

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	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
Acute Care	\$124,054,802	\$92,590,742	\$640,986,160	\$44,429,269	\$440,232,394	\$146,077,167	\$940,939,106	\$6,094,937	\$674,210,776	\$68,946,135	\$66,150,629	\$148,281,621	\$16,159,056	\$46,926,357	\$10,867,953	\$3,466,947,104
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$151,744,361	\$31,471,019	\$176,884,605	\$812,514	\$217,477	\$0	\$0	\$0	\$399,192	\$0	\$191,601	\$37	\$0	\$0	\$936,614	\$362,657,420
<i>Hospice</i>	\$29,229,660	\$3,942,118	\$7,211,296	\$468,066	\$186,201	\$185,851	\$2,470,125	\$0	\$155,310	\$0	\$0	\$0	\$0	\$0	\$28,727	\$43,877,354
<i>Private Duty Nursing</i>	\$3,586,574	\$874,926	\$42,203,627	\$337,642	\$14,942	\$0	\$51,582	\$0	\$4,023,717	\$0	\$12,095,766	\$0	\$0	\$0	\$15,434	\$63,204,210
Subtotal CBLTC	\$184,560,595	\$36,288,063	\$226,299,528	\$1,618,222	\$418,620	\$185,851	\$2,521,707	\$0	\$4,578,219	\$0	\$12,287,367	\$37	\$0	\$0	\$980,775	\$469,738,984
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$455,045,653	\$39,349,332	\$84,293,329	\$400,180	\$129,910	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$809,595	\$580,027,999
<i>Class II Nursing Facilities</i>	\$482,475	\$366,037	\$3,365,675	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,214,187
<i>PACE</i>	\$118,208,940	\$13,909,912	\$7,488,917	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$139,607,769
Subtotal Long-Term Care	\$573,737,068	\$53,625,281	\$95,147,921	\$400,180	\$129,910	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$809,595	\$723,849,955
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$70,353,157	\$4,408,138	\$37,778,272	\$0	\$275,010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,924,438	\$135,739,015
<i>Health Insurance Buy-In</i>	\$15,392	\$26,934	\$1,592,989	\$0	\$34,631	\$0	\$0	\$0	\$79,276	\$0	\$28,462	\$11,543	\$0	\$0	\$0	\$1,789,227
Subtotal Insurance	\$70,368,549	\$4,435,072	\$39,371,261	\$0	\$309,641	\$0	\$0	\$0	\$79,276	\$0	\$28,462	\$11,543	\$0	\$0	\$22,924,438	\$137,528,242
Service Management																
<i>Single Entry Points</i>	\$8,759,301	\$2,383,238	\$19,391,929	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,534,468
<i>Disease Management</i>	\$36,040	\$24,914	\$162,186	\$10,499	\$249,019	\$85,050	\$266,023	\$253	\$301,651	\$35,932	\$34,092	\$73,282	\$1,214	\$1,929	\$18,728	\$1,300,812
<i>Prepaid Inpatient Health Plan</i>	\$749,167	\$683,704	\$5,541,852	\$154,321	\$17,109,631	\$9,450,999	\$33,302,313	\$0	\$60,526,274	\$2,827,868	\$2,266,232	\$1,223,696	\$68,343	\$0	\$5	\$133,904,405
Subtotal Service Management	\$9,544,508	\$3,091,856	\$25,095,967	\$164,820	\$17,358,650	\$9,536,049	\$33,568,336	\$253	\$60,827,925	\$2,863,800	\$2,300,324	\$1,296,978	\$69,557	\$1,929	\$18,733	\$165,739,685
Medical Services Total	\$962,265,522	\$190,031,014	\$1,026,900,837	\$46,612,491	\$458,449,215	\$155,799,067	\$977,029,149	\$6,095,190	\$739,696,196	\$71,809,935	\$80,766,782	\$149,590,179	\$16,228,613	\$46,928,286	\$35,601,494	\$4,963,803,970
Caseload	41,932	10,838	66,648	3,700	155,667	64,563	223,775	368	439,097	52,304	20,614	15,124	1,767	2,808	27,261	1,126,466
Medical Services Per Capita	\$22,948.24	\$17,533.77	\$15,407.83	\$12,597.97	\$2,945.06	\$2,413.13	\$4,366.12	\$16,563.02	\$1,684.58	\$1,372.93	\$3,918.05	\$9,890.91	\$9,184.27	\$16,712.35	\$1,305.95	\$4,406.53
Financing	\$174,943,947	\$34,548,443	\$186,694,920	\$8,474,348	\$83,348,009	\$28,324,930	\$177,628,036	\$1,108,131	\$134,479,901	\$13,055,350	\$14,683,743	\$27,196,128	\$2,950,431	\$8,531,761	\$6,472,502	\$902,440,580
Grand Total Medical Services Premiums	\$1,137,209,469	\$224,579,457	\$1,213,595,757	\$55,086,839	\$541,797,224	\$184,123,997	\$1,154,657,185	\$7,203,321	\$874,176,097	\$84,865,285	\$95,450,525	\$176,786,307	\$19,179,044	\$55,460,047	\$42,073,996	\$5,866,244,550
Total Per Capita	\$27,120.33	\$20,721.49	\$18,209.03	\$14,888.33	\$3,480.49	\$2,851.85	\$5,159.90	\$19,574.24	\$1,990.85	\$1,622.54	\$4,630.37	\$11,689.12	\$10,854.01	\$19,750.73	\$1,543.38	\$5,207.65

