

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	\$111,458,760	\$92,842,694	\$563,039,983	\$33,331,703	\$538,225,761	\$246,755,252	\$1,341,468,725	\$3,403,741	\$800,546,624	\$93,867,448	\$58,704,322	\$159,970,329	\$18,621,450	\$39,191,610	\$17,705,278	\$4,119,133,680
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$189,759,813	\$42,067,397	\$212,516,532	\$2,382,846	\$381,842	\$36,893	\$1,955,183	\$0	\$1,162,432	\$2,210	\$164,823	\$36,893	\$0	\$0	\$1,028,043	\$451,494,907
<i>Hospice</i>	\$38,313,586	\$3,848,412	\$6,579,534	\$258,161	\$341,299	\$101,401	\$3,862,653	\$15,766	\$146,052	\$0	\$1,120	\$0	\$0	\$0	\$0	\$53,467,984
<i>Private Duty Nursing & Long-Term Home Health</i>	\$36,817,568	\$10,095,155	\$224,097,393	\$3,013,814	\$511,404	\$25,570	\$2,197,437	\$0	\$33,038,200	\$1,501,447	\$26,973,505	\$0	\$0	\$0	\$0	\$338,271,493
Subtotal CBLTC	\$264,890,967	\$56,010,964	\$443,193,459	\$5,654,821	\$1,234,545	\$163,864	\$8,015,273	\$15,766	\$34,346,684	\$1,503,657	\$27,139,448	\$36,893	\$0	\$0	\$1,028,043	\$843,234,384
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$506,320,346	\$44,073,695	\$92,227,365	\$167,943	\$299,156	\$14,579	\$2,466,566	\$0	\$0	\$0	\$168,689	\$0	\$0	\$0	\$84,701	\$645,823,040
<i>Class II Nursing Facilities</i>	\$438,810	\$362,350	\$3,667,022	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,468,182
<i>PACE</i>	\$123,007,177	\$16,244,606	\$8,042,010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$147,293,793
Subtotal Long-Term Care	\$629,766,333	\$60,680,651	\$103,936,397	\$167,943	\$299,156	\$14,579	\$2,466,566	\$0	\$0	\$0	\$168,689	\$0	\$0	\$0	\$84,701	\$797,585,015
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$102,126,789	\$6,089,586	\$52,695,410	\$0	\$375,389	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,349,679	\$192,636,853
<i>Health Insurance Buy-In</i>	\$14,225	\$17,781	\$1,742,556	\$0	\$21,337	\$35,563	\$32,006	\$0	\$124,468	\$0	\$0	\$10,669	\$0	\$0	\$0	\$1,998,605
Subtotal Insurance	\$102,141,014	\$6,107,367	\$54,437,966	\$0	\$396,726	\$35,563	\$32,006	\$0	\$124,468	\$0	\$0	\$10,669	\$0	\$0	\$31,349,679	\$194,635,458
Service Management																
<i>Single Entry Points</i>	\$9,782,406	\$2,713,478	\$20,524,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,019,933
<i>Disease Management</i>	\$10,474	\$26,451	\$181,826	\$16,202	\$249,010	\$108,644	\$548,663	\$0	\$0	\$0	\$36,509	\$96,757	\$11,190	\$0	\$0	\$1,285,726
<i>ACC and PIHP Administration</i>	\$4,258,561	\$1,364,556	\$9,300,654	\$365,816	\$21,749,814	\$10,980,884	\$44,127,871	\$0	\$62,711,387	\$8,379,219	\$2,753,538	\$1,288,911	\$170,837	\$0	\$0	\$167,452,048
Subtotal Service Management	\$14,051,441	\$4,104,485	\$30,006,529	\$382,018	\$21,998,824	\$11,089,528	\$44,676,534	\$0	\$62,711,387	\$8,379,219	\$2,790,047	\$1,385,668	\$182,027	\$0	\$0	\$201,757,707
Medical Services Total	\$1,122,308,515	\$219,746,161	\$1,194,614,334	\$39,536,485	\$562,155,012	\$258,058,786	\$1,396,659,104	\$3,419,507	\$897,729,163	\$103,750,324	\$88,802,506	\$161,403,559	\$18,803,477	\$39,191,610	\$50,167,701	\$6,156,346,244
Caseload	43,412	11,087	69,028	5,844	192,317	98,910	366,209	286	486,863	65,529	20,185	14,765	1,926	2,646	35,909	1,414,916
Medical Services Per Capita	\$25,852.50	\$19,820.16	\$17,306.23	\$6,765.31	\$2,923.06	\$2,609.03	\$3,813.83	\$11,956.32	\$1,843.91	\$1,583.27	\$4,399.43	\$10,931.50	\$9,762.97	\$14,811.64	\$1,397.08	\$4,351.03
Financing	\$107,326,025	\$22,852,175	\$100,792,642	\$6,280,165	\$83,187,733	\$33,750,049	\$249,858,883	\$197,084	\$121,564,500	\$10,207,482	\$7,553,739	\$39,200,600	\$4,248,096	\$16,594,080	\$0	\$803,613,253
Grand Total Medical Services Premiums	\$1,229,634,540	\$242,598,336	\$1,295,406,976	\$45,816,650	\$645,342,745	\$291,808,835	\$1,646,517,987	\$3,616,591	\$1,019,293,663	\$113,957,806	\$96,356,245	\$200,604,159	\$23,051,573	\$55,785,690	\$50,167,701	\$6,959,959,497
Total Per Capita	\$28,324.76	\$21,881.33	\$18,766.40	\$7,839.95	\$3,355.62	\$2,950.25	\$4,496.12	\$12,645.42	\$2,093.59	\$1,739.04	\$4,773.66	\$13,586.47	\$11,968.63	\$21,083.03	\$1,397.08	\$4,918.99

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	\$112,682,516	\$97,331,680	\$573,814,992	\$38,813,714	\$538,462,572	\$270,227,894	\$1,437,514,604	\$2,107,355	\$806,054,569	\$100,777,652	\$58,540,968	\$160,524,324	\$19,296,759	\$38,993,036	\$18,890,122	\$4,274,032,757
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$204,226,867	\$45,196,599	\$228,076,600	\$2,660,371	\$411,056	\$39,711	\$2,100,048	\$0	\$1,269,462	\$2,391	\$177,190	\$39,711	\$0	\$0	\$1,106,051	\$485,306,057
<i>Hospice</i>	\$40,164,560	\$4,002,848	\$6,727,860	\$304,773	\$354,697	\$111,532	\$4,132,223	\$9,865	\$149,860	\$0	\$1,126	\$0	\$0	\$0	\$0	\$55,959,344
