

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	\$91,859,669	\$87,012,782	\$503,245,509	\$28,540,089	\$522,249,142	\$198,461,286	\$1,143,562,866	\$3,657,778	\$813,803,255	\$84,211,584	\$58,701,398	\$157,703,813	\$16,519,607	\$43,515,454	\$11,615,485	\$3,764,659,717
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$168,886,475	\$36,506,203	\$199,674,855	\$1,818,140	\$745,691	\$103,268	\$1,604,373	\$0	\$1,400,237	\$3,310	\$448,188	\$33,165	\$0	\$0	\$1,131,649	\$412,355,554
<i>Hospice</i>	\$34,333,673	\$4,215,745	\$6,918,149	\$218,647	\$374,192	\$227,276	\$3,600,030	\$4,718	\$217,874	\$3,586	\$40,912	\$0	\$0	\$0	\$0	\$50,154,802
<i>Private Duty Nursing & Long-Term Home Health</i>	\$33,477,506	\$10,463,866	\$201,022,271	\$2,502,197	\$346,501	\$69,300	\$1,509,159	\$0	\$29,260,171	\$816,176	\$28,447,444	\$0	\$0	\$0	\$23,100	\$307,937,691
Subtotal CBLTC	\$236,697,654	\$51,185,814	\$407,615,275	\$4,538,984	\$1,466,384	\$399,844	\$6,713,562	\$4,718	\$30,878,282	\$823,072	\$28,936,544	\$33,165	\$0	\$0	\$1,154,749	\$770,448,047
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$466,933,245	\$40,645,164	\$85,052,917	\$154,878	\$275,884	\$13,445	\$2,274,690	\$0	\$0	\$0	\$155,567	\$0	\$0	\$0	\$78,112	\$595,583,902
<i>Class II Nursing Facilities</i>	\$457,791	\$507,213	\$3,799,666	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,764,670
<i>PACE</i>	\$112,919,644	\$14,678,686	\$6,254,712	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$133,853,042
Subtotal Long-Term Care	\$580,310,680	\$55,831,063	\$95,107,295	\$154,878	\$275,884	\$13,445	\$2,274,690	\$0	\$0	\$0	\$155,567	\$0	\$0	\$0	\$78,112	\$734,201,614
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$77,164,613	\$4,652,887	\$41,236,473	\$0	\$273,765	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,115,427	\$148,443,165
<i>Health Insurance Buy-In</i>	\$11,074	\$13,842	\$1,356,448	\$0	\$16,610	\$27,683	\$24,913	\$0	\$96,890	\$0	\$0	\$8,304	\$0	\$0	\$0	\$1,555,764
Subtotal Insurance	\$77,175,687	\$4,666,729	\$42,592,921	\$0	\$290,375	\$27,683	\$24,913	\$0	\$96,890	\$0	\$0	\$8,304	\$0	\$0	\$25,115,427	\$149,998,929
Service Management																
<i>Single Entry Points</i>	\$9,319,240	\$2,585,742	\$19,556,026	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,461,008
<i>Disease Management</i>	\$8,232	\$21,647	\$145,304	\$9,050	\$211,327	\$78,847	\$390,096	\$0	\$0	\$0	\$29,418	\$84,586	\$9,735	\$0	\$0	\$988,242
<i>ACC and PIHP Administration</i>	\$3,159,648	\$1,333,890	\$9,505,277	\$310,203	\$20,439,718	\$9,090,628	\$32,325,407	\$0	\$58,643,368	\$7,511,607	\$2,568,461	\$1,219,722	\$164,217	\$0	\$0	\$146,272,146
Subtotal Service Management	\$12,487,120	\$3,941,279	\$29,206,607	\$319,253	\$20,651,045	\$9,169,475	\$32,715,503	\$0	\$58,643,368	\$7,511,607	\$2,597,879	\$1,304,308	\$173,952	\$0	\$0	\$178,721,396
Medical Services Total	\$998,530,810	\$202,637,667	\$1,077,767,607	\$33,553,204	\$544,932,830	\$208,071,733	\$1,185,291,534	\$3,662,496	\$903,421,795	\$92,546,263	\$90,391,388	\$159,049,590	\$16,693,559	\$43,515,454	\$37,963,773	\$5,598,029,703
Caseload	42,218	11,035	68,897	4,859	181,652	82,897	293,091	283	474,429	59,802	19,923	14,830	1,728	2,992	32,835	1,291,471
Medical Services Per Capita	\$23,651.78	\$18,363.18	\$15,643.17	\$6,905.37	\$2,999.87	\$2,510.00	\$4,044.11	\$12,941.68	\$1,904.23	\$1,547.54	\$4,537.04	\$10,724.85	\$9,660.62	\$14,543.94	\$1,156.20	\$4,334.62
Financing	\$101,942,456	\$38,472,015	\$153,263,504	\$8,682,448	\$141,162,415	\$41,953,356	\$377,147,975	\$0	\$200,688,464	\$19,008,631	\$13,449,782	\$68,994,172	\$7,083,882	\$32,102,278	\$9,528	\$1,203,960,906
Grand Total Medical Services Premiums	\$1,100,473,266	\$241,109,682	\$1,231,031,111	\$42,235,652	\$686,095,245	\$250,025,089	\$1,562,439,509	\$3,662,496	\$1,104,110,259	\$111,554,894	\$103,841,170	\$228,043,762	\$23,777,441	\$75,617,732	\$37,973,301	\$6,801,990,609
Total Per Capita	\$26,066.45	\$21,849.54	\$17,867.70	\$8,692.25	\$3,776.98	\$3,016.09	\$5,330.90	\$12,941.68	\$2,327.24	\$1,865.40	\$5,212.13	\$15,377.19	\$13,760.09	\$25,273.31	\$1,156.49	\$5,266.86

