

**Exhibit A - Summary of Request**

<b>Calculation of Request</b>						
<b>FY 2015-16</b>						
<b>Item</b>	<b>Total Request</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>FY 2015-16 Appropriation</b>						
FY 2015-16 Long Bill Appropriation (SB 15-234)	\$6,584,363,560	\$967,942,644	\$848,124,468	\$698,756,395	\$0	\$4,069,540,053
HB 15-1186 "Children with Autism Waiver Expansion"	\$10,205,160	\$164,846	\$0	\$4,840,203	\$0	\$5,200,111
HB 15-1309 "Protective Restorations by Dental Hygenists"	\$11,217	\$4,515	\$0	\$690	\$0	\$6,012
SB 15-011 "Pilot Program Spinal Cord Injury Alternative Medicine"	\$250,547	\$123,295	\$0	\$0	\$0	\$127,252
<b>FY 2015-16 Total Spending Authority</b>	<b>\$6,594,830,484</b>	<b>\$968,235,300</b>	<b>\$848,124,468</b>	<b>\$703,597,288</b>	<b>\$0</b>	<b>\$4,074,873,428</b>
Total Projected FY 2015-16 Expenditure	\$6,801,990,609	\$1,006,105,053	\$848,124,468	\$819,261,032	\$0	\$4,128,500,056
<b>FY 2015-16 Requested Change from Appropriation</b>	<b>\$207,160,125</b>	<b>\$37,869,753</b>	<b>\$0</b>	<b>\$115,663,744</b>	<b>\$0</b>	<b>\$53,626,628</b>
Percent Change	3.14%	3.91%	0.00%	16.44%	0.00%	1.32%
<b>Calculation of Request</b>						
<b>FY 2016-17</b>						
<b>Item</b>	<b>Total Request</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>FY 2015-16 Appropriation Plus Special Bills</b>						
Bill Annualizations						
Annualization of Long Bill FY 2015-16 (SB 15-234)	(\$59,260,774)	(\$26,398,604)	\$0	\$1,263,468	\$0	(\$34,125,638)
SB 11-177 Annualization "Sunset Teen Pregnancy & Dropout Program"	(\$183,897)	\$32,490	\$0	(\$25,022)	\$0	(\$191,365)
HB 15-1186 Annualization "Children with Autism Waiver Expansion"	\$8,029,482	\$8,269,243	\$0	(\$4,331,637)	\$0	\$4,091,876
HB 15-1309 Annualization "Protective Restorations by Dental Hygenists"	\$12,620	\$5,160	\$0	\$690	\$0	\$6,770
SB 15-011 Annualization "Pilot Program Spinal Cord Injury Alternative Medicine"	\$18,823	\$9,451	\$0	\$0	\$0	\$9,372
Total Annualizations	(\$51,383,746)	(\$18,082,260)	\$0	(\$3,092,501)	\$0	(\$30,208,985)
<b>FY 2016-17 Total Spending Authority</b>	<b>\$6,543,446,738</b>	<b>\$950,153,040</b>	<b>\$848,124,468</b>	<b>\$700,504,787</b>	<b>\$0</b>	<b>\$4,044,664,443</b>
Total Projected FY 2016-17 Expenditure	\$6,603,727,556	\$1,091,855,459	\$848,124,468	\$669,522,464	\$0	\$3,994,225,165
<b>FY 2016-17 Requested Change from Appropriation</b>	<b>\$60,280,818</b>	<b>\$141,702,419</b>	<b>\$0</b>	<b>(\$30,982,323)</b>	<b>\$0</b>	<b>(\$50,439,278)</b>
Percent Change	0.92%	14.91%	0.00%	-4.42%	0.00%	-1.25%
<b>Calculation of Request</b>						
<b>FY 2017-18</b>						
<b>Item</b>	<b>Total Request</b>	<b>General Fund</b>	<b>General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>
<b>FY 2016-17 Appropriation Plus Special Bills</b>						
Bill Annualizations						
Annualization of Long Bill FY 2015-16 (SB 15-234)	(\$7,748,597)	(\$3,169,176)	\$0	\$0	\$0	(\$4,579,421)
SB 15-011 Annualization "Pilot Program Spinal Cord Injury Alternative Medicine"	(\$23,515)	\$12,996	\$0	(\$5,004)	\$0	(\$31,507)
Total Annualizations	(\$7,772,112)	(\$3,156,180)	\$0	(\$5,004)	\$0	(\$4,610,928)
<b>FY 2017-18 Total Spending Authority</b>	<b>\$6,535,674,626</b>	<b>\$946,996,860</b>	<b>\$848,124,468</b>	<b>\$700,499,783</b>	<b>\$0</b>	<b>\$4,040,053,515</b>
Total Projected FY 2017-18 Expenditures	\$6,847,388,506	\$1,209,165,645	\$848,124,468	\$714,548,129	\$0	\$4,075,550,264
