	N/A	CF: Various, see Narrative
Financing Sub-Total	\$803,613,253	(\$109,039,583)	\$535,977,415	\$9,102,709	\$367,572,712		
Total Projected FY 2016-17 Expenditures⁽²⁾	\$6,959,959,497	\$1,974,657,761	\$707,358,313	\$9,102,709	\$4,268,840,714		
<i>Definitions:</i> FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Program of All-Inclusive Care for the Elderly ACA: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation							
(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.							
(2) Of the General Fund total, \$873,835,000 is General Fund Exempt.							
(3) On January 1, 2017, the ACA expansion FMAP decreases from a 100% FMAP rate to 95% FMAP rate.							

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Calculation of Fund Splits FY 2017-18							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Acute Care Services							
Base Acute	\$2,185,442,039	\$1,092,721,019	\$0	\$0	\$1,092,721,020	50.00%	
Breast and Cervical Cancer Program	\$2,107,355	\$0	\$737,574	\$0	\$1,369,781	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$12,748,897	\$1,274,890	\$0	\$0	\$11,474,007	90.00%	
Indian Health Service	\$4,295,913	\$0	\$0	\$0	\$4,295,913	100.00%	
Affordable Care Act Drug Rebate Offset	(\$18,932,214)	\$0	\$0	\$0	(\$18,932,214)	100.00%	
Affordable Care Act Preventive Services	\$56,343,173	\$27,608,155	\$0	\$0	\$28,735,018	51.00%	
Non-Emergency Medical Transportation	\$0	\$59,384	\$0	\$0	(\$59,384)	N/A	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$100,777,652	\$12,093,318	\$0	\$0	\$88,684,334	88.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$19,296,759	\$2,315,611	\$0	\$0	\$16,981,148	88.00%	
MAGI Parents/Caretakers to 133% FPL	\$270,227,894	\$0	\$14,908,737	\$0	\$255,319,157	94.48%	95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund; NEMT services receive administrative match
MAGI Adults	\$1,393,921,466	\$0	\$78,334,367	\$0	\$1,315,587,099	94.38%	95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$45,497,101	\$0	\$22,748,550	\$0	\$22,748,551	50.00%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$38,813,714	\$0	\$21,354,448	\$0	\$17,459,266	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$43,593,138	\$0	\$7,245,180	\$0	\$36,347,958	83.38%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$30,832,803	\$0	\$15,416,401	\$0	\$15,416,402	50.00%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$68,866,254	\$0	\$34,333,263	\$0	\$34,532,991	Variable	CF: Adult Dental Fund
HB 16-1408 Primary Care Rate Increase Financing	\$1,666,666	\$0	\$833,333	\$0	\$833,333	50.00%	CF: Primary Care Provider Sustainability Fund
HB 16-1408 State Plan Autism Treatment	\$18,534,147	\$7,807,328	\$1,459,745	\$0	\$9,267,074	50.00%	CF: Colorado Autism Treatment Fund
Acute Care Services Sub-Total	\$4,274,032,757	\$1,143,879,705	\$197,371,598	\$0	\$2,932,781,454		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$886,947,727	\$443,473,863	\$0	\$0	\$443,473,864	50.00%	
Children with Autism Waiver Services	\$444,510	\$0	\$222,255	\$0	\$222,255	50.00%	CF: Colorado Autism Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$1,605,330	\$192,640	\$0	\$0	\$1,412,690	88.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	88.00%	
MAGI Parents/Caretakers to 133% FPL	\$178,332	\$0	\$26,606	\$0	\$151,726	85.08%	Waivers receive standard match; 95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund
MAGI Adults	\$7,393,551	\$0	\$1,154,133	\$0	\$6,239,418	84.39%	Waivers receive standard match; 95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund
Continuous Eligibility for Children	\$116,522	\$0	\$58,261	\$0	\$58,261	50.00%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$6,193,097	\$0	\$3,407,305	\$0	\$2,785,792	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,169,383	\$0	\$194,351	\$0	\$975,032	83.38%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$143,779	\$0	\$71,889	\$0	\$71,890	50.00%	CF: Hospital Provider Fee Fund
Community Based Long-Term Care Sub-Total	\$904,192,231	\$443,666,503	\$5,134,800	\$0	\$455,390,928		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$666,273,424	\$333,136,712	\$0	\$0	\$333,136,712	50.00%	
Class II Nursing Facilities	\$4,680,867	\$2,340,433	\$0	\$0	\$2,340,434	50.00%	
PACE	\$164,526,552	\$82,263,276	\$0	\$0	\$82,263,276	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$201,034,320	\$108,558,533	\$0	\$0	\$92,475,787	50.00%*	Approximately 13% of Total is State-Only & 5% is 100% FFP.
Health Insurance Buy-In	\$2,529,235	\$1,264,617	\$0	\$0	\$1,264,618	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$60,110	\$0	\$3,306	\$0	\$56,804	94.50%	95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund
MAGI Adults	\$899,124	\$0	\$49,452	\$0	\$849,672	94.50%	95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund
Continuous Eligibility for Children	\$0	\$0	\$0	\$0	\$0	50.00%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$174,004	\$0	\$95,733	\$0	\$78,271	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,696,971	\$0	\$282,037	\$0	\$1,414,934	83.38%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$28,987	\$0	\$14,493	\$0	\$14,494	50.00%	CF: Hospital Provider Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,041,903,594	\$527,563,571	\$445,021	\$0	\$513,895,002		