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	\$76,587,075	\$86,106,473	\$497,626,012	\$31,808,879	\$530,348,907	\$199,817,846	\$1,186,525,554	\$1,903,368	\$816,349,214	\$87,502,055	\$57,374,930	\$158,466,274	\$16,477,397	\$44,869,095	\$10,847,759	\$3,802,610,838
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$187,831,955	\$40,536,510	\$232,849,189	\$2,182,239	\$829,155	\$115,155	\$1,782,433	\$0	\$1,972,663	\$3,788	\$705,804	\$36,989	\$0	\$0	\$1,260,476	\$470,106,356
<i>Hospice</i>	\$35,846,499	\$4,408,292	\$7,157,921	\$256,414	\$406,423	\$237,436	\$3,711,138	\$2,541	\$226,041	\$3,860	\$40,790	\$0	\$0	\$0	\$0	\$52,297,355
<i>Private Duty Nursing & Long-Term Home Health</i>	\$36,849,962	\$11,497,680	\$223,798,504	\$2,767,731	\$379,360	\$75,872	\$1,656,311	\$0	\$32,730,167	\$895,882	\$32,227,741	\$0	\$0	\$0	\$25,289	\$342,904,499
Subtotal CBLTC	\$260,528,416	\$56,442,482	\$463,805,614	\$5,206,384	\$1,614,938	\$428,463	\$7,149,882	\$2,541	\$34,928,871	\$903,530	\$32,974,335	\$36,989	\$0	\$0	\$1,285,765	\$865,308,210
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$480,982,861	\$41,868,141	\$87,612,086	\$159,538	\$284,185	\$13,850	\$2,343,133	\$0	\$0	\$0	\$160,247	\$0	\$0	\$0	\$80,463	\$613,504,504
<i>Class II Nursing Facilities</i>	\$483,839	\$536,073	\$4,015,867	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,035,779
<i>PACE</i>	\$132,058,980	\$17,600,421	\$7,241,590	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$156,900,991
Subtotal Long-Term Care	\$613,525,680	\$60,004,635	\$98,869,543	\$159,538	\$284,185	\$13,850	\$2,343,133	\$0	\$0	\$0	\$160,247	\$0	\$0	\$0	\$80,463	\$775,441,274
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$82,005,242	\$5,130,755	\$44,898,967	\$0	\$310,733	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,090,801	\$162,436,498
<i>Health Insurance Buy-In</i>	\$13,924	\$17,406	\$1,705,652	\$0	\$20,886	\$34,810	\$31,327	\$0	\$121,833	\$0	\$0	\$10,442	\$0	\$0	\$0	\$1,956,280
Subtotal Insurance	\$82,019,166	\$5,148,161	\$46,604,619	\$0	\$331,619	\$34,810	\$31,327	\$0	\$121,833	\$0	\$0	\$10,442	\$0	\$0	\$30,090,801	\$164,392,778
Service Management																
<i>Single Entry Points</i>	\$9,846,709	\$2,730,802	\$20,660,941	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,238,452
<i>Disease Management</i>	\$8,138	\$22,707	\$151,011	\$10,641	\$225,424	\$82,601	\$403,444	\$0	\$0	\$0	\$29,516	\$85,021	\$9,712	\$0	\$0	\$1,028,215
<i>ACC and PIHP Administration</i>	\$4,768,586	\$1,759,185	\$12,129,596	\$412,281	\$23,084,252	\$9,986,906	\$35,162,079	\$0	\$62,802,333	\$8,097,096	\$2,753,310	\$1,288,782	\$194,066	\$0	\$0	\$162,438,472
Subtotal Service Management	\$14,623,433	\$4,512,694	\$32,941,548	\$422,922	\$23,309,676	\$10,069,507	\$35,565,523	\$0	\$62,802,333	\$8,097,096	\$2,782,826	\$1,373,803	\$203,778	\$0	\$0	\$196,705,139
Medical Services Total	\$1,047,283,770	\$212,214,445	\$1,139,847,336	\$37,597,723	\$555,889,325	\$210,364,476	\$1,231,615,419	\$1,905,909	\$914,202,251	\$96,502,681	\$93,292,338	\$159,887,508	\$16,681,175	\$44,869,095	\$42,304,788	\$5,804,458,239
Caseload	42,830	11,585	71,569	5,721	194,331	86,948	303,341	153	494,175	64,629	19,943	14,916	1,725	3,104	37,035	1,352,005
Medical Services Per Capita	\$24,452.11	\$18,318.04	\$15,926.55	\$6,571.88	\$2,860.53	\$2,419.43	\$4,060.17	\$12,456.92	\$1,849.96	\$1,493.18	\$4,677.95	\$10,719.19	\$9,670.25	\$14,455.25	\$1,142.29	\$4,293.22
Financing	\$67,618,185	\$25,576,618	\$101,746,984	\$5,754,739	\$93,674,364	\$27,814,572	\$250,411,077	\$0	\$133,238,195	\$12,628,455	\$8,951,816	\$45,798,132	\$4,715,689	\$21,340,491	\$0	\$799,269,317
Grand Total Medical Services Premiums	\$1,114,901,955	\$237,791,063	\$1,241,594,320	\$43,352,462	\$649,563,689	\$238,179,048	\$1,482,026,496	\$1,905,909	\$1,047,440,446	\$109,131,136	\$102,244,154	\$205,685,640	\$21,396,864	\$66,209,586	\$42,304,788	\$6,603,727,556
Total Per Capita	\$26,030.87	\$20,525.77	\$17,348.21	\$7,577.78	\$3,342.56	\$2,739.33	\$4,885.68	\$12,456.92	\$2,119.57	\$1,688.58	\$5,126.82	\$13,789.60	\$12,403.98	\$21,330.41	\$1,142.29	\$4,884.40

