

Exhibit A - Summary of Request

Calculation of Request

FY 2016-17

| Item | Total Request | General Fund | General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds |
|--|------------------------|------------------------|----------------------|----------------------|----------------------|------------------------|
| FY 2016-17 Appropriation | | | | | | |
| FY 2016-17 Long Bill Appropriation (HB 16-1405) | \$6,762,815,547 | \$1,075,134,728 | \$873,835,000 | \$678,702,748 | \$5,240,893 | \$4,129,902,178 |
| SB 16-027 "Medicaid Option for Prescribed Drugs by Mail" | (\$29,917) | (\$9,084) | \$0 | (\$409) | \$0 | (\$20,424) |
| HB 16-1408 "Allocation of Cash Fund Revenues from Tobacco MSA" | \$55,694,236 | (\$6,451,471) | \$0 | \$27,008,330 | \$0 | \$35,137,377 |
| HB 16-1097 "PUC Permit for Medicaid Transportation Providers" | (\$215,271) | (\$69,405) | \$0 | (\$2,549) | \$0 | (\$143,317) |
| FY 2016-17 Total Spending Authority | \$6,818,264,595 | \$1,068,604,768 | \$873,835,000 | \$705,708,120 | \$5,240,893 | \$4,164,875,814 |
| Total Projected FY 2016-17 Expenditure | \$6,809,577,947 | \$1,070,253,924 | \$873,835,000 | \$698,906,376 | \$9,102,709 | \$4,157,479,938 |
| FY 2016-17 Requested Change from Appropriation | (\$8,686,648) | \$1,649,156 | \$0 | (\$6,801,744) | \$3,861,816 | (\$7,395,876) |
| Percent Change | -0.13% | 0.15% | 0.00% | -0.96% | 73.69% | -0.18% |
| FY 2017-18 November Supplemental Request (R-1) | \$141,694,902 | \$32,217,993 | \$0 | \$1,650,193 | \$3,861,816 | \$103,964,900 |
| FY 2016-17 Current Supplemental Request (S-1A) | (\$150,381,550) | (\$30,568,837) | \$0 | (\$8,451,937) | \$0 | (\$111,360,776) |
| Incremental Percent Growth Relative to Appropriation | 1731.18% | -1853.60% | 0.00% | 124.26% | 0.00% | 1505.71% |

Calculation of Request

FY 2017-18

| Item | Total Request | General Fund | General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds |
|--|------------------------|------------------------|----------------------|----------------------|----------------------|------------------------|
| FY 2016-17 Appropriation Plus Special Bills | \$6,818,264,595 | \$1,068,604,768 | \$873,835,000 | \$705,708,120 | \$5,240,893 | \$4,164,875,814 |
| Bill Annualizations | | | | | | |
| Annualization of Long Bill FY 2016-17 (HB 16-1405) | (\$7,767,108) | (\$3,156,180) | \$0 | \$283 | \$0 | (\$4,611,211) |
| SB 16-027 Annualization "Medicaid Option for Prescribed Drugs by Mail" | (\$1,737,180) | (\$528,579) | \$0 | (\$43,239) | \$0 | (\$1,165,362) |
| HB 16-1408 Annualization "Allocation of Cash Fund Revenues from Tobacco MSA" | (\$55,694,236) | \$6,451,471 | \$0 | (\$27,008,330) | \$0 | (\$35,137,377) |
| HB 16-1097 Annualization "PUC Permit for Medicaid Transportation Providers" | (\$234,492) | (\$67,441) | \$0 | (\$8,561) | \$0 | (\$158,490) |
| HB 16-1321 "Medicaid Buy-In Certain Medicaid Waivers" | \$61,533 | (\$138,758) | \$0 | \$184,000 | \$0 | \$16,291 |
| Total Annualizations | (\$65,371,483) | \$2,560,513 | \$0 | (\$26,875,847) | \$0 | (\$41,056,149) |
| FY 2017-18 Total Spending Authority | \$6,752,893,112 | \$1,071,165,281 | \$873,835,000 | \$678,832,273 | \$5,240,893 | \$4,123,819,665 |
| Total Projected FY 2017-18 Expenditure | \$6,997,972,427 | \$1,193,406,536 | \$873,835,000 | \$688,480,889 | \$9,031,044 | \$4,233,218,958 |
| FY 2017-18 Requested Change from Appropriation | \$245,079,315 | \$122,241,255 | \$0 | \$9,648,616 | \$3,790,151 | \$109,399,293 |
| Percent Change | 3.63% | 11.41% | 0.00% | 1.42% | 72.32% | 2.65% |
| FY 2017-18 November Decision Item (R-1) | \$361,396,284 | \$124,330,802 | \$0 | \$10,348,553 | \$3,790,151 | \$222,926,778 |
| FY 2017-18 Current Budget Amendment (BA-1) | (\$116,316,969) | (\$2,089,547) | \$0 | (\$699,937) | \$0 | (\$113,527,485) |
| Incremental Percent Growth Relative to Appropriation | -47.46% | -1.71% | 0.00% | -7.25% | 0.00% | -103.77% |