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Calculation of Fund Splits FY 2017-18							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Service Management							
Base Service Management	\$34,348,992	\$17,174,496	\$0	\$0	\$17,174,496	50.00%	
Accountable Care Collaborative	\$100,638,705	\$50,319,352	\$0	\$0	\$50,319,353	50.00%	
Tobacco Quit Line	\$1,352,408	\$0	\$676,204	\$0	\$676,204	50.00%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$9,082,618	\$1,089,914	\$0	\$0	\$7,992,704	88.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$185,981	\$22,318	\$0	\$0	\$163,663	88.00%	
MAGI Parents/Caretakers to 133% FPL	\$12,379,502	\$0	\$680,873	\$0	\$11,698,629	94.50%	95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund
MAGI Adults	\$46,617,500	\$0	\$2,563,962	\$0	\$44,053,538	94.50%	95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund
Continuous Eligibility for Children	\$6,893,825	\$0	\$3,446,912	\$0	\$3,446,913	50.00%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$417,249	\$0	\$229,561	\$0	\$187,688	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$247,997	\$0	\$41,217	\$0	\$206,780	83.38%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$1,173,774	\$0	\$586,887	\$0	\$586,887	50.00%	CF: Hospital Provider Fee Fund
Service Management Sub-Total	\$213,338,551	\$68,606,080	\$8,225,616	\$0	\$136,506,855		
FY 2017-18 Estimate of Total Expenditures for Medical Services to Clients	\$6,433,467,133	\$2,183,715,859	\$211,177,035	\$0	\$4,038,574,239		
Financing							
Upper Payment Limit Financing	\$3,528,549	(\$3,597,123)	\$3,528,549	\$0	\$3,597,123	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$15,735,925)	\$51,190,388	\$0	(\$35,454,463)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$4,779,554	\$1,672,844	\$0	\$0	\$3,106,710	65.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$540,440,830	\$0	\$270,220,415	\$0	\$270,220,415	50.00%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$105,824,204	\$0	\$52,912,102	\$0	\$52,912,102	50.00%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$19,369,964	(\$1,019,472)	\$10,194,718	\$0	\$10,194,718	Variable	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$68,301,086)	\$68,301,086	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$0	\$500,000	\$0	\$500,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$5,879,162	(\$309,560)	\$3,093,123	\$0	\$3,095,599	50.02%	CF: Certification of Public Expenditure
Cash Funds Financing ⁽¹⁾	\$0	(\$27,094,454)	\$18,063,410	\$9,031,044	\$0	N/A	CF: Various, see Narrative
Financing Sub-Total	\$680,822,263	(\$114,384,776)	\$478,003,791	\$9,031,044	\$308,172,204		
Total Projected FY 2017-18 Expenditures ⁽²⁾	\$7,114,289,396	\$2,069,331,083	\$689,180,826	\$9,031,044	\$4,346,746,443		

Definitions: FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Program of All-Inclusive Care for the Elderly ACA: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation

(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.