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2017-18	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Acute Care	\$76,749,455	\$89,877,132	\$516,529,869	\$35,732,783	\$545,531,568	\$206,100,502	\$1,217,897,251	\$642,118	\$852,937,142	\$93,521,968	\$57,794,731	\$161,476,567	\$16,670,904	\$45,423,565	\$12,188,371	\$3,929,073,926
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$204,743,638	\$44,093,319	\$252,246,758	\$2,362,812	\$901,062	\$125,550	\$1,935,228	\$0	\$2,170,724	\$4,228	\$745,847	\$40,333	\$0	\$0	\$1,372,749	\$510,742,248
<i>Hospice</i>	\$37,456,314	\$4,639,614	\$7,446,240	\$291,260	\$434,292	\$249,133	\$3,776,992	\$866	\$236,360	\$4,153	\$40,941	\$0	\$0	\$0	\$0	\$54,576,165
<i>Private Duty Nursing & Long-Term Home Health</i>	\$40,203,565	\$12,514,009	\$247,903,666	\$3,039,545	\$410,856	\$82,171	\$1,799,826	\$0	\$36,481,963	\$973,692	\$36,514,229	\$0	\$0	\$0	\$27,390	\$379,950,912
Subtotal CBLTC	\$282,403,517	\$61,246,942	\$507,596,664	\$5,693,617	\$1,746,210	\$456,854	\$7,512,046	\$866	\$38,889,047	\$982,073	\$37,301,017	\$40,333	\$0	\$0	\$1,400,139	\$945,269,325
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$494,728,552	\$43,064,663	\$90,115,894	\$164,098	\$292,307	\$14,245	\$2,410,096	\$0	\$0	\$0	\$164,827	\$0	\$0	\$0	\$82,762	\$631,037,444
<i>Class II Nursing Facilities</i>	\$497,628	\$551,351	\$4,130,319	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,179,298
<i>PACE</i>	\$146,517,042	\$20,042,429	\$8,154,518	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$174,713,989
Subtotal Long-Term Care	\$641,743,222	\$63,658,443	\$102,400,731	\$164,098	\$292,307	\$14,245	\$2,410,096	\$0	\$0	\$0	\$164,827	\$0	\$0	\$0	\$82,762	\$810,930,731
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$86,982,295	\$5,632,976	\$48,722,389	\$0	\$343,444	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,232,868	\$176,913,972
<i>Health Insurance Buy-In</i>	\$17,546	\$21,934	\$2,149,310	\$0	\$26,318	\$43,865	\$39,475	\$0	\$153,523	\$0	\$0	\$13,158	\$0	\$0	\$0	\$2,465,129
Subtotal Insurance	\$86,999,841	\$5,654,910	\$50,871,699	\$0	\$369,762	\$43,865	\$39,475	\$0	\$153,523	\$0	\$0	\$13,158	\$0	\$0	\$35,232,868	\$179,379,101
Service Management																
<i>Single Entry Points</i>	\$10,321,320	\$2,862,427	\$21,654,732	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,838,479
<i>Disease Management</i>	\$8,259	\$23,838	\$156,695	\$12,057	\$237,258	\$86,450	\$409,562	\$0	\$0	\$0	\$29,550	\$85,614	\$9,712	\$0	\$0	\$1,058,995
<i>ACC and PIHP Administration</i>	\$4,827,756	\$1,804,992	\$12,391,385	\$480,675	\$24,794,199	\$10,679,596	\$36,520,143	\$0	\$66,435,534	\$8,748,776	\$2,860,242	\$1,336,251	\$207,716	\$0	\$0	\$171,087,265
Subtotal Service Management	\$15,157,335	\$4,691,257	\$34,202,812	\$492,732	\$25,031,457	\$10,766,046	\$36,929,705	\$0	\$66,435,534	\$8,748,776	\$2,889,792	\$1,421,865	\$217,428	\$0	\$0	\$206,984,739
Medical Services Total	\$1,103,053,370	\$225,128,684	\$1,211,601,775	\$42,083,230	\$572,971,304	\$217,381,512	\$1,264,788,573	\$642,984	\$958,415,246	\$103,252,817	\$98,150,367	\$162,951,923	\$16,888,332	\$45,423,565	\$48,904,140	\$6,071,637,822
<i>Caseload</i>	43,468	12,162	74,263	6,482	204,533	91,000	307,941	52	515,425	69,364	19,966	15,020	1,725	3,144	41,235	1,405,780
<i>Medical Services Per Capita</i>	\$25,376.22	\$18,510.83	\$16,315.01	\$6,492.32	\$2,801.36	\$2,388.81	\$4,107.24	\$12,365.08	\$1,859.47	\$1,488.56	\$4,915.88	\$10,849.00	\$9,790.34	\$14,447.70	\$1,185.99	\$4,319.05
<i>Financing</i>	\$65,628,508	\$24,824,022	\$98,753,062	\$5,585,405	\$90,917,980	\$26,996,124	\$243,042,689	\$0	\$129,317,639	\$12,256,861	\$8,688,408	\$44,450,514	\$4,576,929	\$20,712,543	\$0	\$775,750,684
Grand Total Medical Services Premiums	\$1,168,681,878	\$249,952,706	\$1,310,354,837	\$47,668,635	\$663,889,284	\$244,377,636	\$1,507,831,262	\$642,984	\$1,087,732,885	\$115,509,678	\$106,838,775	\$207,402,437	\$21,465,261	\$66,136,108	\$48,904,140	\$6,847,388,506
<i>Total Per Capita</i>	\$26,886.03	\$20,551.94	\$17,644.79	\$7,354.00	\$3,245.88	\$2,685.47	\$4,896.49	\$12,365.08	\$2,110.36	\$1,665.27	\$5,351.04	\$13,808.42	\$12,443.63	\$21,035.66	\$1,185.99	\$4,870.88