Calculation of Request

FY 2018-19

| Item | Total Request | General Fund | General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds |
|---|------------------------|------------------------|----------------------|----------------------|----------------------|------------------------|
| FY 2017-18 Appropriation Plus Special Bills | \$6,752,893,112 | \$1,071,165,281 | \$873,835,000 | \$678,832,273 | \$5,240,893 | \$4,123,819,665 |
| Bill Annualizations | | | | | | |
| Annualization of Long Bill FY 2016-17 (HB 16-1405) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| HB 16-1321 Annualization "Medicaid Buy-In Certain Medicaid Waivers" | \$13,122 | (\$36,325) | \$0 | \$44,031 | \$0 | \$5,416 |
| Total Annualizations | \$13,122 | (\$36,325) | \$0 | \$44,031 | \$0 | \$5,416 |
| FY 2018-19 Total Spending Authority | \$6,752,906,234 | \$1,071,128,956 | \$873,835,000 | \$678,876,304 | \$5,240,893 | \$4,123,825,081 |
| Total Projected FY 2018-19 Expenditures | \$7,751,759,736 | \$1,285,966,473 | \$873,835,000 | \$956,267,032 | \$8,951,417 | \$4,626,739,814 |
| FY 2018-19 Requested Change From Appropriation | \$998,853,502 | \$214,837,517 | \$0 | \$277,390,728 | \$3,710,524 | \$502,914,733 |
| Percent Change | 14.79% | 20.06% | 0.00% | 40.86% | 70.80% | 12.20% |
| FY 2018-19 November Estimate | \$1,077,440,697 | \$192,982,429 | \$0 | \$283,604,266 | \$3,710,524 | \$597,143,478 |
| FY 2018-19 Current Budget Amendment (BA-1) | (\$78,587,195) | \$21,855,088 | \$0 | (\$6,213,538) | \$0 | (\$94,228,745) |
| Incremental Percent Growth Relative to Appropriation | -7.87% | 10.17% | 0.00% | -2.24% | 0.00% | -18.74% |

Exhibit A - Summary of Request

Calculation of Fund Splits
FY 2016-17

| Item | Total Request | General Fund and General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds | FMAP ⁽³⁾ | Notes |
|--|------------------------|--------------------------------------|----------------------|----------------------|------------------------|---------------------|---|
| Acute Care Services | | | | | | | |
| Base Acute | \$2,075,894,470 | \$1,033,795,446 | \$0 | \$0 | \$1,042,099,024 | 50.20% | |
| Breast and Cervical Cancer Program | \$3,787,586 | \$0 | \$1,320,731 | \$0 | \$2,466,855 | 65.13% | CF: Breast and Cervical Cancer Prevention and Treatment Fund |
| Family Planning | \$12,046,581 | \$1,204,658 | \$0 | \$0 | \$10,841,923 | 90.00% | |
| Indian Health Service | \$4,291,193 | \$0 | \$0 | \$0 | \$4,291,193 | 100.00% | |
| Affordable Care Act Drug Rebate Offset | (\$20,800,984) | \$0 | \$0 | \$0 | (\$20,800,984) | 100.00% | |
| Affordable Care Act Preventive Services | \$56,389,703 | \$27,518,175 | \$0 | \$0 | \$28,871,528 | 51.20% | |
| Non-Emergency Medical Transportation | \$0 | \$82,883 | \$0 | \$0 | (\$82,883) | N/A | |
| SB 11-008: "Aligning Medicaid Eligibility for Children" | \$91,711,597 | \$10,886,167 | \$0 | \$0 | \$80,825,430 | 88.13% | |
| SB 11-250: "Eligibility for Pregnant Women in Medicaid" | \$17,287,752 | \$2,052,056 | \$0 | \$0 | \$15,235,696 | 88.13% | |
| MAGI Parents/Caretakers to 133% FPL | \$212,807,160 | \$0 | \$5,365,005 | \$0 | \$207,442,155 | 97.48% | 100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund; NEMT services receive administrative match |
| MAGI Adults | \$1,270,768,122 | \$0 | \$33,433,705 | \$0 | \$1,237,334,417 | 97.37% | 100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund; NEMT services receive administrative match |
| Continuous Eligibility for Children | \$43,754,769 | \$0 | \$21,789,875 | \$0 | \$21,964,894 | 50.20% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$36,472,027 | \$0 | \$19,868,351 | \$0 | \$16,603,676 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$42,783,147 | \$0 | \$6,126,547 | \$0 | \$36,656,600 | 85.68% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$21,499,543 | \$0 | \$10,706,772 | \$0 | \$10,792,771 | 50.20% | CF: Hospital Provider Fee Fund |