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
Acute Care	\$124,239,557	\$97,143,908	\$669,753,623	\$53,419,480	\$469,977,526	\$154,785,190	\$1,124,550,606	\$2,811,897	\$717,398,987	\$74,595,915	\$67,415,274	\$151,547,920	\$18,116,831	\$47,495,218	\$8,217,266	\$3,781,469,198
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$162,574,883	\$33,772,187	\$194,535,105	\$870,687	\$232,723	\$0	\$0	\$0	\$578,638	\$0	\$207,064	\$40	\$0	\$0	\$1,005,557	\$393,776,884
<i>Hospice</i>	\$30,042,918	\$4,122,256	\$7,399,325	\$546,191	\$192,115	\$201,221	\$2,798,150	\$0	\$164,269	\$0	\$0	\$0	\$0	\$0	\$31,088	\$45,497,533
<i>Private Duty Nursing</i>	\$4,267,587	\$1,035,528	\$50,123,038	\$396,095	\$17,112	\$0	\$59,627	\$0	\$4,739,204	\$0	\$14,226,831	\$0	\$0	\$0	\$18,172	\$74,883,194
Subtotal CBLTC	\$196,885,388	\$38,929,971	\$252,057,468	\$1,812,973	\$441,950	\$201,221	\$2,857,777	\$0	\$5,482,111	\$0	\$14,433,895	\$40	\$0	\$0	\$1,054,817	\$514,157,611
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$463,567,112	\$40,086,211	\$85,871,856	\$407,674	\$132,343	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$824,756	\$590,889,952
<i>Class II Nursing Facilities</i>	\$539,407	\$409,229	\$3,762,825	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,711,461
<i>PACE</i>	\$122,689,658	\$14,889,608	\$7,602,247	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$145,181,513
Subtotal Long-Term Care	\$586,796,177	\$55,385,048	\$97,236,928	\$407,674	\$132,343	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$824,756	\$740,782,926
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$72,593,730	\$4,757,204	\$39,557,714	\$0	\$316,259	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,796,912	\$143,021,819
<i>Health Insurance Buy-In</i>	\$20,772	\$36,349	\$2,149,838	\$0	\$46,737	\$0	\$0	\$0	\$106,988	\$0	\$38,411	\$15,578	\$0	\$0	\$0	\$2,414,673
Subtotal Insurance	\$72,614,502	\$4,793,553	\$41,707,552	\$0	\$362,996	\$0	\$0	\$0	\$106,988	\$0	\$38,411	\$15,578	\$0	\$0	\$25,796,912	\$145,436,492
Service Management																
<i>Single Entry Points</i>	\$9,397,854	\$2,556,261	\$20,805,601	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$32,759,716
<i>Disease Management</i>	\$36,040	\$24,914	\$162,186	\$10,499	\$249,019	\$85,050	\$266,023	\$253	\$301,651	\$0	\$34,092	\$73,282	\$1,214	\$1,929	\$18,728	\$1,264,880
<i>Prepaid Inpatient Health Plan</i>	\$712,507	\$689,044	\$5,619,749	\$156,427	\$17,607,047	\$10,312,803	\$37,398,052	\$0	\$60,302,781	\$2,938,736	\$2,304,634	\$1,248,366	\$70,393	\$0	\$2,300,189	\$141,660,728
Subtotal Service Management	\$10,146,401	\$3,270,219	\$26,587,536	\$166,926	\$17,856,066	\$10,397,853	\$37,664,075	\$253	\$60,604,432	\$2,938,736	\$2,338,726	\$1,321,648	\$71,607	\$1,929	\$2,318,917	\$175,685,324
Medical Services Total	\$990,682,025	\$199,522,699	\$1,087,343,107	\$55,807,053	\$488,770,881	\$165,384,264	\$1,165,072,458	\$2,812,150	\$783,592,518	\$77,534,651	\$84,226,306	\$152,885,186	\$18,188,438	\$47,497,147	\$38,212,668	\$5,357,531,551
Caseload	43,060	11,442	69,042	4,359	170,935	70,573	255,924	169	468,884	56,726	20,920	15,333	1,971	2,742	29,785	1,221,865
Medical Services Per Capita	\$23,007.01	\$17,437.75	\$15,749.01	\$12,802.72	\$2,859.40	\$2,343.45	\$4,552.42	\$16,639.94	\$1,671.19	\$1,366.83	\$4,026.11	\$9,970.99	\$9,228.03	\$17,322.08	\$1,282.95	\$4,384.72
Financing	\$179,180,679	\$36,086,869	\$196,663,382	\$10,093,598	\$88,402,027	\$29,912,388	\$210,721,978	\$508,622	\$141,725,233	\$14,023,381	\$15,233,674	\$27,651,730	\$3,289,670	\$8,590,618	\$6,911,372	\$968,995,221
Grand Total Medical Services Premiums	\$1,169,862,704	\$235,609,568	\$1,284,006,489	\$65,900,651	\$577,172,908	\$195,296,652	\$1,375,794,436	\$3,320,772	\$925,317,751	\$91,558,032	\$99,459,980	\$180,536,916	\$21,478,108	\$56,087,765	\$45,124,040	\$6,326,526,772
Total Per Capita	\$27,168.20	\$20,591.64	\$18,597.47	\$15,118.30	\$3,376.56	\$2,767.30	\$5,375.79	\$19,649.54	\$1,973.45	\$1,614.04	\$4,754.30	\$11,774.40	\$10,897.06	\$20,455.06	\$1,514.99	\$5,177.76