(2) Of the General Fund total, \$873,835,000 is General Fund Exempt.

(3) On January 1, 2018, the ACA expansion FMAP decreases from a 95% FMAP rate to 94% FMAP rate.

Exhibit A - Summary of Request

Calculation of Fund Splits
FY 2018-19

Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Acute Care Services							
Base Acute	\$2,219,363,942	\$1,109,681,971	\$0	\$0	\$1,109,681,971	50.00%	
Breast and Cervical Cancer Program	\$1,209,420	\$0	\$423,297	\$0	\$786,123	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$13,492,158	\$1,349,216	\$0	\$0	\$12,142,942	90.00%	
Indian Health Service	\$4,300,639	\$0	\$0	\$0	\$4,300,639	100.00%	
Affordable Care Act Drug Rebate Offset	(\$20,970,503)	\$0	\$0	\$0	(\$20,970,503)	100.00%	
Affordable Care Act Preventive Services	\$57,948,269	\$28,394,652	\$0	\$0	\$29,553,617	51.00%	
Non-Emergency Medical Transportation	\$0	\$61,777	\$0	\$0	(\$61,777)	N/A	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$104,534,287	\$12,544,114	\$0	\$0	\$91,990,173	88.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$20,139,830	\$2,416,780	\$0	\$0	\$17,723,050	88.00%	
MAGI Parents/Caretakers to 133% FPL	\$288,181,670	\$0	\$18,780,103	\$0	\$269,401,567	93.48%	94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund; NEMT services receive administrative match
MAGI Adults	\$1,449,873,671	\$0	\$95,932,189	\$0	\$1,353,941,482	93.38%	94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$46,586,013	\$0	\$23,293,006	\$0	\$23,293,007	50.00%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$44,254,122	\$0	\$24,375,101	\$0	\$19,879,021	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$45,630,274	\$0	\$7,925,979	\$0	\$37,704,295	82.63%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$31,013,836	\$0	\$15,506,918	\$0	\$15,506,918	50.00%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$71,698,979	\$0	\$35,745,343	\$0	\$35,953,636	Variable	CF: Adult Dental Fund
HB 16-1408 State Plan Autism Treatment	\$18,534,147	\$8,101,886	\$1,165,187	\$0	\$9,267,074	50.00%	CF: Colorado Autism Treatment Fund
Acute Care Services Sub-Total	\$4,395,790,754	\$1,162,550,396	\$223,147,123	\$0	\$3,010,093,235		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$947,740,687	\$473,870,343	\$0	\$0	\$473,870,344	50.00%	
Children with Autism Waiver Services	\$441,626	\$0	\$220,813	\$0	\$220,813	50.00%	CF: Colorado Autism Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$1,701,734	\$204,208	\$0	\$0	\$1,497,526	88.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	88.00%	
MAGI Parents/Caretakers to 133% FPL	\$191,076	\$0	\$30,763	\$0	\$160,313	83.90%	Waivers receive standard match; 94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund
MAGI Adults	\$7,750,803	\$0	\$1,330,813	\$0	\$6,419,990	82.83%	Waivers receive standard match; 94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund
Continuous Eligibility for Children	\$122,977	\$0	\$61,488	\$0	\$61,489	50.00%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$6,695,802	\$0	\$3,688,037	\$0	\$3,007,765	Variable	CF: Hospital Provider Fee and Disabled Buy-in Premiums
Non-Newly Eligibles	\$1,262,437	\$0	\$219,285	\$0	\$1,043,152	82.63%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$152,728	\$0	\$76,364	\$0	\$76,364	50.00%	CF: Hospital Provider Fee Fund
Community Based Long-Term Care Sub-Total	\$966,059,870	\$474,074,551	\$5,627,563	\$0	\$486,357,756		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$688,131,904	\$344,065,952	\$0	\$0	\$344,065,952	50.00%	
Class II Nursing Facilities	\$4,842,957	\$2,421,478	\$0	\$0	\$2,421,479	50.00%	
PACE	\$186,487,546	\$93,243,773	\$0	\$0	\$93,243,773	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$195,242,084	\$105,430,725	\$0	\$0	\$89,811,359	50.00%*	Approximately 13% of Total is State-Only & 5% is 100% FFP.
Health Insurance Buy-In	\$3,203,259	\$1,601,629	\$0	\$0	\$1,601,630	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$72,599	\$0	\$4,719	\$0	\$67,880	93.50%	94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund
MAGI Adults	\$866,499	\$0	\$56,322	\$0	\$810,177	93.50%	94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund
Continuous Eligibility for Children	\$0	\$0	\$0	\$0	\$0	50.00%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$179,718	\$0	\$98,988	\$0	\$80,730	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,824,311	\$0	\$316,883	\$0	\$1,507,428	82.63%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$30,591	\$0	\$15,295	\$0	\$15,296	50.00%	CF: Hospital Provider Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,080,881,468	\$546,763,557	\$492,207	\$0	\$533,625,704		