<i>Private Duty Nursing & Long-Term Home Health</i>	\$39,170,569	\$10,732,528	\$240,517,001	\$3,227,953	\$541,771	\$27,089	\$2,330,663	\$0	\$35,479,728	\$1,602,939	\$29,296,589	\$0	\$0	\$0	\$0	\$362,926,830
<i>Subtotal CBLTC</i>	\$283,561,996	\$59,931,975	\$475,321,461	\$6,193,097	\$1,307,524	\$178,332	\$8,562,934	\$9,865	\$36,899,050	\$1,605,330	\$29,474,905	\$39,711	\$0	\$0	\$1,106,051	\$904,192,231
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$524,594,881	\$45,664,439	\$95,556,111	\$174,004	\$309,953	\$15,105	\$2,555,591	\$0	\$0	\$0	\$174,778	\$0	\$0	\$0	\$87,758	\$669,132,620
<i>Class II Nursing Facilities</i>	\$459,697	\$379,598	\$3,841,572	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,680,867
<i>PACE</i>	\$136,701,850	\$18,388,115	\$9,436,587	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$164,526,552
<i>Subtotal Long-Term Care</i>	\$661,756,428	\$64,432,152	\$108,834,270	\$174,004	\$309,953	\$15,105	\$2,555,591	\$0	\$0	\$0	\$174,778	\$0	\$0	\$0	\$87,758	\$838,340,039
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$104,921,104	\$6,404,259	\$54,125,860	\$0	\$403,696	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,179,401	\$201,034,320
<i>Health Insurance Buy-In</i>	\$18,002	\$22,502	\$2,205,205	\$0	\$27,001	\$45,005	\$40,504	\$0	\$157,515	\$0	\$0	\$13,501	\$0	\$0	\$0	\$2,529,235
<i>Subtotal Insurance</i>	\$104,939,106	\$6,426,761	\$56,331,065	\$0	\$430,697	\$45,005	\$40,504	\$0	\$157,515	\$0	\$0	\$13,501	\$0	\$0	\$35,179,401	\$203,563,555
Service Management																
<i>Single Entry Points</i>	\$10,179,572	\$2,823,645	\$21,357,325	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,360,542
<i>Disease Management</i>	\$10,593	\$27,569	\$185,686	\$19,116	\$256,942	\$119,703	\$587,807	\$0	\$0	\$0	\$36,725	\$96,717	\$11,550	\$0	\$0	\$1,352,408
<i>ACC and PIHP Administration</i>	\$4,276,178	\$1,380,036	\$9,478,995	\$417,249	\$23,856,187	\$12,379,502	\$46,865,497	\$0	\$65,562,365	\$9,082,618	\$2,839,867	\$1,312,676	\$174,431	\$0	\$0	\$177,625,601
<i>Subtotal Service Management</i>	\$14,466,343	\$4,231,250	\$31,022,006	\$436,365	\$24,113,129	\$12,499,205	\$47,453,304	\$0	\$65,562,365	\$9,082,618	\$2,876,592	\$1,409,393	\$185,981	\$0	\$0	\$213,338,551
Medical Services Total	\$1,177,406,389	\$232,353,818	\$1,245,323,794	\$45,617,180	\$564,623,875	\$282,965,541	\$1,496,126,937	\$2,117,220	\$908,673,499	\$111,465,600	\$91,067,243	\$161,986,929	\$19,482,740	\$38,993,036	\$55,263,332	\$6,433,467,133
Caseload	44,137	11,535	70,603	6,901	199,180	108,821	391,871	179	499,692	71,890	20,290	14,766	1,988	2,648	40,135	1,484,636
Medical Services Per Capita	\$26,676.18	\$20,143.37	\$17,638.40	\$6,610.23	\$2,834.74	\$2,600.28	\$3,817.91	\$11,828.04	\$1,818.47	\$1,550.50	\$4,488.28	\$10,970.26	\$9,800.17	\$14,725.47	\$1,376.94	\$4,333.36
Financing	\$91,025,937	\$19,335,352	\$85,375,112	\$5,310,414	\$70,465,104	\$28,594,535	\$211,667,642	\$136,164	\$103,008,408	\$8,646,443	\$6,399,729	\$33,224,126	\$3,608,358	\$14,024,939	\$0	\$680,822,263
Grand Total Medical Services Premiums	\$1,268,432,326	\$251,689,170	\$1,330,698,906	\$50,927,594	\$635,088,979	\$311,560,076	\$1,707,794,579	\$2,253,384	\$1,011,681,907	\$120,112,043	\$97,466,972	\$195,211,055	\$23,091,098	\$53,017,975	\$55,263,332	\$7,114,289,396
Total Per Capita	\$28,738.53	\$21,819.61	\$18,847.63	\$7,379.74	\$3,188.52	\$2,863.05	\$4,358.05	\$12,588.74	\$2,024.61	\$1,670.78	\$4,803.70	\$13,220.31	\$11,615.24	\$20,021.89	\$1,376.94	\$4,791.94

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2018-19	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	\$115,100,207	\$101,196,739	\$581,305,882	\$44,254,122	\$540,619,950	\$288,181,670	\$1,495,503,945	\$1,209,420	\$821,843,124	\$104,534,287	\$58,999,743	\$162,481,848	\$20,139,830	\$38,981,014	\$21,438,973	\$4,395,790,754
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$219,837,556	\$48,570,072	\$244,081,793	\$2,911,651	\$442,626	\$42,758	\$2,256,051	\$0	\$1,328,265	\$2,437	\$189,911	\$42,758	\$0	\$0	\$1,189,759	\$520,895,637
<i>Hospice</i>	\$42,167,557	\$4,192,271	\$6,866,524	\$351,119	\$365,306	\$119,824	\$4,302,643	\$5,703	\$153,031	\$0	\$1,132	\$0	\$0	\$0	\$0	\$58,525,110
<i>Private Duty Nursing & Long-Term Home Health</i>	\$41,381,464	\$11,330,008	\$256,322,130	\$3,433,032	\$569,888	\$28,494	\$2,454,546	\$0	\$37,833,151	\$1,699,297	\$31,587,113	\$0	\$0	\$0	\$0	\$386,639,123
Subtotal CBLTC	\$303,386,577	\$64,092,351	\$507,270,447	\$6,695,802	\$1,377,820	\$191,076	\$9,013,240	\$5,703	\$39,314,447	\$1,701,734	\$31,778,156	\$42,758	\$0	\$0	\$1,189,759	\$966,059,870
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$541,821,547	\$47,163,970	\$98,693,986	\$179,718	\$320,131	\$15,601	\$2,639,512	\$0	\$0	\$0	\$180,517	\$0	\$0	\$0	\$90,640	\$691,105,622
<i>Class II Nursing Facilities</i>	\$501,483	\$390,417	\$3,951,057	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,842,957