Exhibit E - Summary of Total Requested Expenditure by Service Group

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
Acute Care	\$123,098,618	\$99,124,639	\$684,338,043	\$62,743,677	\$483,610,476	\$157,794,346	\$1,274,868,041	\$976,876	\$731,068,514	\$79,365,127	\$66,227,391	\$146,897,845	\$19,034,727	\$46,574,890	\$6,763,491	\$3,982,486,701
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$174,314,866	\$36,310,270	\$215,641,613	\$933,858	\$249,296	\$0	\$0	\$0	\$827,770	\$0	\$222,446	\$44	\$0	\$0	\$1,081,494	\$429,581,658
<i>Hospice</i>	\$30,881,832	\$4,293,256	\$7,593,945	\$617,346	\$197,481	\$216,504	\$3,120,941	\$0	\$173,682	\$0	\$0	\$0	\$0	\$0	\$33,860	\$47,128,847
<i>Private Duty Nursing</i>	\$4,996,141	\$1,206,607	\$58,691,607	\$464,089	\$19,592	\$0	\$68,916	\$0	\$5,546,324	\$0	\$16,450,618	\$0	\$0	\$0	\$21,391	\$87,465,285
Subtotal CBLTC	\$210,192,839	\$41,810,133	\$281,927,165	\$2,015,293	\$466,369	\$216,504	\$3,189,857	\$0	\$6,547,776	\$0	\$16,673,064	\$44	\$0	\$0	\$1,136,745	\$564,175,790
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$468,104,088	\$40,478,539	\$86,712,292	\$411,664	\$133,638	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$832,828	\$596,673,049
<i>Class II Nursing Facilities</i>	\$571,232	\$433,374	\$3,984,832	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,989,438
<i>PACE</i>	\$137,671,610	\$16,444,814	\$8,472,951	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$162,589,375
Subtotal Long-Term Care	\$606,346,930	\$57,356,727	\$99,170,075	\$411,664	\$133,638	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$832,828	\$764,251,862
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$75,894,742	\$5,098,736	\$41,725,094	\$0	\$354,397	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,884,359	\$151,957,328
<i>Health Insurance Buy-In</i>	\$27,628	\$48,346	\$2,859,406	\$0	\$62,163	\$0	\$0	\$0	\$142,300	\$0	\$51,088	\$20,720	\$0	\$0	\$0	\$3,211,651
Subtotal Insurance	\$75,922,370	\$5,147,082	\$44,584,500	\$0	\$416,560	\$0	\$0	\$0	\$142,300	\$0	\$51,088	\$20,720	\$0	\$0	\$28,884,359	\$155,168,979
Service Management																
<i>Single Entry Points</i>	\$10,082,958	\$2,742,612	\$22,322,329	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,147,899
<i>Disease Management</i>	\$36,981	\$26,106	\$167,332	\$11,932	\$273,024	\$92,329	\$298,319	\$89	\$318,835	\$0	\$34,563	\$74,104	\$1,314	\$1,874	\$20,538	\$1,357,340
<i>Prepaid Inpatient Health Plan</i>	\$731,373	\$707,287	\$5,768,537	\$160,569	\$18,073,209	\$11,267,005	\$42,354,810	\$0	\$64,706,759	\$3,016,542	\$2,365,650	\$1,281,419	\$72,256	\$0	\$3,437,354	\$153,942,770
Subtotal Service Management	\$10,851,312	\$3,476,005	\$28,258,198	\$172,501	\$18,346,233	\$11,359,334	\$42,653,129	\$89	\$65,025,594	\$3,016,542	\$2,400,213	\$1,355,523	\$73,570	\$1,874	\$3,457,892	\$190,448,009
Medical Services Total	\$1,026,412,069	\$206,914,586	\$1,138,277,981	\$65,343,135	\$502,973,276	\$169,370,184	\$1,320,711,027	\$976,965	\$802,784,184	\$82,381,669	\$85,351,756	\$148,274,132	\$19,108,297	\$46,576,764	\$41,075,315	\$5,656,531,341
Caseload	44,025	11,975	71,205	4,951	187,003	76,305	286,845	59	498,180	61,422	21,204	15,503	2,120	2,677	32,600	1,316,074
Medical Services Per Capita	\$23,314.30	\$17,278.88	\$15,985.93	\$13,197.97	\$2,689.65	\$2,219.65	\$4,604.27	\$16,558.73	\$1,611.43	\$1,341.24	\$4,025.27	\$9,564.22	\$9,013.35	\$17,398.87	\$1,259.98	\$4,298.03
Financing	\$176,474,737	\$35,575,573	\$195,708,248	\$11,234,681	\$86,478,013	\$29,120,428	\$227,074,621	\$167,973	\$138,025,586	\$14,164,178	\$14,674,836	\$25,493,308	\$3,285,359	\$8,008,111	\$7,062,227	\$972,547,879
Grand Total Medical Services Premiums	\$1,202,886,806	\$242,490,159	\$1,333,986,229	\$76,577,816	\$589,451,289	\$198,490,612	\$1,547,785,648	\$1,144,938	\$940,809,770	\$96,545,847	\$100,026,592	\$173,767,440	\$22,393,656	\$54,584,875	\$48,137,542	\$6,629,079,220
Total Per Capita	\$27,322.81	\$20,249.70	\$18,734.45	\$15,467.14	\$3,152.10	\$2,601.28	\$5,395.90	\$19,405.73	\$1,888.49	\$1,571.84	\$4,717.35	\$11,208.63	\$10,563.05	\$20,390.32	\$1,476.61	\$5,037.01