<b>FY 2017-18 Requested Change From Appropriation</b>	<b>\$311,713,880</b>	<b>\$262,168,785</b>	<b>\$0</b>	<b>\$14,048,346</b>	<b>\$0</b>	<b>\$35,496,749</b>
Percent Change	4.77%	27.68%	0.00%	2.01%	0.00%	0.88%

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2015-16							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
<b>Acute Care Services</b>							
Base Acute	\$2,165,818,719	\$1,065,799,392	\$0	\$0	\$1,100,019,327	50.79%	
Breast and Cervical Cancer Program	\$3,657,778	\$0	\$1,260,105	\$0	\$2,397,673	65.55%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$12,111,051	\$1,211,105	\$0	\$0	\$10,899,946	90.00%	CF: Local Funds
Indian Health Service	\$3,439,350	\$0	\$0	\$0	\$3,439,350	100.00%	
Affordable Care Act Drug Rebate Offset	(\$17,694,876)	\$0	\$0	\$0	(\$17,694,876)	100.00%	
Affordable Care Act Preventive Services	\$49,962,440	\$24,086,892	\$0	\$0	\$25,875,548	51.79%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$84,211,584	\$14,484,392	\$0	\$0	\$69,727,192	82.80%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$16,519,607	\$2,841,372	\$0	\$0	\$13,678,235	82.80%	
MAGI Parents/Caretakers to 133% FPL	\$198,461,286	\$0	\$0	\$0	\$198,461,286	100.00%	100% FFP January 1, 2014
MAGI Adults	\$1,114,224,454	\$0	\$0	\$0	\$1,114,224,454	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$28,540,089	\$0	\$15,460,745	\$0	\$13,079,344	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$29,338,412	\$0	\$3,608,625	\$0	\$25,729,787	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$28,908,266	\$0	\$14,225,758	\$0	\$14,682,508	50.79%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$47,161,557	\$0	\$23,144,878	\$0	\$24,016,679	Variable	CF: Adult Dental Fund
<b>Acute Care Services Sub-Total</b>	<b>\$3,764,659,717</b>	<b>\$1,108,423,153</b>	<b>\$57,700,111</b>	<b>\$0</b>	<b>\$2,598,536,453</b>		
<b>Community Based Long-Term Care Services</b>							
Base Long-Term Services & Supports	\$750,402,588	\$369,273,114	\$0	\$0	\$381,129,474	50.79%	
Children with Autism Waiver Services	\$7,434,525	\$0	\$3,658,530	\$0	\$3,775,995	50.79%	CF: Colorado Autism Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$819,486	\$140,951	\$0	\$0	\$678,535	82.80%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	82.80%	
MAGI Parents/Caretakers to 133% FPL	\$399,844	\$0	\$50,820	\$0	\$349,024	87.29%	Waivers Services Standard Match; PDN/LTHH 100% FFP January 1, 2014
MAGI Adults	\$5,878,006	\$0	\$691,254	\$0	\$5,186,752	88.24%	Waivers Services Standard Match; PDN/LTHH 100% FFP January 1, 2014
Disabled Buy-In	\$4,538,984	\$0	\$2,458,860	\$0	\$2,080,124	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$835,556	\$0	\$102,773	\$0	\$732,783	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$139,058	\$0	\$68,430	\$0	\$70,628	50.79%	CF: Hospital Provider Fee Fund
<b>Community Based Long-Term Care Services Sub-Total</b>	<b>\$770,448,047</b>	<b>\$369,414,065</b>	<b>\$7,030,667</b>	<b>\$0</b>	<b>\$394,003,315</b>		
<b>Long-Term Care and Insurance</b>							
Base Class I Nursing Facilities	\$593,076,455	\$291,852,924	\$0	\$0	\$301,223,531	50.79%	
Class II Nursing Facilities	\$4,764,670	\$2,344,694	\$0	\$0	\$2,419,976	50.79%	
PACE	\$133,853,042	\$65,869,082	\$0	\$0	\$67,983,960	50.79%	
Supplemental Medicare Insurance Benefit (SMIB)	\$148,443,165	\$85,725,928	\$0	\$0	\$62,717,237	50.00%	Approximately 15.5% of Total is State-Only
Health Insurance Buy-In	\$1,555,764	\$765,591	\$0	\$0	\$790,173	50.79%	