| Adult Dental Benefit Financing | \$58,520,064 | \$0 | \$29,055,094 | \$0 | \$29,464,970 | Variable | CF: Adult Dental Fund |
| HB 16-1408 Primary Care Rate Increase Financing | \$38,487,283 | \$0 | \$19,166,667 | \$0 | \$19,320,616 | 50.20% | CF: Primary Care Provider Sustainability Fund |
| HB 16-1408 State Plan Autism Treatment | \$2,364,025 | \$0 | \$1,177,284 | \$0 | \$1,186,741 | 50.20% | CF: Colorado Autism Treatment Fund |
| Acute Care Services Sub-Total | \$3,968,064,038 | \$1,075,539,385 | \$148,010,031 | \$0 | \$2,744,514,622 | | |
| Community Based Long-Term Care Services | | | | | | | |
| Base Community Based Long-Term Care | \$854,234,418 | \$425,408,740 | \$0 | \$0 | \$428,825,678 | 50.20% | |
| Children with Autism Waiver Services | \$639,937 | \$0 | \$318,689 | \$0 | \$321,248 | 50.20% | CF: Colorado Autism Treatment Fund |
| SB 11-008: "Aligning Medicaid Eligibility for Children" | \$1,642,773 | \$194,997 | \$0 | \$0 | \$1,447,776 | 88.13% | |
| SB 11-250: "Eligibility for Pregnant Women in Medicaid" | \$0 | \$0 | \$0 | \$0 | \$0 | 88.13% | |
| MAGI Parents/Caretakers to 133% FPL | \$157,573 | \$0 | \$21,173 | \$0 | \$136,400 | 86.56% | Waivers Services Standard Match; Hospice/PDN/LTHH 100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund |
| MAGI Adults | \$7,023,063 | \$0 | \$936,092 | \$0 | \$6,086,971 | 86.67% | Waivers Services Standard Match; Hospice/PDN/LTHH 100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund |
| Continuous Eligibility for Children | \$108,312 | \$0 | \$53,939 | \$0 | \$54,373 | 50.20% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$5,964,830 | \$0 | \$3,249,376 | \$0 | \$2,715,454 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$1,402,017 | \$0 | \$200,769 | \$0 | \$1,201,248 | 85.68% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$113,149 | \$0 | \$56,348 | \$0 | \$56,801 | 50.20% | CF: Hospital Provider Fee Fund |
| Community Based Long-Term Care Services Sub-Total | \$871,286,072 | \$425,603,737 | \$4,836,386 | \$0 | \$440,845,949 | | |
| Long-Term Care and Insurance | | | | | | | |
| Base Class I Nursing Facilities | \$649,712,293 | \$323,556,722 | \$0 | \$0 | \$326,155,571 | 50.20% | |
| Class II Nursing Facilities | \$3,930,060 | \$1,957,170 | \$0 | \$0 | \$1,972,890 | 50.20% | |
| PACE | \$150,017,411 | \$74,708,671 | \$0 | \$0 | \$75,308,740 | 50.20% | |
| Supplemental Medicare Insurance Benefit (SMIB) | \$179,201,351 | \$96,768,730 | \$0 | \$0 | \$82,432,621 | 46.00% | Approximately 13% of Total is State-Only & 5% is 100% FFP |
| Health Insurance Buy-In | \$1,913,178 | \$952,763 | \$0 | \$0 | \$960,415 | 50.20% | |
| MAGI Parents/Caretakers to 133% FPL | \$34,043 | \$0 | \$851 | \$0 | \$33,192 | 97.50% | 100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund |
| MAGI Adults | \$1,427,518 | \$0 | \$35,688 | \$0 | \$1,391,830 | 97.50% | 100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund |
| Continuous Eligibility for Children | \$0 | \$0 | \$0 | \$0 | \$0 | 50.20% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$85,499 | \$0 | \$46,576 | \$0 | \$38,923 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$2,325,932 | \$0 | \$333,073 | \$0 | \$1,992,859 | 85.68% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$23,299 | \$0 | \$11,603 | \$0 | \$11,696 | 50.20% | CF: Hospital Provider Fee Fund |
| Long-Term Care and Insurance Sub-Total | \$988,670,584 | \$497,944,056 | \$427,791 | \$0 | \$490,298,737 | | |