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

Item	Long Bill and Special Bills	R-1 Request (November 2014)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Acute Care					
Base Acute Cost	\$3,359,886,836	\$3,350,552,936	(\$9,333,900)	Trends for Some Populations Changed Based on FY 2013-14 Full Year Actuals	Exhibit F
<i>Bottom Line Impacts</i>					
Breast and Cervical Cancer Program Claims Runout	\$834,968	\$0	(\$834,968)	Program Reauthorized	Exhibit F
SB 10-117: "OTC MEDS"	\$0	\$0	\$0	Program Delayed	Exhibit F
Physicians to 100% of Medicare: 100% Federally Funded Portion	(\$9,575,251)	(\$6,027,427)	\$3,547,824	Decreased Savings Utilization Expectations Based Upon Actuals	Exhibit F
Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009	(\$1,865,815)	(\$3,198,850)	(\$1,333,035)	Significantly Higher Volume of Code Utilization for Applicable Services	Exhibit F
Accountable Care Collaborative Savings	(\$44,211,123)	(\$42,240,749)	\$1,970,374	Increased Savings Utilization Expectations Based Upon Actuals	Exhibit F
FY 2010-11 BRI-1: "Client Overutilization"	(\$394,665)	\$0	\$394,665	Savings Shifted to FY 2015-16 Due to Implementation Timing	Exhibit F
FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	\$0	\$0	\$0		Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$3,253,223)	(\$4,995,171)	(\$1,741,948)	Increasing Enrollment in PACE Program	Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - HIB1"	(\$1,441,287)	(\$731,697)	\$709,590	Decreased Savings Utilization Expectations Based Upon Actuals	Exhibit F
Colorado Choice Transitions	\$186,839	\$345,145	\$158,306	Decreased Savings Utilization Expectations Based Upon Actuals	Exhibit F
FY 2012-13 R-6: "Dental Efficiency"	\$0	(\$464,900)	(\$464,900)	Savings Shifted From Prior Year Due to Implementation Timing	Exhibit F
FY 2012-13 R-6: "Augmentative Communication Devices"	(\$451,000)	(\$246,000)	\$205,000	Savings Shifted to FY 2015-16 Due to Implementation Timing	Exhibit F
FY 2012-13 R-5: "ACC Gainssharing"	(\$1,401,004)	(\$1,401,004)	\$0		Exhibit F
53 Pay Periods in FY 2013-14	(\$38,288,901)	(\$49,726,790)	(\$11,437,889)	Adjusted based upon actuals for extra pay period	Exhibit F
FY 2013-14 R-7: "Substance Abuse Disorder Benefit"	(\$1,485,982)	(\$1,485,982)	\$0		Exhibit F
FY 2013-14 R-9: "Dental ASO for Children"	\$0	(\$576,072)	(\$576,072)	Savings Shifted From Prior Year Due to Implementation Timing	Exhibit F
FY 2013-14 R-13: "2% Provider Rate Increase"	\$4,523,183	\$5,507,961	\$984,778	Increased Costs due to Increased Utilization	Exhibit F
SB 13-200: "Medicaid Expansion Adjustment"	\$53,348,482	(\$4,009,347)	(\$57,357,829)	Updated Assumptions Based Upon Actuals	Exhibit F
SB 13-242: "Adult Dental Benefit"	(\$30,741,961)	\$82,118,666	\$112,860,627	Updated Assumptions and Implementation Timing	Exhibit F
Preventive Services	\$646,789	\$107,372	(\$539,417)	Updated Assumptions Based Upon Actuals	Exhibit F
Fluoride Benefit Expansion for Children	\$315,385	\$578,206	\$262,821	Updated Assumptions Based Upon Actuals	Exhibit F
CDASS Service Expansion into the Brain Injury Waiver	\$0	(\$128,943)	(\$128,943)		Exhibit F
Clients move from Low Income Adults to Baby Care Adults	(\$6,395,649)	\$0	\$6,395,649	Accounted for in Exhibit J	Exhibit J
HB 14-1252: "Intellectual and Developmental Disabilities Services System Capacity"	(\$985,189)	(\$985,189)	\$0		
FY 2014-15 R#7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$4,915,688)	(\$4,915,688)	\$0		Exhibit F
FY 2014-15 R#8: "Developmental Disabilities New Full Program Equivalents"	(\$168,363)	(\$168,363)	\$0		Exhibit F
FY 2014-15 R#9: "Medicaid Community Living Initiative"	\$364,073	\$364,073	\$0		Exhibit F
FY 2014-15 R#10: "Primary Care Specialty Collaboration"	\$237,497	\$237,497	\$0		Exhibit F
FY 2014-15 R#11: "Community Provider Rate Increase"	\$52,102,938	\$52,102,938	\$0		Exhibit F
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Extended Hours/After Hours Care 10% Rate Increase	\$641,597	\$641,597	\$0		Exhibit F
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Incentives to Use Ambulatory Surgery Centers	\$333,333	\$333,333	\$0		Exhibit F
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - High-Value Specialist Services to 80% of Medicare	\$11,312,435	\$11,312,435	\$0		Exhibit F
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Mammography Reimbursement to 80% of Medicare	\$94,841	\$94,841	\$0		Exhibit F
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Assistive Technology Reimbursement Rate to 80% of Medicare	\$22,037	\$22,037	\$0		Exhibit F
FY 2014-15 BA-10 "Dental Provider Network Adequacy"	\$5,000,000	\$5,000,000	\$0		Exhibit F
FY 2014-15 BA-10 Continuation of "1202 Provider Rate Increase"	\$44,277,696	\$44,277,696	\$0		Exhibit F
FY 2014-15 BA-12 "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	\$63,635	\$63,635	\$0		Exhibit F
JBC Action: "Matching Incentives to Ambulatory Surgery Center Facilities"	\$500,000	\$333,333	(\$166,667)	Delayed Implementation Shifted Costs Between Fiscal Years	Exhibit F
JBC Action: "Family Planning Rate Increase"	\$1,817,275	\$1,817,275	\$0		Exhibit F
JBC Action: "Raising FQHC Rate Increase to APM"	\$7,261,751	\$7,261,751	\$0		Exhibit F
JBC Action: "Full Denture Benefit"	\$26,737,869	\$24,509,713	(\$2,228,156)	Delayed Implementation Shifted Costs Between Fiscal Years	Exhibit F
EPSDT Personal Care	\$0	\$666,836	\$666,836	Federal Requirement	Exhibit F
Total Acute Care	\$3,424,934,358	\$3,466,947,104	\$42,012,746		
Community Based Long-Term Care					
Base CBLTC Cost	\$473,728,615	\$465,411,832	(\$8,316,783)		Exhibit G
<i>Bottom Line Impacts</i>					
Annualization of Adjustment of 53 Pay Periods	(\$5,223,933)	(\$5,933,553)	(\$709,620)	Adjusted based upon actuals for extra pay period	Exhibit G
Colorado Choice Transitions	\$4,941,163	\$1,787,479	(\$3,153,684)	Adjusted Client Enrollment Expectations	Exhibit G
CLLI Audit Recommendations	\$669,816	\$669,816	\$0		Exhibit G
Annualization of 8.26% Rate Adjustment	\$2,568,895	\$2,568,895	\$0		Exhibit G
Annualization of CDASS Service Expansion into the Brain Injury Waiver	\$170,084	\$277,249	\$107,165		Exhibit G
Annualization of Alternative Therapies Waiver Chiropractic Rate Increase	\$54,029	\$54,029	\$0		Exhibit G
Annualization of Persons Living with AIDS Waiver Consolidation into the Elderly, Blind and Disabled Waiver	\$0	\$0	\$0		Exhibit G
HB 14-1252: "Intellectual and Developmental Disabilities Services System Capacity"	(\$236,826)	(\$236,826)	\$0		Exhibit G
HB 14-1357: "In-Home Support Services in Medicaid Program"	\$297,986	\$297,986	\$0		Exhibit G
Raising Cap on Home Modifications	\$676,923	\$676,923	\$0		Exhibit G
FY 2014-15 R#7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$1,880,836)	(\$1,880,836)	\$0		Exhibit G
FY 2014-15 R#8: "Developmental Disabilities New Full Program Equivalents"	(\$116,274)	(\$116,274)	\$0		Exhibit G
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Pediatric Hospice Services 20%	\$246,878	\$246,878	\$0		Exhibit G
FY 2014-15 R#11: "Community Provider Rate Increase" 2% Across the Board Increase	\$6,431,610	\$6,431,610	\$0		Exhibit G
FY 2014-15 R#12: "Administrative Contract Reciprocity"	\$1,753,499	\$1,753,499	\$0		Exhibit G
EPSDT Personal Care	\$0	(\$321,140)	(\$321,140)	Federal Requirement	Exhibit G
CDASS Administrative FMS & Training Contract Competitive Reciprocity	\$0	(\$1,948,583)	(\$1,948,583)	Lowered Administrative Costs for New Contract	Exhibit G
Total Community Based Long-Term Care	\$484,081,629	\$469,738,984	(\$14,342,645)		