MAGI Parents/Caretakers to 133% FPL	\$41,128	\$0	\$0	\$0	\$41,128	100.00%	100% FFP January 1, 2014
MAGI Adults	\$1,092,038	\$0	\$0	\$0	\$1,092,038	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$154,878	\$0	\$83,900	\$0	\$70,978	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,207,565	\$0	\$148,530	\$0	\$1,059,035	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$11,838	\$0	\$5,825	\$0	\$6,013	50.79%	CF: Hospital Provider Fee Fund
<b>Long-Term Care and Insurance Sub-Total</b>	<b>\$884,200,543</b>	<b>\$446,558,219</b>	<b>\$238,255</b>	<b>\$0</b>	<b>\$437,404,069</b>		
<b>Service Management</b>							
Base Service Management	\$33,174,147	\$16,587,073	\$0	\$0	\$16,587,074	50.00%	
Accountable Care Collaborative	\$93,727,525	\$46,123,315	\$0	\$0	\$47,604,210	50.79%	
Tobacco Quit Line	\$828,769	\$0	\$407,837	\$0	\$420,932	50.79%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$7,511,607	\$1,291,996	\$0	\$0	\$6,219,611	82.80%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$164,217	\$28,245	\$0	\$0	\$135,972	82.80%	
MAGI Parents/Caretakers to 133% FPL	\$9,169,475	\$0	\$0	\$0	\$9,169,475	100.00%	100% FFP January 1, 2014
MAGI Adults	\$32,599,883	\$0	\$0	\$0	\$32,599,883	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$319,253	\$0	\$172,946	\$0	\$146,307	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$115,620	\$0	\$14,221	\$0	\$101,399	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$1,110,900	\$0	\$546,674	\$0	\$564,226	50.79%	CF: Hospital Provider Fee Fund
<b>Service Management Sub-Total</b>	<b>\$178,721,396</b>	<b>\$64,030,629</b>	<b>\$1,141,678</b>	<b>\$0</b>	<b>\$113,549,089</b>		
<b>FY 2015-16 Estimate of Total Expenditures for Medical Services to Clients</b>	<b>\$5,598,029,703</b>	<b>\$1,988,426,066</b>	<b>\$66,110,711</b>	<b>\$0</b>	<b>\$3,543,492,926</b>		
<b>Financing</b>							
Upper Payment Limit Financing	\$3,930,874	(\$4,077,498)	\$3,930,874	\$0	\$4,077,498	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$19,507,116)	\$48,177,615	\$0	(\$28,670,499)	59.51%	CF: Department Recoveries
Denver Health Outstationing	\$6,964,536	\$3,482,268	\$0	\$0	\$3,482,268	50.00%	
Hospital Provider Fee Supplemental Payments	\$1,086,400,000	\$0	\$534,600,000	\$0	\$551,800,000	50.79%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$95,278,525	\$0	\$46,886,562	\$0	\$48,391,963	50.79%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$8,831,734	(\$464,828)	\$4,648,281	\$0	\$4,648,281	Variable	CF: Certification of Public Expenditure
Memorial Hospital High Volume Payment	\$555,237	\$0	\$277,618	\$0	\$277,619	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$64,834,091)	\$64,834,091	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$2,000,000	\$0	\$1,000,000	\$0	\$1,000,000	50.00%	CF: Intergovernmental Transfer
Cash Funds Financing <sup>(1)</sup>	\$0	(\$48,795,280)	\$48,795,280	\$0	\$0	N/A	CF: Various, see Narrative
<b>Financing Sub-Total</b>	<b>\$1,203,960,906</b>	<b>(\$134,196,545)</b>	<b>\$753,150,321</b>	<b>\$0</b>	<b>\$585,007,130</b>		
<b>Total Projected FY 2015-16 Expenditures<sup>(2)</sup></b>	<b>\$6,801,990,609</b>	<b>\$1,854,229,521</b>	<b>\$819,261,032</b>	<b>\$0</b>	<b>\$4,128,500,056</b>		
<i>Definitions:</i> FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment							
<sup>(1)</sup> This line adjusts for transfers from cash funds to the General Fund as provided for by the bills listed on page EA-1.							