Exhibit A - Summary of Request

| Calculation of Fund Splits FY 2016-17 | | | | | | | |
|--|------------------------|---|----------------------|----------------------|------------------------|---------------------|---|
| Item | Total Request | General Fund and General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds | FMAP ⁽³⁾ | Notes |
| Service Management | | | | | | | |
| Base Service Management | \$34,386,064 | \$17,193,032 | \$0 | \$0 | \$17,193,032 | 50.00% | |
| Base Accountable Care Collaborative | \$84,345,133 | \$42,003,876 | \$0 | \$0 | \$42,341,257 | 50.20% | |
| Tobacco Quit Line | \$1,285,726 | \$0 | \$642,863 | \$0 | \$642,863 | 50.00% | CF: Tobacco Education Fund |
| SB 11-008: "Aligning Medicaid Eligibility for Children" | \$7,883,152 | \$935,730 | \$0 | \$0 | \$6,947,422 | 88.13% | |
| SB 11-250: "Eligibility for Pregnant Women in Medicaid" | \$158,512 | \$18,815 | \$0 | \$0 | \$139,697 | 88.13% | |
| MAGI Parents/Caretakers to 133% FPL | \$8,315,424 | \$0 | \$207,886 | \$0 | \$8,107,538 | 97.50% | 100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund |
| MAGI Adults | \$39,165,776 | \$0 | \$979,144 | \$0 | \$38,186,632 | 97.50% | 100% FFP January 1, 2014; 95% FFP January 1, 2017; CF: Hospital Provider Fee Fund |
| Continuous Eligibility for Children | \$7,250,224 | \$0 | \$3,610,612 | \$0 | \$3,639,612 | 50.20% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$367,195 | \$0 | \$200,032 | \$0 | \$167,163 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$221,703 | \$0 | \$31,748 | \$0 | \$189,955 | 85.68% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$620,016 | \$0 | \$308,768 | \$0 | \$311,248 | 50.20% | CF: Hospital Provider Fee Fund |
| Service Management Sub-Total | \$183,998,925 | \$60,151,453 | \$5,981,053 | \$0 | \$117,866,419 | | |
| FY 2016-17 Estimate of Total Expenditures for Medical Services to Clients | \$6,012,019,619 | \$2,059,238,631 | \$159,255,261 | \$0 | \$3,793,525,727 | | |
| Financing | | | | | | | |
| Upper Payment Limit Financing | \$3,814,687 | (\$3,954,673) | \$3,814,687 | \$0 | \$3,954,673 | Variable | CF: Certification of Public Expenditure |
| Department Recoveries Adjustment | \$0 | (\$15,546,204) | \$48,642,690 | \$0 | (\$33,096,486) | 68.04% | CF: Department Recoveries |
| Denver Health Outstationing | \$5,396,841 | \$0 | \$2,698,421 | \$0 | \$2,698,420 | 50.00% | CF: Certified Public Expenditures |
| Hospital Provider Fee Supplemental Payments | \$656,945,497 | \$0 | \$327,158,857 | \$0 | \$329,786,640 | 50.20% | CF: Hospital Provider Fee Cash Fund |
| Nursing Facility Supplemental Payments | \$103,128,309 | \$0 | \$51,357,898 | \$0 | \$51,770,411 | 50.20% | CF: Medicaid Nursing Facility Cash Fund |
| Physician Supplemental Payments | \$14,118,236 | (\$752,011) | \$7,350,142 | \$0 | \$7,520,105 | Variable | CF: Certification of Public Expenditure |
| Hospital High Volume Inpatient Payment | \$8,279,309 | (\$440,756) | \$4,312,508 | \$0 | \$4,407,557 | Variable | CF: Certification of Public Expenditure |
| Health Care Expansion Fund Transfer Adjustment | \$0 | (\$70,498,330) | \$70,498,330 | \$0 | \$0 | N/A | CF: Health Care Expansion Fund |
| Intergovernmental Transfer for Difficult to Discharge Clients | \$0 | \$0 | \$0 | \$0 | \$0 | 50.00% | CF: Intergovernmental Transfer |
| Repayment of Federal Funds for Physical and Occupational Therapy Unit Limit Policy | \$0 | \$2,833,453 | \$0 | \$0 | (\$2,833,453) | N/A | |
| Denver Health Ambulance Payments | \$5,875,449 | (\$313,273) | \$3,055,991 | \$0 | \$3,132,731 | Variable | CF: Certified Public Expenditures, see Narrative |
| Technical Adjustment of Systems Issue for Children | \$0 | \$688,206 | (\$688,206) | \$0 | \$0 | N/A | CF: Hospital Provider Fee Cash Fund |
| Historical Adjustment for Non-Newly Eligible Definition | \$0 | \$0 | \$3,386,387 | \$0 | (\$3,386,387) | N/A | CF: Hospital Provider Fee Cash Fund |
| Cash Funds Financing ⁽¹⁾ | \$0 | (\$27,166,119) | \$18,063,410 | \$9,102,709 | \$0 | N/A | CF: Various, see Narrative |
| Financing Sub-Total | \$797,558,328 | (\$115,149,707) | \$539,651,115 | \$9,102,709 | \$363,954,211 | | |
| Total Projected FY 2016-17 Expenditures⁽²⁾ | \$6,809,577,947 | \$1,944,088,924 | \$698,906,376 | \$9,102,709 | \$4,157,479,938 | | |
| <i>Definitions:</i> FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Program of All-Inclusive Care for the Elderly ACA: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation | | | | | | | |
| ⁽¹⁾ This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information. | | | | | | | |
| ⁽²⁾ Of the General Fund total, \$873,835,000 is General Fund Exempt. | | | | | | | |
| ⁽³⁾ On January 1, 2017, the ACA expansion FMAP decreases from a 100% FMAP rate to 95% FMAP rate. | | | | | | | |