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

Item	Long Bill and Special Bills	R-1 Request (November 2015)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Acute Care					
Base Acute Cost	\$3,784,165,354	\$3,732,763,490	(\$51,401,864)	Decrease driven by federally-funded populations	Exhibit F
<i>Bottom Line Impacts</i>					
Annualization of Physicians to 100% of Medicare: 100% Federally Funded Portion	(\$39,365,571)	(\$35,980,518)	\$3,385,053	Updated based on actuals	Exhibit F
Annualization of Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009	(\$4,207,240)	(\$3,162,394)	\$1,044,846	Updated based on actuals	Exhibit F
Accountable Care Collaborative Savings	(\$54,713,941)	(\$46,935,785)	\$7,778,156	Enrollment expectations dampened	Exhibit F
FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	\$0	\$0	\$0		Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$2,441,737)	(\$3,750,939)	(\$1,309,202)	Enrollment expectations adjusted based on FY 2014-15 actuals	Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$454,078)	(\$475,058)	(\$20,980)	Costs slightly lower than anticipated in FY 2014-15, adjusted downward	Exhibit F
FY 2012-13 R-6: "Dental Efficiency"	(\$1,704,632)	\$0	\$1,704,632	Delayed one fiscal year, stakeholder process is taking longer than anticipated	Exhibit F
Annualization of FY 2012-13 R-6: "Augmentative Communication Devices"	(\$338,250)	(\$423,262)	(\$85,012)	Decreased savings utilization expectations based upon actuals	Exhibit F
Annualization of Fluoride Benefit Expansion for Children	\$367,949	\$367,949	\$0		Exhibit F
Annualization of FY 2014-15 R-9: "Medicaid Community Living Initiative"	\$5,994	\$5,994	\$0		Exhibit F
Annualization of FY 2014-15 R-10: "Primary Care Specialty Collaboration"	(\$368,269)	(\$86,994)	\$281,276	Software delayed, expected savings pushed out accordingly	Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase"	\$4,736,631	\$4,736,631	\$0		Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Extended Hours/After Hours Care 10% Rate Increase	\$58,327	\$58,327	\$0		Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Incentives to Use Ambulatory Surgery Centers	\$166,667	\$148,148	(\$18,519)	Delayed one month, adjusted for implementation delay	Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - High-Value Specialist Services to 80% of Medicare	\$1,028,403	\$1,028,403	\$0		Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Mammography Reimbursement to 80% of Medicare	\$8,622	\$8,622	\$0		Exhibit F
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Assistive Technology Reimbursement Rate to 80% of Medicare	\$2,003	\$2,003	\$0		Exhibit F
Annualization of FY 2014-15 BA-10: "Continuation of '1202 Provider Rate Increase"	\$48,705,466	\$66,392,695	\$17,687,229	Higher utilization than originally anticipated	Exhibit F
Annualization of FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	(\$5,528,463)	(\$5,174,136)	\$354,327	Enrollment ramp-up slower than anticipated	Exhibit F
Annualization of FY 2014-15 JBC Action: "Matching Incentives to Ambulatory Surgery Center Facilities"	\$166,667	\$148,148	(\$18,519)	Delayed one month, adjusted for implementation delay	Exhibit J
Annualization of FY 2014-15 JBC Action: "Family Planning Rate Increase"	\$165,207	\$165,207	\$0		Exhibit F
Annualization of FY 2014-15 JBC Action: "Raising FQHC Rate Increase to APM"	\$660,159	\$660,159	\$0		Exhibit F