<sup>(2)</sup> Of the General Fund total, \$848,124,468 is General Fund Exempt.							

**Exhibit A - Summary of Request**

<b>Calculation of Fund Splits FY 2016-17</b>							
<b>Item</b>	<b>Total Request</b>	<b>General Fund and General Fund Exempt</b>	<b>Cash Funds</b>	<b>Reappropriated Funds</b>	<b>Federal Funds</b>	<b>FMAP <sup>(3)</sup></b>	<b>Notes</b>
<b>Acute Care Services</b>							
Base Acute	\$2,153,310,877	\$1,067,611,533	\$0	\$0	\$1,085,699,344	50.42%	
Breast and Cervical Cancer Program	\$1,903,368	\$0	\$660,659	\$0	\$1,242,709	65.29%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$12,817,125	\$1,281,712	\$0	\$0	\$11,535,413	90.00%	CF: Local Funds
Indian Health Service	\$3,683,888	\$0	\$0	\$0	\$3,683,888	100.00%	
Affordable Care Act Drug Rebate Offset	(\$20,204,009)	\$0	\$0	\$0	(\$20,204,009)	100.00%	
Affordable Care Act Preventive Services	\$49,356,148	\$23,977,217	\$0	\$0	\$25,378,931	51.42%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$87,502,055	\$10,246,491	\$0	\$0	\$77,255,564	88.29%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$16,477,397	\$1,929,503	\$0	\$0	\$14,547,894	88.29%	
MAGI Parents/Caretakers to 133% FPL	\$199,817,846	\$0	\$4,995,446	\$0	\$194,822,400	97.50%	100% FFP January 1, 2014
MAGI Adults	\$1,155,557,734	\$0	\$28,888,943	\$0	\$1,126,668,791	97.50%	100% FFP January 1, 2014
Disabled Buy-In	\$31,808,879	\$0	\$17,422,988	\$0	\$14,385,891	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$30,967,820	\$0	\$4,419,108	\$0	\$26,548,712	85.73%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$30,443,583	\$0	\$15,093,928	\$0	\$15,349,655	50.42%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$49,168,127	\$0	\$24,301,807	\$0	\$24,866,320	Variable	CF: Adult Dental Fund
<b>Acute Care Services Sub-Total</b>	<b>\$3,802,610,838</b>	<b>\$1,105,046,456</b>	<b>\$95,782,879</b>	<b>\$0</b>	<b>\$2,601,781,503</b>		
<b>Community Based Long-Term Care Services</b>							
Base Community Based Long-Term Care	\$831,686,291	\$412,350,063	\$0	\$0	\$419,336,228	50.42%	
Children with Autism Waiver Services	\$19,791,616	\$7,132,446	\$2,680,237	\$0	\$9,978,933	50.42%	CF: Colorado Autism Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$899,670	\$105,351	\$0	\$0	\$794,319	88.29%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	88.29%	
MAGI Parents/Caretakers to 133% FPL	\$428,463	\$0	\$64,912	\$0	\$363,551	84.85%	Waivers receive standard match; CF: Hospital Provider Fee Fund
MAGI Adults	\$6,260,042	\$0	\$891,430	\$0	\$5,368,612	85.76%	Waivers receive standard match; CF: Hospital Provider Fee Fund
Disabled Buy-In	\$5,206,384	\$0	\$2,851,744	\$0	\$2,354,640	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$889,840	\$0	\$126,980	\$0	\$762,860	85.73%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$145,904	\$0	\$72,339	\$0	\$73,565	50.42%	CF: Hospital Provider Fee Fund
<b>Community Based Long-Term Care Sub-Total</b>	<b>\$865,308,210</b>	<b>\$419,587,860</b>	<b>\$6,687,642</b>	<b>\$0</b>	<b>\$439,032,708</b>		
<b>Long-Term Care and Insurance</b>							
Base Class I Nursing Facilities	\$610,908,781	\$302,888,574	\$0	\$0	\$308,020,207	50.42%	
Class II Nursing Facilities	\$5,035,779	\$2,496,739	\$0	\$0	\$2,539,040	50.42%	
PACE	\$156,900,991	\$77,791,511	\$0	\$0	\$79,109,480	50.42%	
Supplemental Medicare Insurance Benefit (SMIB)	\$162,436,498	\$93,807,078	\$0	\$0	\$68,629,420	50.00%*	Approximately 15.5% of Total is State-Only
Health Insurance Buy-In	\$1,956,280	\$969,924	\$0	\$0	\$986,356	50.42%	