<i>PACE</i>	\$154,127,772	\$20,991,333	\$11,368,441	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$186,487,546
Subtotal Long-Term Care	\$696,450,802	\$68,545,720	\$114,013,484	\$179,718	\$320,131	\$15,601	\$2,639,512	\$0	\$0	\$0	\$180,517	\$0	\$0	\$0	\$90,640	\$882,436,125
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$99,931,117	\$6,258,141	\$51,606,543	\$0	\$389,307	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$37,056,976	\$195,242,084
<i>Health Insurance Buy-In</i>	\$22,799	\$28,499	\$2,792,877	\$0	\$34,197	\$56,998	\$51,298	\$0	\$199,492	\$0	\$0	\$17,099	\$0	\$0	\$0	\$3,203,259
Subtotal Insurance	\$99,953,916	\$6,286,640	\$54,399,420	\$0	\$423,504	\$56,998	\$51,298	\$0	\$199,492	\$0	\$0	\$17,099	\$0	\$0	\$37,056,976	\$198,445,343
Service Management																
<i>Single Entry Points</i>	\$10,553,162	\$2,927,273	\$22,141,139	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,621,574
<i>Disease Management</i>	\$10,769	\$28,737	\$188,621	\$21,919	\$263,719	\$127,997	\$609,168	\$0	\$0	\$0	\$36,752	\$96,724	\$11,911	\$0	\$0	\$1,396,317
<i>ACC and PIHP Administration</i>	\$4,350,234	\$1,418,495	\$9,797,587	\$486,086	\$25,154,159	\$13,603,850	\$49,167,990	\$0	\$67,925,653	\$9,771,491	\$2,908,842	\$1,342,449	\$182,841	\$0	\$0	\$186,109,677
Subtotal Service Management	\$14,914,165	\$4,374,505	\$32,127,347	\$508,005	\$25,417,878	\$13,731,847	\$49,777,158	\$0	\$67,925,653	\$9,771,491	\$2,945,594	\$1,439,173	\$194,752	\$0	\$0	\$223,127,568
Medical Services Total	\$1,229,805,667	\$244,495,955	\$1,289,116,580	\$51,637,647	\$568,159,283	\$302,177,192	\$1,556,985,153	\$1,215,123	\$929,282,716	\$116,007,512	\$93,904,010	\$163,980,878	\$20,334,582	\$38,981,014	\$59,776,348	\$6,665,859,660
Caseload	44,870	12,024	71,719	7,913	204,433	116,361	406,112	103	507,864	74,803	20,305	14,767	2,050	2,649	44,859	1,530,832
Medical Services Per Capita	\$27,408.19	\$20,333.99	\$17,974.55	\$6,525.67	\$2,779.20	\$2,596.89	\$3,833.88	\$11,797.31	\$1,829.79	\$1,550.84	\$4,624.67	\$11,104.55	\$9,919.31	\$14,715.37	\$1,332.54	\$4,354.40
Financing	\$155,691,948	\$33,071,438	\$146,026,704	\$9,083,001	\$120,524,433	\$48,908,465	\$362,039,093	\$232,897	\$176,186,924	\$14,788,988	\$10,946,180	\$56,826,979	\$6,171,783	\$23,988,438	\$0	\$1,164,487,271
Grand Total Medical Services Premiums	\$1,385,497,615	\$277,567,393	\$1,435,143,284	\$60,720,648	\$688,683,716	\$351,085,657	\$1,919,024,246	\$1,448,020	\$1,105,469,640	\$130,796,500	\$104,850,190	\$220,807,857	\$26,506,365	\$62,969,452	\$59,776,348	\$7,830,346,931
Total Per Capita	\$30,878.04	\$23,084.45	\$20,010.64	\$7,673.53	\$3,368.75	\$3,017.21	\$4,725.36	\$14,058.45	\$2,176.70	\$1,748.55	\$5,163.76	\$14,952.79	\$12,929.93	\$23,771.03	\$1,332.54	\$5,115.09

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

Item	Long Bill and Special Bills	R-1 Request (November 2016)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Acute Care					
Base Acute Cost	\$4,068,910,047	\$4,118,888,981	\$49,978,934	Driven primarily by caseload increases with small increases in per capita trends	Exhibit F
<i>Bottom Line Impacts</i>					
SB 10-117: "OTC MEDS"	(\$87,357)	(\$99,837)	(\$12,480)	Adjusted for new expected implementation date	Exhibit F
Accountable Care Collaborative Savings	(\$16,939,867)	(\$13,018,993)	\$3,920,874	Adjusted assumptions based on actual enrollment in FY 2015-16	Exhibit F
FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	\$0	(\$2,224,371)	(\$2,224,371)	Adjusted to account for program implemented on July 1, 2016	Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$2,321,507)	(\$2,649,301)	(\$327,794)	Increased enrollment expectations in PACE means more savings in Acute	Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$555,632)	(\$715,206)	(\$159,574)	Adjusted savings assumptions based on actual FY 2015-16 data.	Exhibit F
FY 2014-15 R-10: "Primary Care Specialty Collaboration"	(\$224,742)	(\$136,221)	\$88,521	Full implementation of program delayed as software testing continues	Exhibit F
Annualization of FY 2014-15 BA-10: "Continuation of '1202 Provider Rate Increase"	(\$145,075,634)	(\$118,943,931)	\$26,131,703	Adjusted assumptions based on actual utilization of procedures in FY 2015-16	Exhibit F
Annualization of FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	(\$13,225,626)	(\$12,627,581)	\$598,045	Adjusted assumptions based on actual enrollment in FY 2015-16	Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase"	\$3,233,700	\$3,233,700	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Physical and Occupational Therapy Services	\$326,116	\$326,116	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prostate Biopsy	\$499	\$499	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Diabetic Self-Management	\$44,130	\$44,130	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental X-Rays	\$33,190	\$33,190	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prenatal and Postpartum Care	\$56,773	\$56,773	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Sealants	\$134,955	\$134,955	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Vision Retinal Services	\$37,053	\$37,053	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Eye Materials	\$363,187	\$363,187	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Fillings and Extractions	\$1,368,932	\$1,368,932	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Anesthesia	\$1,169,336	\$1,169,336	\$0		Exhibit F