Annualization of FY 2014-15 JBC Action: "Full Denture Benefit"	\$2,228,156	\$2,228,156	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase"	\$11,566,794	\$11,566,794	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Physical and Occupational Therapy Services	\$3,587,268	\$3,587,268	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prostate Biopsy	\$5,485	\$5,485	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Diabetic Self-Management	\$485,433	\$485,433	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental X-Rays	\$365,089	\$365,089	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prenatal and Postpartum Care	\$624,511	\$624,511	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Sealants	\$1,484,511	\$1,484,511	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Vision Retinal Services	\$407,583	\$407,583	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Eye Materials	\$3,995,056	\$3,995,056	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Fillings and Extractions	\$15,058,255	\$15,058,255	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Anesthesia	\$12,862,698	\$12,862,698	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - EMT	\$1,109,263	\$1,109,263	\$0		Exhibit F
HB 15-1309: "Protective Restorations by Dental Hygienists"	\$37,540	\$37,540	\$0		Exhibit F
HB 15-1186: "Children with Autism Waiver Expansion"	\$518,075	\$345,383	(\$172,692)	Delayed implementation	Exhibit F
Total Acute Care	\$3,785,450,985	\$3,764,659,717	(\$20,791,268)		
Community Based Long-Term Care					
Base CBLTC Cost	\$754,653,651	\$756,577,075	\$1,923,423		Exhibit G
<i>Bottom Line Impacts</i>					
Annualization of FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$427,463)	(\$427,463)	\$0	Combined with the impact of FY 2014-15 R-8; separate impacts are difficult to isolate	Exhibit G
Annualization of FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$790,806)	(\$790,806)	\$0		Exhibit G
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Pediatric Hospice Services 20% Rate Increase	\$22,443	\$201,991	\$179,548	Delayed implementation, not yet approved by CMS	Exhibit G
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" 2% Across the Board Increase	\$584,692	\$584,692	\$0		Exhibit G
Annualization of FY 2014-15 JBC Action: Hospice 2% Rate Increase	\$16,295	\$12,221	(\$4,074)	Original implementation was delayed, resulting in annualization difference	Exhibit G
HB 14-1357: "In-Home Support Services in Medicaid Program"	\$893,956	\$496,643	(\$397,313)	Delayed implementation, not yet approved by CMS	Exhibit G
FY 2014-15 JBC Action: "Raising Cap on Home Modifications"	\$676,923	\$676,923	\$0		Exhibit G
EPSDT Personal Care	(\$374,663)	(\$314,181)	\$60,482	Revised forecast	Exhibit G
Annualization of CDASS Administrative FMS & Training Contract Competitive Reprocurement	(\$2,232,723)	(\$2,232,723)	\$0		Exhibit G
Colorado Choice Transitions	\$4,368,985	\$1,681,671	(\$2,687,314)	Revised forecast	Exhibit G
Children With Life Limiting Illnesses Audit Recommendations	\$182,676	\$182,676	\$0		Exhibit G
FY 2015-16 R-12: "Community Provider Rate Increase"	\$3,109,946	\$2,827,330	(\$282,615)	Some rate increases have delayed implementation, not yet approved by CMS	Exhibit G
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - HCBS Personal Care/Homemaker	\$15,291,977	\$8,246,648	(\$7,045,329)	Delayed implementation, not yet approved by CMS	Exhibit G
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - In-Home Respite (excludes CES Respite)	\$66,320	\$36,175	(\$30,145)	Delayed implementation, not yet approved by CMS	Exhibit G
FY 2015-16 JBC Action: "Raising Cap on Home Modifications"	\$711,238	\$387,948	(\$323,290)	Delayed implementation, not yet approved by CMS	Exhibit G
HB 15-1186: "Children with Autism Waiver Expansion"	\$9,656,526	\$3,721,379	(\$5,935,147)	Delayed implementation	Exhibit G
Independent Living Skills Training Rule Change	\$0	\$201,735	\$201,735	New information	Exhibit G
LTHH Impact - FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$619,388)	(\$619,388)	\$0		Exhibit G
LTHH Impact - FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$2,072,134)	(\$2,072,134)	\$0		Exhibit G
LTHH Impact - HB 15-1186: "Children with Autism Waiver Expansion"	\$30,559	\$20,373	(\$10,186)	Delayed implementation	Exhibit G
LTHH Impact - EPSDT Personal Care	\$777,975	\$647,638	(\$130,337)	Revised forecast	Exhibit G
LTHH Impact - Colorado Choice Transitions	\$1,655,557	\$401,624	(\$1,253,933)	Revised forecast	Exhibit G
Total Community Based Long-Term Care	\$786,182,542	\$770,448,047	(\$15,734,495)		