MAGI Parents/Caretakers to 133% FPL	\$48,660	\$0	\$1,216	\$0	\$47,444	97.50%	100% FFP January 1, 2014
MAGI Adults	\$1,083,086	\$0	\$27,077	\$0	\$1,056,009	97.50%	100% FFP January 1, 2014
Disabled Buy-In	\$159,538	\$0	\$87,385	\$0	\$72,153	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,291,374	\$0	\$184,279	\$0	\$1,107,095	85.73%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$13,065	\$0	\$6,478	\$0	\$6,587	50.42%	CF: Hospital Provider Fee Fund
<b>Long-Term Care and Insurance Sub-Total</b>	<b>\$939,834,052</b>	<b>\$477,953,826</b>	<b>\$306,435</b>	<b>\$0</b>	<b>\$461,573,791</b>		
<b>Service Management</b>							
Base Service Management	\$33,508,208	\$16,754,104	\$0	\$0	\$16,754,104	50.00%	
Accountable Care Collaborative	\$106,555,225	\$52,830,081	\$0	\$0	\$53,725,144	50.42%	
Tobacco Quit Line	\$1,028,215	\$0	\$509,789	\$0	\$518,426	50.42%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$8,097,096	\$948,170	\$0	\$0	\$7,148,926	88.29%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$203,778	\$23,862	\$0	\$0	\$179,916	88.29%	
MAGI Parents/Caretakers to 133% FPL	\$10,069,507	\$0	\$251,738	\$0	\$9,817,769	97.50%	100% FFP January 1, 2014
MAGI Adults	\$35,445,499	\$0	\$886,137	\$0	\$34,559,362	97.50%	100% FFP January 1, 2014
Disabled Buy-In	\$422,922	\$0	\$231,651	\$0	\$191,271	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$120,024	\$0	\$17,127	\$0	\$102,897	85.73%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$1,254,665	\$0	\$622,063	\$0	\$632,602	50.42%	CF: Hospital Provider Fee Fund
<b>Service Management Sub-Total</b>	<b>\$196,705,139</b>	<b>\$70,556,217</b>	<b>\$2,518,505</b>	<b>\$0</b>	<b>\$123,630,417</b>		
<b>FY 2016-17 Estimate of Total Expenditures for Medical Services to Clients</b>	<b>\$5,804,458,239</b>	<b>\$2,073,144,359</b>	<b>\$105,295,461</b>	<b>\$0</b>	<b>\$3,626,018,419</b>		
<b>Financing</b>							
Upper Payment Limit Financing	\$4,048,270	(\$4,145,726)	\$4,048,270	\$0	\$4,145,726	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$16,604,495)	\$53,597,465	\$0	(\$36,992,970)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$6,964,536	\$3,482,268	\$0	\$0	\$3,482,268	50.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$679,000,000	\$0	\$336,700,000	\$0	\$342,300,000	50.42%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$97,869,540	\$0	\$48,523,718	\$0	\$49,345,822	50.42%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$8,831,734	(\$464,828)	\$4,648,281	\$0	\$4,648,281	Variable	CF: Certification of Public Expenditure
Memorial Hospital High Volume Payment	\$555,237	\$0	\$277,618	\$0	\$277,619	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$64,723,663)	\$64,723,663	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$2,000,000	\$0	\$1,000,000	\$0	\$1,000,000	50.00%	CF: Intergovernmental Transfer
Cash Funds Financing <sup>(1)</sup>	\$0	(\$50,707,988)	\$50,707,988	\$0	\$0	N/A	CF: Various, see Narrative
<b>Financing Sub-Total</b>	<b>\$799,269,317</b>	<b>(\$133,164,432)</b>	<b>\$564,227,003</b>	<b>\$0</b>	<b>\$368,206,746</b>		
<b>Total Projected FY 2016-17 Expenditures<sup>(2)</sup></b>	<b>\$6,603,727,556</b>	<b>\$1,939,979,927</b>	<b>\$669,522,464</b>	<b>\$0</b>	<b>\$3,994,225,165</b>		
<i>Definitions:</i> FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment							
<sup>(1)</sup> This line adjusts for transfers from cash funds to the General Fund as provided by for the bills listed on page EA-1.							