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - EMT	\$100,842	\$100,842	\$0		Exhibit F
HB 15-1309: "Protective Restorations by Dental Hygienists"	\$26,127	\$12,620	(\$13,507)	Adjusted for new implementation assumption	Exhibit F
Accounting for SSI Parent Issue with Disabled Buy-In	\$3,000,000	\$0	(\$3,000,000)	Adjustment accounted for in trend selection rather than as a bottom line impact	Exhibit F
SB 11-177: Annualization "Sunset Teen Pregnancy & Dropout Program"	(\$183,897)	(\$183,897)	\$0		Exhibit F
SB 16-027 "Medicaid Option for Prescribed Drugs by Mail"	(\$29,917)	(\$29,917)	\$0		Exhibit F
HB 16-1408 "Allocation of Cash Fund Revenues from Tobacco MSA"	\$55,694,236	\$53,373,643	(\$2,320,593)	Adjusted for cash flow	Exhibit F
HB 16-1097 "PUC Permit for Medicaid Transportation Providers"	(\$215,271)	(\$215,271)	\$0		Exhibit F
State Plan Autism Treatment	\$0	\$18,534,147	\$18,534,147	Moves State Plan portion of autism treatment to Acute from CBLTC (net zero impact)	Exhibit F
Copay 5% of Income	\$0	\$2,199,573	\$2,199,573	New BLI New MMIS must demonstrate compliance with copays < 5% income rule	Exhibit F
Kaiser-Access Health Maintenance Organization	\$0	\$4,000,608	\$4,000,608	New HMO, moves expenditure from ACC to Acute (net zero impact based on budget neutrality assumptions)	Exhibit F
Hepatitis C Criteria Change	\$0	\$66,099,921	\$66,099,921	Changed Prior Authorization Criteria (PAR) based on drug review board recommendation	Exhibit F
Total Acute Care	\$3,955,639,673	\$4,119,133,680	\$163,494,007		
Community Based Long-Term Care					
Base CBLTC Cost	\$821,506,479	\$826,866,152	\$5,359,673	Driven by caseload increases	Exhibit G
<i>Bottom Line Impacts</i>					
Annualization of FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$192,358)	(\$192,358)	\$0		Exhibit G
Annualization of FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$185,234)	(\$185,234)	\$0		Exhibit G
Annualization of HB 14-1357: "In-Home Support Services in Medicaid Program"	\$1,117,446	\$1,117,446	\$0		Exhibit G
Annualization of FY 2014-15 JBC Action: "Raising Cap on Home Modifications"	\$1,100,000	\$1,100,000	\$0		Exhibit G
Annualization of EPSDT Personal Care	(\$359,085)	(\$538,628)	(\$179,543)	Delayed Implementation	Exhibit G
Colorado Choice Transitions	\$3,639,311	\$1,752,975	(\$1,886,336)	Revised Forecast	Exhibit G
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" - HCBS	\$155,332	\$155,332	\$0		Exhibit G
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - HCBS Personal Care/Homemaker	\$11,995,124	\$11,995,124	\$0		Exhibit G
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - In-Home Respite (excludes CES Respite)	\$52,617	\$52,617	\$0		Exhibit G
Annualization of FY 2015-16 JBC Action: "Raising Cap on Home Modifications"	\$564,288	\$564,288	\$0		Exhibit G
Annualization of HB 15-1186: "Children with Autism Waiver Expansion"	\$18,534,147	\$0	(\$18,534,147)	Moves State Plan portion of autism treatment to Acute from CBLTC (net zero impact)	Exhibit G
Annualization of Independent Living Skills Training Rule Change	\$201,735	\$201,735	\$0		Exhibit G
Annualization of Consumer Transition Services Rate Increase	\$208,187	\$193,590	(\$14,597)		Exhibit G
LTHH Impact - FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$281,540)	(\$281,540)	\$0		Exhibit G
FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$478,618)	(\$478,618)	\$0		Exhibit G
Annualization of FY 2015-16 R#7 "Participant Directed Programs Expansion"	(\$2,299,208)	(\$411,177)	\$1,888,031	Revised Forecast and Delayed Implementation	Exhibit G
EPSDT Personal Care	\$740,200	\$1,110,298	\$370,098	Delayed Implementation	Exhibit G
Colorado Choice Transitions - LTHH Impact	\$865,475	\$802,344	(\$63,131)	Revised Forecast	Exhibit G
Savings from days incurred in FY 2015-16 and paid in FY 2016-17 under HB 13-1152	(\$62,470)	(\$59,540)	\$2,930	Revised Forecast	Exhibit G
HB 13-1152 1.5% permanent rate reduction Effective July 1, 2013	(\$499,343)	(\$530,422)	(\$31,079)	Revised Forecast	Exhibit G
Total Community Based Long-Term Care	\$856,322,485	\$843,234,384	(\$13,088,101)		

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