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

Item	Long Bill and Special Bills	R-1 Request (November 2015)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Long-Term Care and Insurance					
Class I Nursing Facilities					
Base Class I Nursing Facility Cost	\$611,795,888	\$606,125,971	(\$5,669,917)	Effective rate in FY 2014-15 slightly lower than anticipated, adjusted accordingly	Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$7,789,222	\$6,379,244	(\$1,409,978)	Revised forecast	Exhibit H
Recoveries from Department Overpayment Review	(\$1,658,080)	(\$1,600,000)	\$58,080	Updated	Exhibit H
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$9,180,452)	(\$8,457,671)	\$722,781	Revised forecast	Exhibit H
Colorado Choice Transitions	(\$11,424,251)	(\$6,863,642)	\$4,560,609	Revised forecast	Exhibit H
SB 14-130: "Increase Personal Care Allowance Nursing Facility"	\$1,588,240	\$0	(\$1,588,240)	Included in model	Exhibit H
Total Class I Nursing Facilities	\$598,910,567	\$595,583,902	(\$3,326,665)		
Class II Nursing Facilities					
Base Class II Nursing Facilities Cost	\$4,711,461	\$4,764,670	\$53,209	Revised forecast	Exhibit H
<i>Bottom Line Impacts</i>					
Total Class II Nursing Facilities	\$4,711,461	\$4,764,670	\$53,209		
Program of All Inclusive Care for the Elderly (PACE)					
Base PACE Cost	\$140,174,136	\$139,252,808	(\$921,328)	Revised forecast	Exhibit H
<i>Bottom Line Impacts</i>					
FY 2014-15 Interim Payment Recoupment	\$0	(\$5,399,766)	(\$5,399,766)	New information	
Total Program of All-Inclusive Care for the Elderly	\$140,174,136	\$133,853,042	(\$6,321,094)		
Supplemental Medicare Insurance Benefit (SMIB)					
Base SMIB Cost	\$146,971,337	\$148,443,165	\$1,471,828	Medicare Part B premium remained constant	Exhibit H
<i>Bottom Line Impacts</i>					
Total Supplemental Medicare Insurance Benefit	\$146,971,337	\$148,443,165	\$1,471,828		
Health Insurance Buy-In Program (HIBI)					
Base HIBI Cost	\$1,515,184	\$1,262,907	(\$252,277)		Exhibit H
<i>Bottom Line Impacts</i>					
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$29,293	\$37,057	\$7,764	Revised forecast	Exhibit H
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$244,503	\$255,800	\$11,297	Revised forecast	Exhibit H
Total Health Insurance Buy-In Program	\$1,788,980	\$1,555,764	(\$233,216)		
Total Long-Term Care and Insurance	\$892,556,481	\$884,200,543	(\$8,355,938)		
Service Management					
Single Entry Points (SEP)					
Single Entry Points (SEP) Base	\$31,191,905	\$31,303,203	\$111,298	Forecast adjusted based on enrollment expectations in CBLTC	Exhibit I
<i>Bottom Line Impacts</i>					
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Single Entry Point Case Management 10% Rate Increase	\$111,799	\$0	(\$111,799)	No annualization since this is a contract	Exhibit I
FY 2015-16 R-12: "Community Provider Rate Increase"	\$157,805	\$157,805	\$0		
Total Single Entry Points	\$31,461,509	\$31,461,008	(\$501)		
Disease Management					
Base Disease Management	\$1,269,417	\$988,242	(\$281,175)		Exhibit I
<i>Bottom Line Impacts</i>					
Total Disease Management	\$1,269,417	\$988,242	(\$281,175)		
Accountable Care Collaborative					
ACC Base	\$151,419,686	\$146,272,146	(\$5,147,540)	Revised forecast	Exhibit I
<i>Bottom Line Impacts</i>					
Total Accountable Care Collaborative	\$151,419,686	\$146,272,146	(\$5,147,540)		
Total Service Management	\$184,150,612	\$178,721,396	(\$5,429,216)		
Grand Total Services	\$5,648,340,620	\$5,598,029,703	(\$50,310,917)		

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

Item	Long Bill and Special Bills	R-1 Request (November 2015)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Bottom Line Financing					
Upper Payment Limit Financing	\$4,053,417	\$3,930,874	(\$122,543)	Revised forecast	Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0		Exhibit A
Denver Health Outstationing	\$6,964,536	\$6,964,536	\$0		Exhibit A
Hospital Provider Fee Supplemental Payments	\$827,988,116	\$1,086,400,000	\$258,411,884		Exhibit J
Nursing Facility Provider Fee Supplemental Payments	\$96,096,822	\$95,278,525	(\$818,297)	Revised forecast	Exhibit H
Physician Supplemental Payments	\$8,831,734	\$8,831,734	\$0		Exhibit A
Memorial Hospital High Volume Supplemental Payments	\$555,237	\$555,237	\$0		Exhibit A
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0		Exhibit A
Intergovernmental Transfer for Difficult to Discharge Clients	\$2,000,000	\$2,000,000	\$0		Exhibit A
Cash Funds Financing	\$0	\$0	\$0		Exhibit A
Total Bottom Line Financing	\$946,489,862	\$1,203,960,906	\$257,471,044		
Grand Total⁽¹⁾	\$6,594,830,482	\$6,801,990,609	\$207,160,127		
Total Acute Care	\$3,785,450,985	\$3,764,659,717	(\$20,791,268)		
Total Community Based Long-Term Care	\$786,182,542	\$770,448,047	(\$15,734,495)		
Total Class I Nursing Facilities	\$598,910,567	\$595,583,902	(\$3,326,665)		
Total Class II Nursing Facilities	\$4,711,461	\$4,764,670	\$53,209		
Total Program of All-Inclusive Care for the Elderly	\$140,174,136	\$133,853,042	(\$6,321,094)		
Total Supplemental Medicare Insurance Benefit	\$146,971,337	\$148,443,165	\$1,471,828		
Total Health Insurance Buy-In Program	\$1,788,980	\$1,555,764	(\$233,216)		
Total Single Entry Point	\$31,461,509	\$31,461,008	(\$501)		
Total Disease Management	\$1,269,417	\$988,242	(\$281,175)		
Total Prepaid Inpatient Health Plan Administration	\$151,419,686	\$146,272,146	(\$5,147,540)		
Total Bottom Line Financing	\$946,489,862	\$1,203,960,906	\$257,471,044		
Rounding Adjustment	\$2	\$0	(\$2)		
Grand Total⁽¹⁾	\$6,594,830,484	\$6,801,990,609	\$207,160,125		

(1) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented in Exhibit A of this Request.