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 ⁽³⁾ | Notes |
| Acute Care Services | | | | | | | |
| Base Acute | \$2,164,230,605 | \$1,082,115,302 | \$0 | \$0 | \$1,082,115,303 | 50.00% | |
| Breast and Cervical Cancer Program | \$2,983,765 | \$0 | \$1,044,318 | \$0 | \$1,939,447 | 65.00% | CF: Breast and Cervical Cancer Prevention and Treatment Fund |
| Family Planning | \$12,748,897 | \$1,274,890 | \$0 | \$0 | \$11,474,007 | 90.00% | |
| Indian Health Service | \$4,295,913 | \$0 | \$0 | \$0 | \$4,295,913 | 100.00% | |
| Affordable Care Act Drug Rebate Offset | (\$23,040,469) | \$0 | \$0 | \$0 | (\$23,040,469) | 100.00% | |
| Affordable Care Act Preventive Services | \$58,669,707 | \$28,748,156 | \$0 | \$0 | \$29,921,551 | 51.00% | |
| Non-Emergency Medical Transportation | \$0 | \$59,384 | \$0 | \$0 | (\$59,384) | N/A | |
| SB 11-008: "Aligning Medicaid Eligibility for Children" | \$96,545,783 | \$11,585,494 | \$0 | \$0 | \$84,960,289 | 88.00% | |
| SB 11-250: "Eligibility for Pregnant Women in Medicaid" | \$17,432,013 | \$2,091,842 | \$0 | \$0 | \$15,340,171 | 88.00% | |
| MAGI Parents/Caretakers to 133% FPL | \$201,835,393 | \$0 | \$11,147,149 | \$0 | \$190,688,244 | 94.48% | 95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund; NEMT services receive administrative match |
| MAGI Adults | \$1,348,178,295 | \$0 | \$75,818,493 | \$0 | \$1,272,359,802 | 94.38% | 95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund; NEMT services receive administrative match |
| Continuous Eligibility for Children | \$45,497,101 | \$0 | \$22,748,550 | \$0 | \$22,748,551 | 50.00% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$43,413,912 | \$0 | \$23,797,506 | \$0 | \$19,616,406 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$44,721,238 | \$0 | \$7,432,670 | \$0 | \$37,288,568 | 83.38% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$24,607,330 | \$0 | \$12,303,665 | \$0 | \$12,303,665 | 50.00% | CF: Hospital Provider Fee Fund |
| Adult Dental Benefit Financing | \$66,184,384 | \$0 | \$33,001,621 | \$0 | \$33,182,763 | Variable | CF: Adult Dental Fund |
| HB 16-1408 Primary Care Rate Increase Financing | \$1,666,666 | \$0 | \$833,333 | \$0 | \$833,333 | 50.00% | CF: Primary Care Provider Sustainability Fund |
| HB 16-1408 State Plan Autism Treatment | \$18,534,147 | \$2,459,631 | \$6,807,442 | \$0 | \$9,267,074 | 50.00% | CF: Colorado Autism Treatment Fund |
| Acute Care Services Sub-Total | \$4,128,504,680 | \$1,128,334,699 | \$194,934,747 | \$0 | \$2,805,235,234 | | |
| Community Based Long-Term Care Services | | | | | | | |
| Base Community Based Long-Term Care | \$928,630,308 | \$464,315,154 | \$0 | \$0 | \$464,315,154 | 50.00% | |
| Children with Autism Waiver Services | \$684,070 | \$0 | \$342,035 | \$0 | \$342,035 | 50.00% | CF: Colorado Autism Treatment Fund |
| SB 11-008: "Aligning Medicaid Eligibility for Children" | \$1,802,856 | \$216,343 | \$0 | \$0 | \$1,586,513 | 88.00% | |
| SB 11-250: "Eligibility for Pregnant Women in Medicaid" | \$0 | \$0 | \$0 | \$0 | \$0 | 88.00% | |
| MAGI Parents/Caretakers to 133% FPL | \$161,503 | \$0 | \$26,233 | \$0 | \$135,270 | 83.76% | Waivers receive standard match; 95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund |
| MAGI Adults | \$7,680,398 | \$0 | \$1,188,926 | \$0 | \$6,491,472 | 84.52% | Waivers receive standard match; 95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund |
| Continuous Eligibility for Children | \$116,522 | \$0 | \$58,261 | \$0 | \$58,261 | 50.00% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$6,622,255 | \$0 | \$3,630,015 | \$0 | \$2,992,240 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$1,565,372 | \$0 | \$260,165 | \$0 | \$1,305,207 | 83.38% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$135,360 | \$0 | \$67,680 | \$0 | \$67,680 | 50.00% | CF: Hospital Provider Fee Fund |
| Community Based Long-Term Care Sub-Total | \$947,398,644 | \$464,531,497 | \$5,573,315 | \$0 | \$477,293,832 | | |
| Long-Term Care and Insurance | | | | | | | |
| Base Class I Nursing Facilities | \$673,160,500 | \$336,580,250 | \$0 | \$0 | \$336,580,250 | 50.00% | |
| Class II Nursing Facilities | \$4,176,936 | \$2,088,468 | \$0 | \$0 | \$2,088,468 | 50.00% | |
| PACE | \$167,703,403 | \$83,851,701 | \$0 | \$0 | \$83,851,702 | 50.00% | |
| Supplemental Medicare Insurance Benefit (SMIB) | \$185,840,175 | \$100,353,694 | \$0 | \$0 | \$85,486,481 | 46.00% | Approximately 13% of Total is State-Only & 5% is 100% FFP. |
| Health Insurance Buy-In | \$2,383,963 | \$1,191,981 | \$0 | \$0 | \$1,191,982 | 50.00% | |
| MAGI Parents/Caretakers to 133% FPL | \$42,420 | \$0 | \$2,333 | \$0 | \$40,087 | 94.50% | 95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund |
| MAGI Adults | \$1,250,821 | \$0 | \$68,795 | \$0 | \$1,182,026 | 94.50% | 95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund |
| Continuous Eligibility for Children | \$0 | \$0 | \$0 | \$0 | \$0 | 50.00% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$88,587 | \$0 | \$48,559 | \$0 | \$40,028 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$2,644,626 | \$0 | \$439,537 | \$0 | \$2,205,089 | 83.38% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$28,037 | \$0 | \$14,018 | \$0 | \$14,019 | 50.00% | CF: Hospital Provider Fee Fund |
| Long-Term Care and Insurance Sub-Total | \$1,037,319,468 | \$524,066,094 | \$573,242 | \$0 | \$512,680,132 | | |