Item	Long Bill and Special Bills	R-1 Request (November 2016)	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	\$678,089,836	\$646,739,532	(\$31,350,304)	Decreased patient days expectations based on FY 15-16 actuals	Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$8,090,900	\$9,126,756	\$1,035,856	Increased utilization	Exhibit H
Recoveries from Department Overpayment Review	(\$1,643,520)	(\$1,000,000)	\$643,520	Decreased recovery expectations	Exhibit H
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$10,499,803)	(\$9,043,248)	\$1,456,555	Permanent BLI. Estimated less patient days in R-1 forecast	Exhibit H
Colorado Choice Transitions	(\$16,320,063)	\$0	\$16,320,063	Removed CCT as a BLI and assumed transitions were incorporated into base trends	Exhibit H
Total Class I Nursing Facilities	\$657,717,350	\$645,823,040	(\$11,894,310)		
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities Cost	\$5,035,779	\$4,468,182	(\$567,597)	Updated forecast	Exhibit H
<i>Bottom Line Impacts</i>					
Total Class II Nursing Facilities	\$5,035,779	\$4,468,182	(\$567,597)		
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
Base PACE Cost	\$156,026,037	\$147,293,793	(\$8,732,244)	Adjusted rates down and incorporated client contribution	Exhibit H
<i>Bottom Line Impacts</i>					
Total Program of All-Inclusive Care for the Elderly	\$156,026,037	\$147,293,793	(\$8,732,244)		
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB Cost	\$176,029,043	\$192,636,853	\$16,607,810	Updated forecast on Medicare Part B premium.	Exhibit H
<i>Bottom Line Impacts</i>					
Total Supplemental Medicare Insurance Benefit	\$176,029,043	\$192,636,853	\$16,607,810		
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Cost	\$1,529,019	\$1,613,716	\$84,697	Updated forecast on premiums and enrollment.	Exhibit H
<i>Bottom Line Impacts</i>					
Estimated FY 2016-17 Base Expenditure	\$43,343	\$46,642	\$3,299	Updated forecast on premiums and enrollment.	Exhibit H
Estimated Incremental Expenditure for FY 2016-17	\$299,186	\$338,247	\$39,061	Updated forecast on premiums and enrollment.	Exhibit H
Total Health Insurance Buy-In Program	\$1,871,548	\$1,998,605	\$127,057		
Total Long-Term Care and Insurance	\$996,679,757	\$992,220,473	(\$4,459,284)		
Service Management					
<i>Single Entry Points (SEP)</i>					
Single Entry Points (SEP) Base	\$33,019,933	\$33,019,933	\$0		Exhibit I
<i>Bottom Line Impacts</i>					
Total Single Entry Points	\$33,019,933	\$33,019,933	\$0		
<i>Disease Management</i>					
Base Disease Management	\$1,052,096	\$1,285,726	\$233,630	Updated to align with CDPHE appropriation	Exhibit I
<i>Bottom Line Impacts</i>					
Total Disease Management	\$1,052,096	\$1,285,726	\$233,630		
<i>Accountable Care Collaborative</i>					
ACC Base	\$163,391,197	\$164,561,176	\$1,169,979	Adjusted assumptions based on actual enrollment in FY 2015-16	Exhibit I
<i>Bottom Line Impacts</i>					
FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees" Annualization	\$7,646,400	\$7,332,335	(\$314,065)	Adjusted assumptions based on actual enrollment in FY 2015-16	Exhibit I
Recoupment of Incentive Overpayment (of Quarter 1 FY 2015-16)	\$0	(\$440,855)	(\$440,855)	Recoups incentives overpaid in the first quarter of FY 2015-16	Exhibit I
Kaiser-Access Health Maintenance Organization	\$0	(\$4,000,608)	(\$4,000,608)	New HMO, moves expenditure from ACC to Acute (net zero impact based on budget neutrality assumptions)	Exhibit I
Total Accountable Care Collaborative	\$171,037,597	\$167,452,048	(\$3,585,549)		
Total Service Management	\$205,109,626	\$201,757,707	(\$3,351,919)		
Grand Total Services	\$6,013,751,541	\$6,156,346,244	\$142,594,703		

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

Item	Long Bill and Special Bills	R-1 Request (November 2016)	Difference from Appropriation	Description of Difference from Appropriation	Department Source
Bottom Line Financing					
Upper Payment Limit Financing	\$3,412,681	\$3,420,352	\$7,671	Updated Model	Exhibit K
Denver Health Outstationing	\$13,978,962	\$13,978,962	\$0		Exhibit A
Hospital Provider Fee Supplemental Payments	\$679,000,000	\$656,945,497	(\$22,054,503)		Exhibit J
Nursing Facility Provider Fee Supplemental Payments	\$97,869,540	\$103,022,596	\$5,153,056	Updated Model	Exhibit H
Physician Supplemental Payments	\$8,831,734	\$19,369,964	\$10,538,230	Updated estimates based on FY 2015-16 actuals	Exhibit A
Hospital High Volume Inpatient Payment	\$555,237	\$0	(\$555,237)	Department assumes hospitals will no longer meet criteria for high volume supplemental payment	Exhibit A
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$1,000,000	\$0		Exhibit A
Denver Health Ambulance Payments	\$0	\$5,875,882	\$5,875,882	New supplemental payment not previously accounted for	Exhibit A
Cash Funds Financing	\$0	\$0	\$0	Tobacco tax forecast adjustment	Exhibit A
Total Bottom Line Financing	\$804,648,154	\$803,613,253	(\$1,034,901)		
Grand Total⁽¹⁾	\$6,818,399,695	\$6,959,959,497	\$141,559,802		