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

Item	Base Spending Authority ⁽¹⁾	R-1 Request (November 2015)	Difference	Description of Difference from Base Request
Acute Care				
Base Acute Cost	\$3,783,429,430	\$3,888,914,221	\$105,484,792	Increasing caseload and per capita costs
<i>Bottom Line Impacts</i>				
SB 10-117: "OTC MEDS"	(\$87,357)	(\$87,357)	\$0	
Accountable Care Collaborative Savings	(\$76,913,852)	(\$64,869,871)	\$12,043,981	Different assumptions of savings
Estimated Impact of Increasing PACE Enrollment	(\$4,342,086)	(\$6,569,236)	(\$2,227,150)	Enrollment expectations adjusted based on FY 2014-15 actuals
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$1,212,784)	(\$1,124,754)	\$88,030	Updated savings with most recent information available
FY 2012-13 R-6: "Dental Efficiency"	(\$1,859,598)	(\$1,704,632)	\$154,966	Delayed one fiscal year, stakeholder process is taking longer than anticipated
Annualization of FY 2014-15 R-10: "Primary Care Specialty Collaboration"	(\$368,269)	(\$224,742)	\$143,527	Implementation delayed due to software issues
Annualization of FY 2014-15 BA-10: "Continuation of '1202 Provider Rate Increase"	(\$36,529,099)	(\$51,071,303)	(\$14,542,204)	Higher utilization in prior years will cause additional savings when rate increase ends
Annualization of FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	(\$21,221,511)	(\$19,840,536)	\$1,380,975	Enrollment ramp-up slower than anticipated
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase"	\$14,800,494	\$14,800,494	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Physical and Occupational Therapy Services	\$3,913,384	\$3,913,384	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prostate Biopsy	\$5,984	\$5,984	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Diabetic Self-Management	\$529,563	\$529,563	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental X-Rays	\$398,279	\$398,279	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prenatal and Postpartum Care	\$681,284	\$681,284	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Sealants	\$1,619,466	\$1,619,466	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Vision Retinal Services	\$444,636	\$444,636	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Eye Materials	\$4,358,243	\$4,358,243	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Fillings and Extractions	\$16,427,187	\$16,427,187	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Anesthesia	\$14,032,034	\$14,032,034	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - EMT	\$1,210,105	\$1,210,105	\$0	
Annualization of HB 15-1309: "Protective Restorations by Dental Hygienists"	\$63,667	\$63,667	\$0	
Annualization of HB 15-1186: "Children with Autism Waiver Expansion"	\$888,619	\$888,619	\$0	
SB 11-177: Annualization "Sunset Teen Pregnancy & Dropout Program"	(\$183,897)	(\$183,897)	\$0	
Total Acute Care	\$3,700,083,922	\$3,802,610,838	\$102,526,916	
Community Based Long-Term Care				
Base CBLTC Cost	\$781,113,928	\$831,198,843	\$50,084,915	
<i>Bottom Line Impacts</i>				
Annualization of FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$619,821)	(\$619,821)	\$0	Updated based on FY 2015-16 S-5/BA-5 and combined with HB 14-1252; slow ramp up
Annualization of FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$976,040)	(\$976,040)	\$0	Updated based on FY 2015-16 S-5/BA-5, slow ramp up pushed savings into FY 2015-16
Annualization of FY 2014-15 R-11: "Community Provider Rate Increase" Targeted - Pediatric Hospice Services 20% Rate Increase	\$22,443	\$269,321	\$246,878	Delayed implementation
Annualization of HB 14-1357: "In-Home Support Services in Medicaid Program"	\$893,956	\$1,191,942	\$297,986	Delayed implementation
Annualization of FY 2014-15 JBC Action: "Raising Cap on Home Modifications"	\$676,923	\$1,353,846	\$676,923	Delayed implementation
Annualization of EPSDT Personal Care	(\$374,663)	(\$538,628)	(\$163,965)	Delayed implementation
Colorado Choice Transitions	\$10,713,191	\$4,278,309	(\$6,434,882)	Revised forecast
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase"	\$3,270,485	\$3,374,121	\$103,635	Some rate increases have delayed implementation, not yet approved by CMS
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - HCBS EBD Personal Care/Homemaker	\$15,291,977	\$16,493,296	\$1,201,319	Delayed implementation, not yet approved by CMS
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - In-Home Respite (excludes CES Respite)	\$66,320	\$72,349	\$6,029	Delayed implementation, not yet approved by CMS
Annualization of FY 2015-16 JBC Action: "Raising Cap on Home Modifications"	\$711,238	\$775,896	\$64,658	Delayed implementation, not yet approved by CMS
Annualization of HB 15-1186: "Children with Autism Waiver Expansion"	\$9,354,427	\$9,354,427	\$0	
Annualization of Independent Living Skills Training Rule Change	\$0	\$345,832	\$345,832	New information
LTHH Impact - Annualization of FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$900,928)	(\$900,928)	\$0	
LTHH Impact - Annualization of FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$2,550,752)	(\$2,550,752)	\$0	
LTHH Impact - Annualization of HB 15-1186: "Children with Autism Waiver Expansion"	\$52,416	\$52,416	\$0	
LTHH Impact - EPSDT Personal Care	\$777,975	\$1,110,298	\$332,323	Revised forecast
LTHH Impact - Colorado Choice Transitions	\$2,637,967	\$1,023,483	(\$1,614,484)	Revised forecast
Total Community Based Long-Term Care	\$820,161,042	\$865,308,210	\$45,147,168	