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

Item	Long Bill and Special Bills	R-1 Request (November 2014)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Long-Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$567,290,694	\$583,208,697	\$15,918,003		Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$6,783,601	\$7,172,066	\$388,465	Revised Forecast	Exhibit H
Recoveries from Department Overpayment Review	(\$1,658,080)	(\$1,600,000)	\$58,080	Revised Forecast	Exhibit H
Savings from days incurred in FY 2013-14 and paid in FY 2014-15 under HB 13-1152	(\$672,693)	\$0	\$672,693	Annualized Out of Base	Exhibit H
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$9,659,675)	(\$8,163,270)	\$1,496,405	Revised Forecast	Exhibit H
Colorado Choice Transitions	(\$5,563,503)	(\$4,117,244)	\$1,446,259	Decreased Savings Utilization Expectations Based Upon Actuals	Exhibit H
SB 14-130: "Increase Personal Care Allowance Nursing Facility"	\$1,057,300	\$1,057,300	\$0		Exhibit H
Payment for Audit Findings Concerning Nursing Facility Supplemental Payments	\$0	\$2,470,450	\$2,470,450	New Information	
Total Class I Nursing Facilities	\$557,577,644	\$580,027,999	\$22,450,355		
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities Cost	\$4,227,768	\$4,214,187	(\$13,581)	Revised Forecast	Exhibit H
<i>Bottom Line Impacts</i>					
Total Class II Nursing Facilities	\$4,227,768	\$4,214,187	(\$13,581)		
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
Base PACE Cost	\$130,064,953	\$139,607,769	\$9,542,816	Revised Forecast	Exhibit H
<i>Bottom Line Impacts</i>					
Total Program of All-Inclusive Care for the Elderly	\$130,064,953	\$139,607,769	\$9,542,816		
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB Cost	\$135,041,629	\$135,739,015	\$697,386	Medicare Part B Premium Remained Constant	Exhibit H
<i>Bottom Line Impacts</i>					
Total Supplemental Medicare Insurance Benefit	\$135,041,629	\$135,739,015	\$697,386		
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Cost	\$3,376,553	\$1,365,261	(\$2,011,292)		Exhibit H
<i>Bottom Line Impacts</i>					
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$525,525	\$29,975	(\$495,550)	Delayed Program Implementation	Exhibit H
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$1,287,596	\$393,991	(\$893,605)	Delayed Program Implementation	Exhibit H
Total Health Insurance Buy-In Program	\$5,189,674	\$1,789,227	(\$3,400,447)		
Total Long-Term Care and Insurance	\$832,101,668	\$861,378,197	\$29,276,529		
<i>Service Management</i>					
<i>Single Entry Points (SEP)</i>					
Single Entry Points (SEP) Base	\$29,078,489	\$29,304,678	\$226,189		Exhibit I
<i>Bottom Line Impacts</i>					
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Single Entry Point case Management 10% Rate Increase	\$1,229,790	\$1,229,790	\$0		Exhibit I
Total Single Entry Points	\$30,308,279	\$30,534,468	\$226,189		
<i>Disease Management</i>					
Base Disease Management	\$506,957	\$526,953	\$19,996		Exhibit I
<i>Bottom Line Impacts</i>					
Smoking Quit line	\$773,859	\$773,859	\$0		Exhibit I
Total Disease Management	\$1,280,816	\$1,300,812	\$19,996		
<i>Prepaid Inpatient Health Plan Administration</i>					
PIHP Base	\$119,120,223	\$133,904,405	\$14,784,182	Revised Forecast	Exhibit I
<i>Bottom Line Impacts</i>					
Total Prepaid Inpatient Health Plan Administration	\$119,120,223	\$133,904,405	\$14,784,182		
Total Service Management	\$150,709,318	\$165,739,685	\$15,030,367		
Grand Total Services	\$4,891,826,973	\$4,963,803,970	\$71,976,997		