Total Acute Care	\$3,955,639,673	\$4,119,133,680	\$163,494,007		
Total Community Based Long-Term Care	\$856,322,485	\$843,234,384	(\$13,088,101)		
Total Class I Nursing Facilities	\$657,717,350	\$645,823,040	(\$11,894,310)		
Total Class II Nursing Facilities	\$5,035,779	\$4,468,182	(\$567,597)		
Total Program of All-Inclusive Care for the Elderly	\$156,026,037	\$147,293,793	(\$8,732,244)		
Total Supplemental Medicare Insurance Benefit	\$176,029,043	\$192,636,853	\$16,607,810		
Total Health Insurance Buy-In Program	\$1,871,548	\$1,998,605	\$127,057		
Total Single Entry Point	\$33,019,933	\$33,019,933	\$0		
Total Disease Management	\$1,052,096	\$1,285,726	\$233,630		
Total Prepaid Inpatient Health Plan Administration	\$171,037,597	\$167,452,048	(\$3,585,549)		
Total Bottom Line Financing	\$804,648,154	\$803,613,253	(\$1,034,901)		
Grand Total⁽¹⁾	\$6,818,399,695	\$6,959,959,497	\$141,559,802		

(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 2017-18

Item	Base Spending Authority ⁽¹⁾	R-1 Request (November 2016)	Difference	Description of Difference from Base Request
Acute Care				
Base Acute Cost	\$4,011,273,301	\$4,313,982,639	\$302,709,338	Increasing caseload and per capita costs
<i>Bottom Line Impacts</i>				
Annualization of SB 10-117: "OTC MEDS"	(\$87,357)	(\$149,755)	(\$62,398)	Adjusted for new implementation date
Accountable Care Collaborative Savings	(\$16,939,867)	(\$21,706,279)	(\$4,766,412)	Adjusted assumptions based on actual enrollment in FY 2015-16
Annualization of FY 2011-12 BA-9: "Limit Physical and Occupational Therapy"	\$0	(\$2,321,083)	(\$2,321,083)	Adjusted to account for program implemented on July 1, 2016
Estimated Impact of Increasing PACE Enrollment	(\$2,321,507)	(\$5,423,931)	(\$3,102,424)	Increased enrollment expectations in PACE means more savings in Acute
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$555,632)	(\$1,856,904)	(\$1,301,272)	Adjusted savings assumptions based on actual FY 2015-16 data.
FY 2012-13 R-6: "Dental Efficiency"	\$0	(\$1,704,632)	(\$1,704,632)	
Annualization of FY 2014-15 R-10: "Primary Care Specialty Collaboration"	(\$224,742)	(\$288,478)	(\$63,736)	Full implementation of program delayed as software testing continues
Annualization of FY 2014-15 BA-10: "Continuation of '1202 Provider Rate Increase"	(\$152,824,231)	(\$124,115,407)	\$28,708,824	Adjusted assumptions based on actual utilization of procedures in FY 2015-16
Annualization of FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	(\$13,225,626)	(\$12,627,581)	\$598,045	Adjusted assumptions based on actual enrollment in FY 2015-16
FY 2015-16 R-12: "Community Provider Rate Increase"	\$3,233,700	\$3,233,700	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Physical and Occupational Therapy Services	\$326,116	\$326,116	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prostate Biopsy	\$499	\$499	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Diabetic Self-Management	\$44,130	\$44,130	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental X-Rays	\$33,190	\$33,190	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Prenatal and Postpartum Care	\$56,773	\$56,773	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Sealants	\$134,955	\$134,955	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Vision Retinal Services	\$37,053	\$37,053	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Eye Materials	\$363,187	\$363,187	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Dental Fillings and Extractions	\$1,368,932	\$1,368,932	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - Anesthesia	\$1,169,336	\$1,169,336	\$0	
FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - EMT	\$100,842	\$100,842	\$0	
HB 15-1309: "Protective Restorations by Dental Hygienists"	\$26,127	\$12,620	(\$13,507)	Adjusted for new implementation assumption
Accounting for SSI Parent Issue with Disabled Buy-In	\$3,000,000	\$0	(\$3,000,000)	Adjustment accounted for in trend selection rather than as a bottom line impact
SB 11-177: Annualization "Sunset Teen Pregnancy & Dropout Program"	(\$202,408)	(\$220,676)	(\$18,268)	Correction to annualization calculation
Annualization of SB 16-027 "Medicaid Option for Prescribed Drugs by Mail"	(\$29,917)	(\$1,767,097)	(\$1,737,180)	
Annualization of HB 16-1408 "Allocation of Cash Fund Revenues from Tobacco MSA"	\$55,694,236	\$2,320,593	(\$53,373,643)	Adjusted for cash flow
Annualization of HB 16-1097 "PUC Permit for Medicaid Transportation Providers"	(\$215,271)	(\$449,763)	(\$234,492)	New request not previously accounted for
State Plan Autism Treatment	\$0	\$18,534,147	\$18,534,147	Moves State Plan portion of autism treatment to Acute from CBLTC (net zero impact)
Annualization of Copay 5% of Income	\$0	\$6,939,678	\$6,939,678	New BLL. New MMIS must demonstrate compliance with copays < 5% income rule.