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

Item	Base Spending Authority ⁽¹⁾	R-1 Request (November 2015)	Difference	Description of Difference from Base Request
Long-Term Care and Insurance				
<i>Class I Nursing Facilities</i>				
Base Class I Nursing Facility Cost	\$638,029,307	\$638,794,061	\$764,754	
<i>Bottom Line Impacts</i>				
Hospital Back Up Program	\$16,248,317	\$12,931,913	(\$3,316,404)	Revised forecast
Recoveries from Department Overpayment Review	(\$3,376,348)	(\$3,243,520)	\$132,828	Updated
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$18,596,535)	(\$18,191,709)	\$404,826	Revised forecast
Colorado Choice Transitions	(\$33,394,174)	(\$16,786,241)	\$16,607,933	Revised forecast
Total Class I Nursing Facilities	\$598,910,567	\$613,504,504	\$14,593,937	
<i>Class II Nursing Facilities</i>				
Base Class II Nursing Facilities	\$4,711,461	\$5,035,779	\$324,318	Revised forecast
<i>Bottom Line Impacts</i>				
Total Class II Nursing Facilities	\$4,711,461	\$5,035,779	\$324,318	
<i>Program of All Inclusive Care for the Elderly (PACE)</i>				
Base PACE Cost	\$140,174,136	\$145,181,513	\$5,007,377	Revised forecast
<i>Bottom Line Impacts</i>				
Total Program of All-Inclusive Care for the Elderly	\$140,174,136	\$156,900,991	\$16,726,855	
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>				
Base SMIB	\$146,971,337	\$143,021,819	(\$3,949,518)	Revised forecast
<i>Bottom Line Impacts</i>				
Total Supplemental Medicare Insurance Benefit	\$146,971,337	\$162,436,498	\$15,465,161	
<i>Health Insurance Buy-In Program (HIBI)</i>				
Base HIBI Cost	\$1,057,705	\$1,262,907	\$205,202	
<i>Bottom Line Impacts</i>				
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$78,238	\$87,737	\$9,499	Revised forecast
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$653,037	\$605,636	(\$47,401)	Revised forecast
Total Health Insurance Buy-In Program	\$1,788,980	\$1,956,280	\$167,300	
Total Long-Term Care and Insurance	\$892,556,481	\$939,834,052	\$47,277,571	
Service Management				
<i>Single Entry Points (SEP)</i>				
FY 2012-13 Base Contracts	\$31,466,328	\$33,238,452	\$1,772,124	Forecast adjusted based on enrollment expectations in CBLTC
<i>Bottom Line Impacts</i>				
Total Single Entry Points	\$31,466,328	\$33,238,452	\$1,772,124	
<i>Disease Management</i>				
Base Disease Management	\$1,269,417	\$254,356	(\$1,015,061)	Revised forecast
<i>Bottom Line Impacts</i>				
Total Disease Management	\$1,269,417	\$1,028,215	(\$241,202)	
<i>Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration</i>				
Estimated FY 2010-11 Base Expenditures	\$151,419,686	\$162,438,472	\$11,018,786	Revised forecast
<i>Bottom Line Impacts</i>				
Total Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration	\$151,419,686	\$162,438,472	\$11,018,786	
Total Service Management	\$184,155,431	\$196,705,139	\$12,549,708	
Grand Total Services	\$5,596,956,876	\$5,804,458,239	\$207,501,363	

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

Item	Base Spending Authority ⁽¹⁾	R-1 Request (November 2015)	Difference	Description of Difference from Base Request
Bottom Line Financing				
Upper Payment Limit Financing	\$4,053,417	\$4,048,270	(\$5,147)	Revised forecast
Department Recoveries Adjustment	\$0	\$0	\$0	
Denver Health Outstationing	\$6,964,536	\$6,964,536	\$0	
Hospital Provider Fee Supplemental Payments	\$827,988,116	\$679,000,000	(\$148,988,116)	Revised forecast
Nursing Facility Provider Fee Supplemental Payments	\$96,096,822	\$97,869,540	\$1,772,718	Revised forecast
Physician Supplemental Payments	\$8,831,734	\$8,831,734	\$0	
Memorial Hospital High Volume Supplemental Payments	\$555,237	\$555,237	\$0	
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0	
Intergovernmental Transfer for Difficult to Discharge Clients	\$2,000,000	\$2,000,000	\$0	
Cash Funds Financing	\$0	\$0	\$0	
Total Bottom Line Financing	\$946,489,862	\$799,269,317	(\$147,220,545)	
Grand Total⁽²⁾	\$6,543,446,738	\$6,603,727,556	\$60,280,818	
Total Acute Care	\$3,700,083,922	\$3,802,610,838	\$102,526,916	
Total Community Based Long-Term Care	\$820,161,042	\$865,308,210	\$45,147,168	
Total Class I Nursing Facilities	\$598,910,567	\$613,504,504	\$14,593,937	
Total Class II Nursing Facilities	\$4,711,461	\$5,035,779	\$324,318	
Total Program of All-Inclusive Care for the Elderly	\$140,174,136	\$156,900,991	\$16,726,855	
Total Supplemental Medicare Insurance Benefit	\$146,971,337	\$162,436,498	\$15,465,161	
Total Health Insurance Buy-In Program	\$1,788,980	\$1,956,280	\$167,300	
Total Single Entry Point	\$31,466,328	\$33,238,452	\$1,772,124	
Total Disease Management	\$1,269,417	\$1,028,215	(\$241,202)	
Total Prepaid Inpatient Health Plan Administration	\$151,419,686	\$162,438,472	\$11,018,786	
Total Bottom Line Financing	\$946,489,862	\$799,269,317	(\$147,220,545)	
Rounding Adjustment	\$0	\$0	\$0	
Grand Total⁽²⁾	\$6,543,446,738	\$6,603,727,556	\$60,280,818	

(1) The Department has not received a FY 2016-17 appropriation as of this Budget Request. No annualizations are included.

(2) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented on the Schedule 13 and Exhibit A of this Request.