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 ⁽³⁾ | Notes |
| Service Management | | | | | | | |
| Base Service Management | \$34,287,746 | \$17,143,873 | \$0 | \$0 | \$17,143,873 | 50.00% | |
| Base Accountable Care Collaborative | \$92,994,441 | \$46,497,220 | \$0 | \$0 | \$46,497,221 | 50.00% | |
| Tobacco Quit Line | \$1,285,726 | \$0 | \$642,863 | \$0 | \$642,863 | 50.00% | CF: Tobacco Education Fund |
| SB 11-008: "Aligning Medicaid Eligibility for Children" | \$8,724,234 | \$1,046,908 | \$0 | \$0 | \$7,677,326 | 88.00% | |
| SB 11-250: "Eligibility for Pregnant Women in Medicaid" | \$189,303 | \$22,716 | \$0 | \$0 | \$166,587 | 88.00% | |
| MAGI Parents/Caretakers to 133% FPL | \$8,400,009 | \$0 | \$462,000 | \$0 | \$7,938,009 | 94.50% | 95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund |
| MAGI Adults | \$45,553,446 | \$0 | \$2,505,440 | \$0 | \$43,048,006 | 94.50% | 95% FFP January 1, 2017; 94% FFP January 1, 2018; CF: Hospital Provider Fee Fund |
| Continuous Eligibility for Children | \$6,893,825 | \$0 | \$3,446,912 | \$0 | \$3,446,913 | 50.00% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$448,830 | \$0 | \$246,028 | \$0 | \$202,802 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$225,756 | \$0 | \$37,521 | \$0 | \$188,235 | 83.38% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$758,202 | \$0 | \$379,101 | \$0 | \$379,101 | 50.00% | CF: Hospital Provider Fee Fund |
| Service Management Sub-Total | \$199,761,518 | \$64,710,717 | \$7,719,865 | \$0 | \$127,330,936 | | |
| FY 2017-18 Estimate of Total Expenditures for Medical Services to Clients | \$6,312,984,310 | \$2,181,643,007 | \$208,801,169 | \$0 | \$3,922,540,134 | | |
| Financing | | | | | | | |
| Upper Payment Limit Financing | \$3,928,460 | (\$4,020,983) | \$3,928,460 | \$0 | \$4,020,983 | Variable | CF: Certification of Public Expenditure |
| Department Recoveries Adjustment | \$0 | (\$15,781,997) | \$51,190,388 | \$0 | (\$35,408,391) | 50.00% | CF: Department Recoveries |
| Denver Health Outstationing | \$4,504,703 | \$1,551,101 | \$0 | \$0 | \$2,953,602 | 65.57% | |
| Hospital Provider Fee Supplemental Payments | \$540,440,830 | \$0 | \$270,220,415 | \$0 | \$270,220,415 | 50.00% | CF: Hospital Provider Fee Cash Fund |
| Nursing Facility Supplemental Payments | \$106,832,678 | \$0 | \$53,416,339 | \$0 | \$53,416,339 | 50.00% | CF: Medicaid Nursing Facility Cash Fund |
| Physician Supplemental Payments | \$14,122,422 | (\$747,825) | \$7,392,000 | \$0 | \$7,478,247 | Variable | CF: Certification of Public Expenditure |
| Hospital High Volume Inpatient Payment | \$8,281,533 | (\$438,532) | \$4,334,744 | \$0 | \$4,385,321 | Variable | CF: Certification of Public Expenditure |
| Health Care Expansion Fund Transfer Adjustment | \$0 | (\$67,518,800) | \$67,518,800 | \$0 | \$0 | N/A | CF: Health Care Expansion Fund |
| Intergovernmental Transfer for Difficult to Discharge Clients | \$1,000,000 | \$0 | \$500,000 | \$0 | \$500,000 | 50.00% | CF: Intergovernmental Transfer |
| Denver Health Ambulance Payments | \$5,877,491 | (\$311,231) | \$3,076,414 | \$0 | \$3,112,308 | Variable | CF: Certification of Public Expenditure |
| Cash Funds Financing ⁽¹⁾ | \$0 | (\$27,133,204) | \$18,102,160 | \$9,031,044 | \$0 | N/A | CF: Various, see Narrative |
| Financing Sub-Total | \$684,988,117 | (\$114,401,471) | \$479,679,720 | \$9,031,044 | \$310,678,824 | | |
| Total Projected FY 2017-18 Expenditures ⁽²⁾ | \$6,997,972,427 | \$2,067,241,536 | \$688,480,889 | \$9,031,044 | \$4,233,218,958 | | |
| <i>Definitions:</i> FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Program of All-Inclusive Care for the Elderly ACA: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation | | | | | | | |
| ⁽¹⁾ This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information. | | | | | | | |
| ⁽²⁾ Of the General Fund total, \$873,835,000 is General Fund Exempt. | | | | | | | |
| ⁽³⁾ On January 1, 2018, the ACA expansion FMAP decreases from a 95% FMAP rate to 94% FMAP rate. | | | | | | | |