<sup>(2)</sup> Of the General Fund total, \$848,124,468 is General Fund Exempt.							
<sup>(3)</sup> On January 1, 2017, the ACA expansion FMAP decreases from a 100% FMAP rate to 95% FMAP rate.							

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2017-18							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP <sup>(3)</sup>	Notes
<b>Acute Care Services</b>							
Base Acute	\$2,229,980,095	\$1,109,638,095	\$0	\$0	\$1,120,342,000	50.24%	
Breast and Cervical Cancer Program	\$642,118	\$0	\$223,650	\$0	\$418,468	65.17%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$13,564,363	\$1,356,436	\$0	\$0	\$12,207,927	90.00%	CF: Local Funds
Indian Health Service	\$3,945,812	\$0	\$0	\$0	\$3,945,812	100.00%	
Affordable Care Act Drug Rebate Offset	(\$23,068,937)	\$0	\$0	\$0	(\$23,068,937)	100.00%	
Affordable Care Act Preventive Services	\$51,736,303	\$25,226,621	\$0	\$0	\$26,509,682	51.24%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$93,521,968	\$11,063,649	\$0	\$0	\$82,458,319	88.17%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$16,670,904	\$1,972,168	\$0	\$0	\$14,698,736	88.17%	
MAGI Parents/Caretakers to 133% FPL	\$206,100,502	\$0	\$11,335,528	\$0	\$194,764,974	94.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$1,186,014,038	\$0	\$65,230,772	\$0	\$1,120,783,266	94.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$35,732,783	\$0	\$19,657,939	\$0	\$16,074,844	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$31,883,213	\$0	\$5,279,860	\$0	\$26,603,353	83.44%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$31,541,968	\$0	\$15,695,283	\$0	\$15,846,685	50.24%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$50,808,796	\$0	\$25,205,603	\$0	\$25,603,193	Variable	CF: Adult Dental Fund
<b>Acute Care Services Sub-Total</b>	<b>\$3,929,073,926</b>	<b>\$1,149,256,969</b>	<b>\$142,628,635</b>	<b>\$0</b>	<b>\$2,637,188,322</b>		
<b>Community Based Long-Term Care Services</b>							
Base Community Based Long-Term Care	\$910,231,353	\$452,931,121	\$0	\$0	\$457,300,232	50.24%	
Children with Autism Waiver Services	\$20,248,106	\$9,075,458	\$1,000,000	\$0	\$10,172,648	50.24%	CF: Colorado Autism Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$977,920	\$115,688	\$0	\$0	\$862,232	88.17%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	88.17%	
MAGI Parents/Caretakers to 133% FPL	\$456,854	\$0	\$80,680	\$0	\$376,174	82.34%	Waivers receive standard match; CF: Hospital Provider Fee Fund
MAGI Adults	\$6,575,924	\$0	\$1,111,331	\$0	\$5,464,593	83.10%	Waivers receive standard match; CF: Hospital Provider Fee Fund
Disabled Buy-In	\$5,693,617	\$0	\$3,132,271	\$0	\$2,561,346	Variable	CF: Hospital Provider Fee and Disabled Buy-in Premiums
Non-Newly Eligibles	\$936,122	\$0	\$936,122	\$0	\$781,100	83.44%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$149,429	\$0	\$74,356	\$0	\$75,073	50.24%	CF: Hospital Provider Fee Fund
<b>Community Based Long-Term Care Sub-Total</b>	<b>\$945,269,325</b>	<b>\$462,122,267</b>	<b>\$5,553,660</b>	<b>\$0</b>	<b>\$477,593,398</b>		
<b>Long-Term Care and Insurance</b>							
Base Class I Nursing Facilities	\$628,351,554	\$312,667,733	\$0	\$0	\$315,683,821	50.24%	
Class II Nursing Facilities	\$5,179,298	\$2,577,219	\$0	\$0	\$2,602,079	50.24%	
PACE	\$174,713,989	\$86,937,681	\$0	\$0	\$87,776,308	50.24%	
Supplemental Medicare Insurance Benefit (SMIB)	\$176,913,972	\$105,263,813	\$0	\$0	\$71,650,159	50.00%*	Approximately 19% of total is State-Only
Health Insurance Buy-In	\$2,465,129	\$1,226,648	\$0	\$0	\$1,238,481	50.24%	