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

Item	Long Bill and Special Bills	R-1 Request (November 2014)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Bottom Line Financing					
Upper Payment Limit Financing	\$5,162,991	\$5,065,793	(\$97,198)		Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0		Exhibit A
Denver Health Outstationing	\$14,066,357	\$6,408,699	(\$7,657,658)		Exhibit A
Hospital Provider Fee Supplemental Payments	\$683,597,029	\$757,053,890	\$73,456,861		Exhibit J
Nursing Facility Provider Fee Supplemental Payments	\$86,274,152	\$92,730,698	\$6,456,546		Exhibit H
Physician Supplemental Payments	\$11,240,250	\$5,619,125	(\$5,621,125)		Exhibit A
Memorial Hospital High Volume Supplemental Payments	\$2,185,018	\$5,562,375	\$3,377,357		Exhibit A
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0		Exhibit A
Intergovernmental Transfer for Difficult to Discharge Clients	\$30,000,000	\$30,000,000	\$0		Exhibit A
Cash Funds Financing(1)	\$0	\$0	\$0		Exhibit A
Total Bottom Line Financing	\$832,525,797	\$902,440,580	\$69,914,783		
Grand Total⁽¹⁾	\$5,724,352,770	\$5,866,244,550	\$141,891,780		
Total Acute Care	\$3,424,934,358	\$3,466,947,104	\$42,012,746		
Total Community Based Long-Term Care	\$484,081,629	\$469,738,984	(\$14,342,645)		
Total Class I Nursing Facilities	\$557,577,644	\$580,027,999	\$22,450,355		
Total Class II Nursing Facilities	\$4,227,768	\$4,214,187	(\$13,581)		
Total Program of All-Inclusive Care for the Elderly	\$130,064,953	\$139,607,769	\$9,542,816		
Total Supplemental Medicare Insurance Benefit	\$135,041,629	\$135,739,015	\$697,386		
Total Health Insurance Buy-In Program	\$5,189,674	\$1,789,227	(\$3,400,447)		
Total Single Entry Point	\$30,308,279	\$30,534,468	\$226,189		
Total Disease Management	\$1,280,816	\$1,300,812	\$19,996		
Total Prepaid Inpatient Health Plan Administration	\$119,120,223	\$133,904,405	\$14,784,182		
Total Bottom Line Financing	\$832,525,797	\$902,440,580	\$69,914,783		
Grand Total⁽¹⁾	\$5,724,352,770	\$5,866,244,550	\$141,891,780		
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 2015-16