Exhibit A - Summary of Request

Calculation of Fund Splits
FY 2018-19

| Item | Total Request | General Fund and General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds | FMAP ⁽³⁾ | Notes |
|---|------------------------|--------------------------------------|----------------------|----------------------|------------------------|---------------------|--|
| Acute Care Services | | | | | | | |
| Base Acute | \$2,207,351,382 | \$1,103,675,691 | \$0 | \$0 | \$1,103,675,691 | 50.00% | |
| Breast and Cervical Cancer Program | \$1,826,491 | \$0 | \$639,272 | \$0 | \$1,187,219 | 65.00% | CF: Breast and Cervical Cancer Prevention and Treatment Fund |
| Family Planning | \$13,492,158 | \$1,349,216 | \$0 | \$0 | \$12,142,942 | 90.00% | |
| Indian Health Service | \$4,300,639 | \$0 | \$0 | \$0 | \$4,300,639 | 100.00% | |
| Affordable Care Act Drug Rebate Offset | (\$25,521,062) | \$0 | \$0 | \$0 | (\$25,521,062) | 100.00% | |
| Affordable Care Act Preventive Services | \$60,545,571 | \$29,667,330 | \$0 | \$0 | \$30,878,241 | 51.00% | |
| Non-Emergency Medical Transportation | \$0 | \$61,777 | \$0 | \$0 | (\$61,777) | N/A | |
| SB 11-008: "Aligning Medicaid Eligibility for Children" | \$100,432,201 | \$12,051,864 | \$0 | \$0 | \$88,380,337 | 88.00% | |
| SB 11-250: "Eligibility for Pregnant Women in Medicaid" | \$17,592,643 | \$2,111,117 | \$0 | \$0 | \$15,481,526 | 88.00% | |
| MAGI Parents/Caretakers to 133% FPL | \$219,949,028 | \$0 | \$14,344,981 | \$0 | \$205,604,047 | 93.48% | 94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund; NEMT services receive administrative match |
| MAGI Adults | \$1,404,071,776 | \$0 | \$92,955,066 | \$0 | \$1,311,116,710 | 93.38% | 94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund; NEMT services receive administrative match |
| Continuous Eligibility for Children | \$46,586,013 | \$0 | \$23,293,006 | \$0 | \$23,293,007 | 50.00% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$49,548,295 | \$0 | \$27,235,253 | \$0 | \$22,313,042 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$46,020,763 | \$0 | \$7,993,807 | \$0 | \$38,026,956 | 82.63% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$25,490,653 | \$0 | \$12,745,326 | \$0 | \$12,745,327 | 50.00% | CF: Hospital Provider Fee Fund |
| Adult Dental Benefit Financing | \$70,285,916 | \$0 | \$35,051,360 | \$0 | \$35,234,556 | Variable | CF: Adult Dental Fund |
| HB 16-1408 State Plan Autism Treatment | \$18,534,147 | \$8,087,273 | \$1,179,800 | \$0 | \$9,267,074 | 50.00% | CF: Colorado Autism Treatment Fund |
| Acute Care Services Sub-Total | \$4,260,506,614 | \$1,157,004,268 | \$215,437,871 | \$0 | \$2,888,064,475 | | |
| Community Based Long-Term Care Services | | | | | | | |
| Base Community Based Long-Term Care | \$1,004,476,986 | \$502,238,493 | \$0 | \$0 | \$502,238,493 | 50.00% | |
| Children with Autism Waiver Services | \$728,582 | \$0 | \$364,291 | \$0 | \$364,291 | 50.00% | CF: Colorado Autism Treatment Fund |
| SB 11-008: "Aligning Medicaid Eligibility for Children" | \$1,963,576 | \$235,629 | \$0 | \$0 | \$1,727,947 | 88.00% | |
| SB 11-250: "Eligibility for Pregnant Women in Medicaid" | \$0 | \$0 | \$0 | \$0 | \$0 | 88.00% | |
| MAGI Parents/Caretakers to 133% FPL | \$179,139 | \$0 | \$29,827 | \$0 | \$149,312 | 83.35% | Waivers receive standard match; 94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund |
| MAGI Adults | \$8,289,804 | \$0 | \$1,342,119 | \$0 | \$6,947,685 | 83.81% | Waivers receive standard match; 94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund |
| Continuous Eligibility for Children | \$122,977 | \$0 | \$61,488 | \$0 | \$61,489 | 50.00% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$7,260,953 | \$0 | \$3,991,134 | \$0 | \$3,269,819 | Variable | CF: Hospital Provider Fee and Disabled Buy-in Premiums |
| Non-Newly Eligibles | \$1,691,534 | \$0 | \$293,819 | \$0 | \$1,397,715 | 82.63% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$146,607 | \$0 | \$73,303 | \$0 | \$73,304 | 50.00% | CF: Hospital Provider Fee Fund |
| Community Based Long-Term Care Sub-Total | \$1,024,860,158 | \$502,474,122 | \$6,155,981 | \$0 | \$516,230,055 | | |
| Long-Term Care and Insurance | | | | | | | |
| Base Class I Nursing Facilities | \$695,033,028 | \$347,516,514 | \$0 | \$0 | \$347,516,514 | 50.00% | |
| Class II Nursing Facilities | \$4,457,477 | \$2,228,738 | \$0 | \$0 | \$2,228,739 | 50.00% | |
| PACE | \$192,422,677 | \$96,211,338 | \$0 | \$0 | \$96,211,339 | 50.00% | |
| Supplemental Medicare Insurance Benefit (SMIB) | \$190,857,250 | \$103,062,915 | \$0 | \$0 | \$87,794,335 | 46.00% | Approximately 13% of Total is State-Only & 5% is 100% FFP |
| Health Insurance Buy-In | \$3,018,794 | \$1,509,397 | \$0 | \$0 | \$1,509,397 | 50.00% | |
| MAGI Parents/Caretakers to 133% FPL | \$53,716 | \$0 | \$3,492 | \$0 | \$50,224 | 93.50% | 94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund |
| MAGI Adults | \$1,208,149 | \$0 | \$78,529 | \$0 | \$1,129,620 | 93.50% | 94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund |
| Continuous Eligibility for Children | \$0 | \$0 | \$0 | \$0 | \$0 | 50.00% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$91,468 | \$0 | \$50,277 | \$0 | \$41,191 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$2,822,912 | \$0 | \$490,340 | \$0 | \$2,332,572 | 82.63% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$30,591 | \$0 | \$15,295 | \$0 | \$15,296 | 50.00% | CF: Hospital Provider Fee Fund |
| Long-Term Care and Insurance Sub-Total | \$1,089,996,062 | \$550,528,902 | \$637,933 | \$0 | \$538,829,227 | | |