Home Health Final Rule (Location Expansion)	\$0	\$687,809	\$687,809	New federal regulation; state must demonstrate compliance by 7/1/2017
Kaiser-Access Health Maintenance Organization	\$0	\$4,000,608	\$4,000,608	New HMO, moves expenditure from ACC to Acute (net zero impact based on budget neutrality assumptions)
HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$0	\$0	\$0	Accounted for through caseload adjustment
Hepatitis C Criteria Change	\$0	\$93,317,535	\$93,317,535	Changed Prior Authorization Criteria (PAR) based on drug review board recommendation
Total Acute Care	\$3,890,235,819	\$4,274,032,757	\$383,796,938	
Community Based Long-Term Care				
Base CBLTC Cost	\$821,506,479	\$884,050,534	\$62,544,055	Driven by increases in caseload
<i>Bottom Line Impacts</i>				
Annualization of FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$192,358)	(\$192,358)	\$0	
Annualization of FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$185,234)	(\$185,234)	\$0	
Annualization of HB 14-1357: "In-Home Support Services in Medicaid Program"	\$1,117,446	\$1,117,446	\$0	
Annualization of FY 2014-15 JBC Action: "Raising Cap on Home Modifications"	\$1,100,000	\$1,100,000	\$0	
Annualization of EPSDT Personal Care	(\$359,085)	(\$538,628)	(\$179,543)	Delayed Implementation
Colorado Choice Transitions	\$3,639,311	\$3,671,491	\$32,180	Revised Forecast
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" - HCBS	\$155,332	\$155,332	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - HCBS Personal Care/Homemaker	\$11,995,124	\$11,995,124	\$0	
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" Targeted - In-Home Respite (excludes CES Respite)	\$52,617	\$52,617	\$0	
Annualization of FY 2015-16 JBC Action: "Raising Cap on Home Modifications"	\$564,288	\$564,288	\$0	
Annualization of HB 15-1186: "Children with Autism Waiver Expansion"	\$18,534,147	\$0	(\$18,534,147)	Moves State Plan portion of autism treatment to Acute from CBLTC (net zero impact)
Annualization of Independent Living Skills Training Rule Change	\$201,735	\$201,735	\$0	
Annualization of Consumer Transition Services Rate Increase	\$208,187	\$193,590	(\$14,597)	Implemented for CCT services only
LTHH Impact - FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$281,540)	(\$281,540)	\$0	
FY 2014-15 R-7: "Adult Supported Living Services Waiting List Reduction and Service Plan Authorization Limits Increase"	(\$478,618)	(\$478,618)	\$0	
Annualization of FY 2015-16 R#7 "Participant Directed Programs Expansion"	(\$2,299,208)	(\$1,873,718)	\$425,490	Revised Forecast
HB 15-1186: "Children with Autism Waiver Expansion"	\$0	\$0	\$0	
EPSDT Personal Care	\$740,200	\$1,110,298	\$370,098	Delayed Implementation
Colorado Choice Transitions - LTHH Impact	\$865,475	\$2,626,278	\$1,760,803	Revised Forecast
Savings from days incurred in FY 2015-16 and paid in FY 2016-17 under HB 13-1152	(\$62,470)	(\$59,540)	\$2,930	Revised Forecast
HB 13-1152 1.5% permanent rate reduction Effective July 1, 2013	(\$499,343)	(\$530,422)	(\$31,079)	Revised Forecast
HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$31,659	(\$30,165)	(\$61,824)	A portion of this is accounted for through caseload adjustment but BI buy-in clients have lower expenditure than average BI client
Home Health Final Rule (Location Expansion)	\$0	\$1,523,721	\$1,523,721	New Impact
Total Community Based Long-Term Care	\$856,354,144	\$904,192,231	\$47,838,087	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2017-18

Item	Base Spending Authority ⁽¹⁾	R-1 Request (November 2016)	Difference	Description of Difference from Base Request
Long-Term Care and Insurance				
Class I Nursing Facilities				
Base Class I Nursing Facility Cost	\$678,089,836	\$671,088,945	(\$7,000,891)	Decreased patient days expectations based on FY 15-16 actuals
<i>Bottom Line Impacts</i>				
Hospital Back Up Program	\$8,090,900	\$9,126,756	\$1,035,856	Increased utilization
Recoveries from Department Overpayment Review	(\$1,643,520)	(\$1,027,200)	\$616,320	Decreased recovery expectations
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$10,499,803)	(\$10,055,881)	\$443,922	Permanent BLI. Estimated less patient days in R-1 forecast
Colorado Choice Transitions	(\$16,320,063)	\$0	\$16,320,063	Removed CCT as a BLI and assumed transitions were incorporated into base trends
HB 16-1321 "Medicaid Buy-In Certain Medicaid Waivers"	\$153	\$0	(\$153)	Accounted for through caseload adjustment
Total Class I Nursing Facilities	\$657,717,503	\$669,132,620	\$11,415,117	
Class II Nursing Facilities				
Base Class II Nursing Facilities	\$5,035,779	\$4,680,867	(\$354,912)	Reduced expenditure per-capita expectations.