Item	Base Spending Authority	R-1 Request (November 2014)	Difference	Description of Difference from Base Request
Acute Care				
Base Acute Cost	\$3,316,374,819	\$3,642,132,777	\$325,757,958	Increasing Caseload and Per Capita Costs
<i>Bottom Line Impacts</i>				
Breast and Cervical Cancer Program Claims Runout	\$834,968	\$0	(\$834,968)	Program Reauthorized
SB 10-117: "OTC MEDS"	\$0	\$0	\$0	Program Delayed
Physicians to 100% of Medicare: 100% Federally Funded Portion	(\$38,914,422)	(\$38,755,940)	\$158,482	Decreased Savings Utilization Expectations Based Upon Actuals
Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009	(\$4,254,431)	(\$4,269,882)	(\$15,451)	Significantly Higher Volume of Code Utilization for Applicable Services
Accountable Care Collaborative Savings	(\$65,353,795)	(\$67,833,935)	(\$2,480,140)	Increased Savings Utilization Expectations Based Upon Actuals
FY 2010-11 BRL-1: "Client Overutilization"	(\$394,665)	\$0	\$394,665	Savings Shifted to FY 2015-16 Due to Implementation Timing
FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	\$0	\$0	\$0	
Estimated Impact of Increasing PACE Enrollment	(\$5,950,351)	(\$7,734,047)	(\$1,783,696)	Increasing Enrollment in PACE Program
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$1,441,287)	(\$1,811,118)	(\$369,831)	Decreased Savings Utilization Expectations Based Upon Actuals
Colorado Choice Transitions	\$389,908	\$1,018,292	\$628,384	Decreased Savings Utilization Expectations Based Upon Actuals
FY 2012-13 R-6: "Dental Efficiency"	\$0	(\$1,859,599)	(\$1,859,599)	Savings Shifted From Prior Year Due to Implementation Timing
FY 2012-13 R-6: "Augmentative Communication Devices"	(\$492,000)	(\$492,000)	\$0	
FY 2012-13 R-5: "ACC Gainsharing"	(\$1,401,004)	(\$1,401,004)	\$0	
53 Pay Periods in FY 2013-14	(\$38,288,901)	(\$49,726,790)	(\$11,437,889)	Adjusted based upon actuals for extra pay period
FY 2013-14 R-7: "Substance Abuse Disorder Benefit"	(\$1,485,982)	(\$1,485,982)	\$0	
FY 2013-14 R-9: "Dental ASO for Children"	\$0	(\$576,072)	(\$576,072)	Savings Shifted From Prior Year Due to Implementation Timing
FY 2013-14 R-13: "2% Provider Rate Increase"	\$4,523,183	\$5,507,961	\$984,778	Increased Costs due to Increased Utilization
SB 13-200: "Medicaid Expansion Adjustment"	(\$77,335,403)	(\$4,975,338)	\$72,360,065	Updated Assumptions Based Upon Actuals
SB 13-242: "Adult Dental Benefit"	\$53,348,482	\$82,118,666	\$28,770,184	Updated Assumptions and Implementation Timing
Preventive Services	\$646,789	\$107,372	(\$539,417)	Updated Assumptions Based Upon Actuals
Fluoride Benefit Expansion for Children	\$0	\$52,564	\$52,564	Updated Assumptions Based Upon Actuals
CDASS Service Expansion into the Brain Injury Waiver	\$79,103	(\$128,943)	(\$208,046)	
Clients move from Low Income Adults to Baby Care Adults	(\$6,395,649)	\$0	\$6,395,649	Accounted for in Exhibit J
HB 14-1252: "Intellectual and Developmental Disabilities Services System Capacity"	(\$978,215)	(\$978,215)	\$0	
FY 2014-15 R#7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$4,915,688)	(\$4,915,688)	\$0	
FY 2014-15 R#8: "Developmental Disabilities New Full Program Equivalents"	(\$336,726)	(\$336,726)	\$0	
FY 2014-15 R#9: "Medicaid Community Living Initiative"	\$370,067	\$370,067	\$0	
FY 2014-15 R#10: "Primary Care Specialty Collaboration"	(\$173,987)	(\$173,987)	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase"	\$100,808,404	\$100,808,404	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Extended Hours/After Hours Care 10% Rate Increase	\$699,924	\$699,924	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Incentives to Use Ambulatory Surgery Centers	\$500,000	\$500,000	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - High-Value Specialist Services to 80% of Medicare	\$12,340,838	\$12,340,838	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Mammography Reimbursement to 80% of Medicare	\$103,463	\$103,463	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Assistive Technology Reimbursement Rate to 80% of Medicare	\$24,040	\$24,040	\$0	
FY 2014-15 BA-10 "Dental Provider Network Adequacy"	\$0	\$0	\$0	
FY 2014-15 BA-10 Continuation of "1202 Provider Rate Increase"	\$92,983,162	\$92,983,162	\$0	
FY 2014-15 BA-12 "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	(\$8,318,999)	(\$8,318,999)	\$0	
JBC Action: "Matching Incentives to Ambulatory Surgery Center Facilities"	\$500,000	\$500,000	\$0	Delayed Implementation Shifted Costs Between Fiscal Years
JBC Action: "Family Planning Rate Increase"	\$1,982,482	\$1,982,482	\$0	
JBC Action: "Raising FQHC Rate Increase to APM"	\$7,921,910	\$7,921,910	\$0	
JBC Action: "Full Denture Benefit"	\$26,737,869	\$26,737,869	\$0	Delayed Implementation Shifted Costs Between Fiscal Years
EPSDT Personal Care	\$0	\$1,333,672	\$1,333,672	Federal Requirement
Total Acute Care	\$3,364,737,906	\$3,781,469,198	\$416,731,292	
Community Based Long-Term Care				
Base CBLTC Cost	\$500,052,999	\$506,746,276	\$6,693,277	
<i>Bottom Line Impacts</i>				
Annualization of Adjustment of 53 Pay Periods	(\$5,223,933)	(\$5,933,553)	(\$709,620)	Adjusted based upon actuals for extra pay period
Colorado Choice Transitions	\$11,264,631	\$5,322,651	(\$5,941,980)	Adjusted Client Enrollment Expectations
CLLI Audit Recommendations	\$730,708	\$730,708	\$0	
Annualization of 8.26% Rate Adjustment	\$2,568,895	\$2,568,895	\$0	
Annualization of CDASS Service Expansion into the Brain Injury Waiver	\$170,084	\$277,249	\$107,165	
Annualization of Alternative Therapies Waiver Chiropractic Rate Increase	\$54,029	\$54,029	\$0	
Annualization of Persons Living with AIDS Waiver Consolidation into the Elderly, Blind and Disabled Waiver	\$0	\$0	\$0	
HB 14-1252: "Intellectual and Developmental Disabilities Service System Capacity"	(\$256,584)	(\$256,584)	\$0	
HB 14-1357: "In-Home Support Services in Medicaid Program"	\$1,191,942	\$1,191,942	\$0	
Raising Cap on Home Modifications	\$1,353,846	\$1,353,846	\$0	
FY 2014-15 R#7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$1,880,836)	(\$1,880,836)	\$0	
FY 2014-15 R#8: "Developmental Disabilities New Full Program Equivalents"	(\$232,548)	(\$232,548)	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Pediatric Hospice Services 20%	\$269,321	\$269,321	\$0	
FY 2014-15 R#11: "Community Provider Rate Increase" 2% Across the Board Increase	\$7,016,302	\$7,016,302	\$0	
FY 2014-15 R#12: "Administrative Contract Reprourement"	\$1,753,499	\$1,753,499	\$0	
EPSDT Personal Care	(\$642,280)	(\$642,280)	\$0	Federal Requirement
CDASS Administrative FMS & Training Contract Competitive Reprourement	(\$4,181,306)	(\$4,181,306)	\$0	Lowered Administrative Costs for New Contract
Total Community Based Long-Term Care	\$514,008,769	\$514,157,611	\$148,842	