Exhibit A - Summary of Request

Calculation of Fund Splits
FY 2018-19

| Item | Total Request | General Fund and General Fund Exempt | Cash Funds | Reappropriated Funds | Federal Funds | FMAP ⁽³⁾ | Notes |
|--|------------------------|--------------------------------------|----------------------|----------------------|------------------------|---------------------|--|
| Service Management | | | | | | | |
| Base Service Management | \$35,456,999 | \$17,728,499 | \$0 | \$0 | \$17,728,500 | 50.00% | |
| Base Accountable Care Collaborative | \$95,531,887 | \$47,765,943 | \$0 | \$0 | \$47,765,944 | 50.00% | |
| Tobacco Quit Line | \$1,285,726 | \$0 | \$642,863 | \$0 | \$642,863 | 50.00% | CF: Tobacco Education Fund |
| SB 11-008: "Aligning Medicaid Eligibility for Children" | \$9,139,010 | \$1,096,681 | \$0 | \$0 | \$8,042,329 | 88.00% | |
| SB 11-250: "Eligibility for Pregnant Women in Medicaid" | \$197,338 | \$23,681 | \$0 | \$0 | \$173,657 | 88.00% | |
| MAGI Parents/Caretakers to 133% FPL | \$9,532,190 | \$0 | \$619,592 | \$0 | \$8,912,598 | 93.50% | 94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund |
| MAGI Adults | \$49,076,940 | \$0 | \$3,190,001 | \$0 | \$45,886,939 | 93.50% | 94% FFP January 1, 2018; 93% FFP January 1, 2019; CF: Hospital Provider Fee Fund |
| Continuous Eligibility for Children | \$7,464,840 | \$0 | \$3,732,420 | \$0 | \$3,732,420 | 50.00% | CF: Hospital Provider Fee Fund |
| Disabled Buy-In | \$552,118 | \$0 | \$303,483 | \$0 | \$248,635 | Variable | CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund |
| Non-Newly Eligibles | \$229,885 | \$0 | \$39,931 | \$0 | \$189,954 | 82.63% | CF: Hospital Provider Fee Fund |
| MAGI Parents/Caretakers 60% to 68% FPL | \$814,202 | \$0 | \$407,101 | \$0 | \$407,101 | 50.00% | CF: Hospital Provider Fee Fund |
| Service Management Sub-Total | \$209,281,135 | \$66,614,804 | \$8,935,391 | \$0 | \$133,730,940 | | |
| FY 2018-19 Estimate of Total Expenditures for Medical Services to Clients | \$6,584,643,969 | \$2,276,622,096 | \$231,167,176 | \$0 | \$4,076,854,697 | | |
| Financing | | | | | | | |
| Upper Payment Limit Financing | \$4,044,013 | (\$4,089,687) | \$4,044,013 | \$0 | \$4,089,687 | Variable | CF: Certification of Public Expenditure |
| Department Recoveries Adjustment | \$0 | (\$17,356,457) | \$54,154,312 | \$0 | (\$36,797,855) | 50.00% | CF: Department Recoveries |
| Denver Health Outstationing | \$2,002,090 | \$689,378 | \$0 | \$0 | \$1,312,712 | 65.57% | |
| Hospital Provider Fee Supplemental Payments | \$1,021,112,002 | \$0 | \$510,556,001 | \$0 | \$510,556,001 | 50.00% | CF: Hospital Provider Fee Cash Fund |
| Nursing Facility Supplemental Payments | \$110,670,108 | \$0 | \$55,335,054 | \$0 | \$55,335,054 | 50.00% | CF: Medicaid Nursing Facility Cash Fund |
| Physician Supplemental Payments | \$14,126,735 | (\$743,512) | \$7,435,123 | \$0 | \$7,435,124 | Variable | CF: Certification of Public Expenditure |
| Hospital High Volume Inpatient Payment | \$8,281,533 | (\$438,532) | \$4,360,032 | \$0 | \$4,360,033 | Variable | CF: Certification of Public Expenditure |
| Health Care Expansion Fund Transfer Adjustment | \$0 | (\$67,518,800) | \$67,518,800 | \$0 | \$0 | N/A | CF: Health Care Expansion Fund |
| Intergovernmental Transfer for Difficult to Discharge Clients | \$1,000,000 | \$0 | \$500,000 | \$0 | \$500,000 | 50.00% | CF: Intergovernmental Transfer |
| Denver Health Ambulance Payments | \$5,879,286 | (\$309,436) | \$3,094,361 | \$0 | \$3,094,361 | Variable | CF: Certification of Public Expenditure |
| Cash Funds Financing ⁽¹⁾ | \$0 | (\$27,053,577) | \$18,102,160 | \$8,951,417 | \$0 | N/A | CF: Various, see Narrative |
| Financing Sub-Total | \$1,167,115,767 | (\$116,820,623) | \$725,099,856 | \$8,951,417 | \$549,885,117 | | |
| Total Projected FY 2018-19 Expenditures ⁽²⁾ | \$7,751,759,736 | \$2,159,801,473 | \$956,267,032 | \$8,951,417 | \$4,626,739,814 | | |

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

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

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

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