Exhibit A - Summary of Request

**Calculation of Fund Splits
FY 2018-19**

Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Service Management							
Base Service Management	\$35,609,663	\$17,804,831	\$0	\$0	\$17,804,832	50.00%	
Accountable Care Collaborative	\$104,194,954	\$52,097,477	\$0	\$0	\$52,097,477	50.00%	
Tobacco Quit Line	\$1,396,317	\$0	\$698,158	\$0	\$698,159	50.00%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$9,771,491	\$1,172,579	\$0	\$0	\$8,598,912	88.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$194,752	\$23,370	\$0	\$0	\$171,382	88.00%	
MAGI Parents/Caretakers to 133% FPL	\$13,603,850	\$0	\$884,250	\$0	\$12,719,600	93.50%	94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund
MAGI Adults	\$48,904,660	\$0	\$3,178,803	\$0	\$45,725,857	93.50%	94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund
Continuous Eligibility for Children	\$7,464,840	\$0	\$3,732,420	\$0	\$3,732,420	50.00%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$486,086	\$0	\$267,735	\$0	\$218,351	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$263,330	\$0	\$45,740	\$0	\$217,590	82.63%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$1,237,625	\$0	\$618,812	\$0	\$618,813	50.00%	CF: Hospital Provider Fee Fund
Service Management Sub-Total	\$223,127,568	\$71,098,257	\$9,425,918	\$0	\$142,603,393		
FY 2018-19 Estimate of Total Expenditures for Medical Services to Clients	\$6,665,859,660	\$2,254,486,761	\$238,692,811	\$0	\$4,172,680,088		
Financing							
Upper Payment Limit Financing	\$3,644,465	(\$3,646,370)	\$3,644,465	\$0	\$3,646,370	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$16,993,623)	\$54,154,312	\$0	(\$37,160,689)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$4,779,554	\$1,672,844	\$0	\$0	\$3,106,710	65.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$1,021,112,002	\$0	\$510,556,001	\$0	\$510,556,001	50.00%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$108,702,000	\$0	\$54,351,000	\$0	\$54,351,000	50.00%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$19,369,964	(\$1,019,472)	\$10,194,718	\$0	\$10,194,718	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$69,229,492)	\$69,229,492	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$0	\$500,000	\$0	\$500,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$5,879,286	(\$309,436)	\$3,094,361	\$0	\$3,094,361	50.00%	CF: Certification of Public Expenditure
Cash Funds Financing ⁽¹⁾	\$0	(\$27,014,827)	\$18,063,410	\$8,951,417	\$0	N/A	CF: Various, see Narrative
Financing Sub-Total	\$1,164,487,271	(\$116,540,376)	\$723,787,759	\$8,951,417	\$548,288,471		
Total Projected FY 2018-19 Expenditures ⁽²⁾	\$7,830,346,931	\$2,137,946,385	\$962,480,570	\$8,951,417	\$4,720,968,559		

Definitions: FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Program of All-Inclusive Care for the Elderly ACA: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation

(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.

(2) Of the General Fund total, \$873,835,000 is General Fund Exempt.

(3) On January 1, 2019, the ACA expansion FMAP decreases from a 94% FMAP rate to 93% FMAP rate.