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

Item	Base Spending Authority	R-1 Request (November 2014)	Difference	Description of Difference from Base Request
Long-Term Care and Insurance				
Class I Nursing Facilities				
Base Class I Nursing Facility Cost	\$597,504,474	\$606,088,634	\$8,584,160	
<i>Bottom Line Impacts</i>				
Hospital Back Up Program	\$14,662,667	\$14,960,571	\$297,904	Revised Forecast
Recoveries from Department Overpayment Review	(\$3,376,348)	(\$3,258,080)	\$118,268	Revised Forecast
Savings from days incurred in FY 2013-14 and paid in FY 2014-15 under HB 13-1152	(\$1,360,821)	(\$627,675)	\$733,146	annualizing out
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$19,656,960)	(\$16,608,995)	\$3,047,965	Policy Adjustment
Colorado Choice Transitions	(\$15,889,223)	(\$14,780,493)	\$1,108,730	Revised Forecast
SB 14-130: "Increase Personal Care Allowance Nursing Facility"	\$1,057,300	\$2,645,540	\$1,588,240	
Payment for Audit Findings Concerning Nursing Facility Supplemental Payments	\$0	\$2,470,450	\$2,470,450	Audit Findings
Total Class I Nursing Facilities	\$572,941,089	\$590,889,952	\$17,948,863	
Class II Nursing Facilities				
Base Class II Nursing Facilities	\$4,311,644	\$4,711,461	\$399,817	Revised Forecast
<i>Bottom Line Impacts</i>				
Total Class II Nursing Facilities	\$4,311,644	\$4,711,461	\$399,817	
Program of All Inclusive Care for the Elderly (PACE)				
Base PACE Cost	\$145,543,632	\$145,181,513	(\$362,119)	Revised Forecast
<i>Bottom Line Impacts</i>				
Total Program of All-Inclusive Care for the Elderly	\$145,543,632	\$145,181,513	(\$362,119)	
Supplemental Medicare Insurance Benefit (SMIB)				
Base SMIB	\$143,785,430	\$143,021,819	(\$763,611)	Revised Forecast
<i>Bottom Line Impacts</i>				
Total Supplemental Medicare Insurance Benefit	\$143,785,430	\$143,021,819	(\$763,611)	
Health Insurance Buy-In Program (HIBI)				
Base HIBI Cost	\$3,863,864	\$1,365,261	(\$2,498,603)	
<i>Bottom Line Impacts</i>				
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$525,525	\$74,195	(\$451,330)	
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$1,287,596	\$975,217	(\$312,379)	
Total Health Insurance Buy-In Program	\$5,676,985	\$2,414,673	(\$3,262,312)	
Total Long-Term Care and Insurance	\$872,258,780	\$886,219,418	\$13,960,638	
Service Management				
Single Entry Points (SEP)				
FY 2012-13 Base Contracts	\$30,431,479	\$31,529,926	\$1,098,447	Revised Forecast
<i>Bottom Line Impacts</i>				
FY 2014-15 R#11: "Community Provider Rate Increase" Targeted - Single Entry Point case Management 10% Rate Increase	\$1,229,790	\$1,229,790	\$0	
Total Single Entry Points	\$31,661,269	\$32,759,716	\$1,098,447	
Disease Management				
Base Disease Management	\$599,398	\$491,021	(\$108,377)	Revised Forecast
<i>Bottom Line Impacts</i>				
Smoking Quit line	\$773,859	\$773,859	\$0	
Total Disease Management	\$1,373,257	\$1,264,880	(\$108,377)	
Prepaid Inpatient Health Plan Administration				
Estimated FY 2010-11 Base Expenditures	\$137,142,617	\$141,660,728	\$4,518,111	Revised Forecast
<i>Bottom Line Impacts</i>				
Total Prepaid Inpatient Health Plan Administration	\$137,142,617	\$141,660,728	\$4,518,111	
Total Service Management	\$170,177,143	\$175,685,324	\$5,508,181	
Grand Total Services	\$4,921,182,598	\$5,357,531,551	\$436,348,953	

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

Item	Base Spending Authority	R-1 Request (November 2014)	Difference	Description of Difference from Base Request
Bottom Line Financing				
Upper Payment Limit Financing	\$7,623,824	\$5,158,379	(\$2,465,445)	Revised Forecast
Department Recoveries Adjustment	\$0	\$0	\$0	
Denver Health Outstationing	\$6,964,536	\$6,408,699	(\$555,837)	Revised Forecast
Hospital Provider Fee Supplemental Payments	\$693,330,144	\$820,149,821	\$126,819,677	Revised Forecast
Nursing Facility Provider Fee Supplemental Payments	\$95,428,177	\$96,096,822	\$668,645	Revised Forecast
Physician Supplemental Payments	\$13,483,709	\$5,619,125	(\$7,864,584)	Revised Forecast
Memorial Hospital High Volume Supplemental Payments	\$555,237	\$5,562,375	\$5,007,138	Revised Forecast
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0	
Intergovernmental Transfer for Difficult to Discharge Clients	\$30,000,000	\$30,000,000	\$0	Revised Forecast
Cash Funds Financing ⁽¹⁾	\$0	\$0	\$0	
Grand Total⁽²⁾	\$5,768,568,225	\$6,326,526,772	\$557,958,547	
Total Acute Care	\$3,364,737,906	\$3,781,469,198	\$416,731,292	
Total Community Based Long-Term Care	\$514,008,769	\$514,157,611	\$148,842	
Total Class I Nursing Facilities	\$572,941,089	\$590,889,952	\$17,948,863	
Total Class II Nursing Facilities	\$4,311,644	\$4,711,461	\$399,817	
Total Program of All-Inclusive Care for the Elderly	\$145,543,632	\$145,181,513	(\$362,119)	
Total Supplemental Medicare Insurance Benefit	\$143,785,430	\$143,021,819	(\$763,611)	
Total Health Insurance Buy-In Program	\$5,676,985	\$2,414,673	(\$3,262,312)	
Total Single Entry Point	\$31,661,269	\$32,759,716	\$1,098,447	
Total Disease Management	\$1,373,257	\$1,264,880	(\$108,377)	
Total Prepaid Inpatient Health Plan Administration	\$137,142,617	\$141,660,728	\$4,518,111	
Total Bottom Line Financing	\$847,385,627	\$968,995,221	\$121,609,594	
Rounding Adjustment	\$0	\$0	\$0	
Grand Total⁽²⁾	\$5,768,568,225	\$6,326,526,772	\$557,958,547	
Footnotes				
(1) The Department has not received a FY 2015-16 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.				