<i>Bottom Line Impacts</i>				
Total Class II Nursing Facilities	\$5,035,779	\$4,680,867	(\$354,912)	
Program of All Inclusive Care for the Elderly (PACE)				
Base PACE Cost	\$156,026,037	\$164,526,552	\$8,500,515	Adjusted enrollment expectations up
<i>Bottom Line Impacts</i>				
Total Program of All-Inclusive Care for the Elderly	\$156,026,037	\$164,526,552	\$8,500,515	
Supplemental Medicare Insurance Benefit (SMIB)				
Base SMIB	\$176,029,043	\$201,034,320	\$25,005,277	Updated caseload and Medicare Part B premiums forecast.
<i>Bottom Line Impacts</i>				
Total Supplemental Medicare Insurance Benefit	\$176,029,043	\$201,034,320	\$25,005,277	
Health Insurance Buy-In Program (HIBI)				
Base HIBI Cost	\$1,529,019	\$1,613,716	\$84,697	Updated forecast on premiums and enrollment.
<i>Bottom Line Impacts</i>				
Estimated FY 2016-17 Base Expenditure	\$43,343	\$110,945	\$67,602	Updated forecast on premiums and enrollment.
Estimated Incremental Expenditure for FY 2016-17	\$299,186	\$804,574	\$505,388	Updated forecast on premiums and enrollment.
Total Health Insurance Buy-In Program	\$1,871,548	\$2,529,235	\$657,687	
Total Long-Term Care and Insurance	\$996,679,910	\$1,041,903,594	\$45,223,684	
Service Management				
Single Entry Points (SEP)				
Single Entry Points (SEP) Base	\$33,019,933	\$34,360,542	\$1,340,609	
<i>Bottom Line Impacts</i>				
Total Single Entry Points	\$33,019,933	\$34,360,542	\$1,340,609	
Disease Management				
Base Disease Management	\$1,052,096	\$1,352,408	\$300,312	Updated to align with CDPHE appropriation
<i>Bottom Line Impacts</i>				
Total Disease Management	\$1,052,096	\$1,352,408	\$300,312	
Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration				
Estimated FY 2017-18 Base Expenditures	\$163,391,197	\$174,269,827	\$10,878,630	Updated forecast
<i>Bottom Line Impacts</i>				
FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees" Annualization	\$7,646,400	\$7,356,382	(\$290,018)	Adjusted assumptions based on actual enrollment in FY 2015-16
Recoupment of Incentive Overpayment (of Quarter 1 FY 2015-16)	\$0	\$0	\$0	
Kaiser-Access Health Maintenance Organization	\$0	(\$4,000,608)	(\$4,000,608)	New HMO, moves expenditure from ACC to Acute (net zero impact based on budget neutrality assumptions)
HB 16-1321 "Medicaid Buy-In Certain Medicaid Waivers"	\$559	\$0	(\$559)	Accounted for through caseload adjustment
Total Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration	\$171,038,156	\$177,625,601	\$6,587,445	
Total Service Management	\$205,110,185	\$213,338,551	\$8,228,366	
Grand Total Services	\$5,948,380,058	\$6,433,467,133	\$485,087,075	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2017-18

Item	Base Spending Authority ⁽¹⁾	R-1 Request (November 2016)	Difference	Description of Difference from Base Request
Bottom Line Financing				
Upper Payment Limit Financing	\$3,412,681	\$3,528,549	\$115,868	Updated model based on FY 2015-16 HH CPE actuals
Department Recoveries Adjustment	\$0	\$0	\$0	
Denver Health Outstationing	\$13,978,962	\$4,779,554	(\$9,199,408)	New GF methodology expected to be implemented
Hospital Provider Fee Supplemental Payments	\$679,000,000	\$540,440,830	(\$138,559,170)	Kept S-1 expectations that HPF would continue to be restricted
Nursing Facility Provider Fee Supplemental Payments	\$97,869,540	\$105,824,204	\$7,954,664	Updated model
Physician Supplemental Payments	\$8,831,734	\$19,369,964	\$10,538,230	Updated estimates based on FY 2015-16 actuals
Hospital High Volume Inpatient Payment	\$555,237	\$0	(\$555,237)	Memorial Hospital is not expected to qualify for these payments
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0	GF offset increased
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$1,000,000	\$0	
Repayment of Federal Funds for Physical and Occupational Therapy Unit Limit Policy	\$0	\$0	\$0	
Denver Health Ambulance Payments	\$0	\$5,879,162	\$5,879,162	New CPE payment
Technical Adjustment of Systems Issue for Children	\$0	\$0	\$0	
Cash Funds Financing	\$0	\$0	\$0	Tobacco tax forecast adjustment
Total Bottom Line Financing	\$804,648,154	\$680,822,263	(\$123,825,891)	
Grand Total⁽²⁾	\$6,753,028,212	\$7,114,289,396	\$361,261,184	
Total Acute Care	\$3,890,235,819	\$4,274,032,757	\$383,796,938	
Total Community Based Long-Term Care	\$856,354,144	\$904,192,231	\$47,838,087	
Total Class I Nursing Facilities	\$657,717,503	\$669,132,620	\$11,415,117	
Total Class II Nursing Facilities	\$5,035,779	\$4,680,867	(\$354,912)	
Total Program of All-Inclusive Care for the Elderly	\$156,026,037	\$164,526,552	\$8,500,515	
Total Supplemental Medicare Insurance Benefit	\$176,029,043	\$201,034,320	\$25,005,277	
Total Health Insurance Buy-In Program	\$1,871,548	\$2,529,235	\$657,687	
Total Single Entry Point	\$33,019,933	\$34,360,542	\$1,340,609	
Total Disease Management	\$1,052,096	\$1,352,408	\$300,312	
Total Prepaid Inpatient Health Plan Administration	\$171,038,156	\$177,625,601	\$6,587,445	
Total Bottom Line Financing	\$804,648,154	\$680,822,263	(\$123,825,891)	
Rounding Adjustment	\$0	\$0	\$0	
Grand Total⁽²⁾	\$6,753,028,212	\$7,114,289,396	\$361,261,184	

(1) The Department has not received a FY 2017-18 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.