MAGI Parents/Caretakers to 133% FPL	\$58,110	\$0	\$3,196	\$0	\$54,914	94.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$1,091,389	\$0	\$60,026	\$0	\$1,031,363	94.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$164,098	\$0	\$90,276	\$0	\$73,822	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$1,358,182	\$0	\$224,915	\$0	\$1,133,267	83.44%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$14,111	\$0	\$7,022	\$0	\$7,089	50.24%	CF: Hospital Provider Fee Fund
<b>Long-Term Care and Insurance Sub-Total</b>	<b>\$990,309,832</b>	<b>\$508,673,094</b>	<b>\$385,435</b>	<b>\$0</b>	<b>\$481,251,303</b>		
<b>Service Management</b>							
Base Service Management	\$34,309,338	\$17,154,669	\$0	\$0	\$17,154,669	50.00%	
Accountable Care Collaborative	\$113,114,108	\$56,285,580	\$0	\$0	\$56,828,528	50.24%	
Tobacco Quit Line	\$1,058,995	\$0	\$526,956	\$0	\$532,039	50.24%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$8,748,776	\$1,034,980	\$0	\$0	\$7,713,796	88.17%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$217,428	\$108,192	\$0	\$0	\$109,236	50.24%	
MAGI Parents/Caretakers to 133% FPL	\$10,766,046	\$0	\$592,133	\$0	\$10,173,913	94.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$36,806,992	\$0	\$2,024,385	\$0	\$34,782,607	94.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$492,732	\$0	\$221,070	\$0	\$271,662	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$122,713	\$0	\$20,321	\$0	\$102,392	83.44%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$1,347,611	\$0	\$670,571	\$0	\$677,040	50.24%	CF: Hospital Provider Fee Fund
<b>Service Management Sub-Total</b>	<b>\$206,984,739</b>	<b>\$74,583,421</b>	<b>\$4,105,436</b>	<b>\$0</b>	<b>\$128,295,882</b>		
<b>FY 2017-18 Estimate of Total Expenditures for Medical Services to Clients</b>	<b>\$6,071,637,822</b>	<b>\$2,194,635,751</b>	<b>\$152,673,166</b>	<b>\$0</b>	<b>\$3,724,328,905</b>		
<b>Financing</b>							
Upper Payment Limit Financing	\$4,168,162	(\$4,215,759)	\$4,168,162	\$0	\$4,215,759	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$18,843,609)	\$59,669,439	\$0	(\$40,825,830)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$6,964,536	\$3,482,268	\$0	\$0	\$3,482,268	50.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$652,700,000	\$0	\$324,783,520	\$0	\$327,916,480	50.24%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$100,531,015	\$0	\$50,024,233	\$0	\$50,506,782	50.24%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$8,831,734	(\$464,828)	\$4,648,281	\$0	\$4,648,281	50.00%	CF: Certification of Public Expenditure
Memorial Hospital High Volume Payment	\$555,237	\$0	\$277,618	\$0	\$277,619	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$64,723,663)	\$64,723,663	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$2,000,000	\$0	\$1,000,000	\$0	\$1,000,000	50.00%	CF: Intergovernmental Transfer
Cash Funds Financing <sup>(1)</sup>	\$0	(\$52,580,047)	\$52,580,047	\$0	\$0	N/A	CF: Various, see Narrative
<b>Financing Sub-Total</b>	<b>\$775,750,684</b>	<b>(\$137,345,638)</b>	<b>\$561,874,963</b>	<b>\$0</b>	<b>\$351,221,359</b>		
<b>Total Projected FY 2017-18 Expenditures <sup>(2)</sup></b>	<b>\$6,847,388,506</b>	<b>\$2,057,290,113</b>	<b>\$714,548,129</b>	<b>\$0</b>	<b>\$4,075,550,264</b>		
<i>Definitions:</i> FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment							
<sup>(1)</sup> This line adjusts for transfers from cash funds to the General Fund as provided by for the special bills listed on page EA-1.							
<sup>(2)</sup> Of the General Fund total, \$848,124,468 is General Fund Exempt.							
<sup>(3)</sup> On January 1, 2018, the ACA expansion FMAP decreases from a 95% FMAP rate to 94% FMAP rate.							