

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
<b>Acute Care</b>	\$113,178,419	\$90,463,364	\$545,750,712	\$36,472,027	\$470,648,282	\$212,807,160	\$1,313,551,269	\$3,787,586	\$806,114,332	\$91,711,597	\$59,064,648	\$152,976,105	\$17,287,752	\$37,600,745	\$16,650,040	\$3,968,064,038
<b>Community Based Long-Term Care</b>																
<i>Base CBLTC</i>	\$187,293,685	\$41,506,619	\$210,957,566	\$2,386,284	\$376,888	\$36,435	\$1,928,830	\$0	\$1,272,625	\$2,522	\$165,128	\$36,435	\$0	\$0	\$1,011,163	\$446,974,180
<i>Hospice</i>	\$38,935,688	\$4,141,914	\$6,881,114	\$286,860	\$310,953	\$93,187	\$4,094,406	\$18,676	\$151,300	\$0	\$1,198	\$0	\$0	\$0	\$0	\$54,915,296
<i>Private Duty Nursing &amp; Long-Term Home Health</i>	\$40,223,436	\$11,032,128	\$244,709,904	\$3,291,686	\$559,027	\$27,951	\$2,401,844	\$0	\$36,075,361	\$1,640,251	\$29,435,008	\$0	\$0	\$0	\$0	\$369,396,596
<b>Subtotal CBLTC</b>	<b>\$266,452,809</b>	<b>\$56,680,661</b>	<b>\$462,548,584</b>	<b>\$5,964,830</b>	<b>\$1,246,868</b>	<b>\$157,573</b>	<b>\$8,425,080</b>	<b>\$18,676</b>	<b>\$37,499,286</b>	<b>\$1,642,773</b>	<b>\$29,601,334</b>	<b>\$36,435</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,011,163</b>	<b>\$871,286,072</b>
<b>Long-Term Care</b>																
<i>Class I Nursing Facilities</i>	\$485,548,279	\$53,495,951	\$110,415,321	\$85,499	\$277,861	\$0	\$3,722,813	\$0	\$0	\$0	\$55,494	\$7,366	\$0	\$0	\$0	\$653,608,584
<i>Class II Nursing Facilities</i>	\$385,962	\$318,711	\$3,225,387	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,930,060
<i>PACE</i>	\$124,825,421	\$16,634,572	\$8,557,418	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$150,017,411
<b>Subtotal Long-Term Care</b>	<b>\$610,759,662</b>	<b>\$70,449,234</b>	<b>\$122,198,126</b>	<b>\$85,499</b>	<b>\$277,861</b>	<b>\$0</b>	<b>\$3,722,813</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$55,494</b>	<b>\$7,366</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$807,556,055</b>
<b>Insurance</b>																
<i>Supplemental Medicare Insurance Benefit</i>	\$95,786,508	\$5,637,128	\$49,645,956	\$0	\$312,314	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,819,445	\$179,201,351
<i>Health Insurance Buy-In</i>	\$13,617	\$17,021	\$1,668,074	\$0	\$20,425	\$34,043	\$30,637	\$0	\$119,148	\$0	\$0	\$10,213	\$0	\$0	\$0	\$1,913,178
<b>Subtotal Insurance</b>	<b>\$95,800,125</b>	<b>\$5,654,149</b>	<b>\$51,314,030</b>	<b>\$0</b>	<b>\$332,739</b>	<b>\$34,043</b>	<b>\$30,637</b>	<b>\$0</b>	<b>\$119,148</b>	<b>\$0</b>	<b>\$0</b>	<b>\$10,213</b>	<b>\$0</b>	<b>\$0</b>	<b>\$27,819,445</b>	<b>\$181,114,529</b>
<b>Service Management</b>																
<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>	\$3,937,279	\$1,325,197	\$8,739,937	\$367,195	\$17,653,697	\$8,315,424	\$39,387,479	\$8,860	\$58,173,166	\$7,883,152	\$2,556,733	\$1,176,446	\$158,512	\$35	\$10,154	\$149,693,266
<b>Subtotal Service Management</b>	<b>\$13,730,159</b>	<b>\$4,065,126</b>	<b>\$29,445,812</b>	<b>\$383,397</b>	<b>\$17,902,707</b>	<b>\$8,424,068</b>	<b>\$39,936,142</b>	<b>\$8,860</b>	<b>\$58,173,166</b>	<b>\$7,883,152</b>	<b>\$2,593,242</b>	<b>\$1,273,203</b>	<b>\$169,702</b>	<b>\$35</b>	<b>\$10,154</b>	<b>\$183,998,925</b>
<b>Medical Services Total</b>	<b>\$1,099,921,174</b>	<b>\$227,312,534</b>	<b>\$1,211,257,264</b>	<b>\$42,905,753</b>	<b>\$490,408,457</b>	<b>\$221,422,844</b>	<b>\$1,365,665,941</b>	<b>\$3,815,122</b>	<b>\$901,905,932</b>	<b>\$101,237,522</b>	<b>\$91,314,718</b>	<b>\$154,303,322</b>	<b>\$17,457,454</b>	<b>\$37,600,780</b>	<b>\$45,490,802</b>	<b>\$6,012,019,619</b>
Caseload	43,599	11,200	67,760	6,095	164,461	85,317	364,350	318	473,394	63,858	20,276	14,131	1,791	2,553	33,967	1,353,070
Medical Services Per Capita	\$25,228.13	\$20,295.76	\$17,875.70	\$7,039.50	\$2,981.91	\$2,595.30	\$3,748.23	\$11,997.24	\$1,905.19	\$1,585.35	\$4,503.59	\$10,919.49	\$9,747.32	\$14,728.08	\$1,339.26	\$4,443.24
Financing	\$102,172,473	\$22,621,919	\$103,157,615	\$6,339,199	\$82,124,740	\$33,673,518	\$248,475,978	\$204,581	\$120,989,149	\$10,163,333	\$7,773,674	\$39,082,151	\$4,234,439	\$16,545,559	\$0	\$797,558,328
<b>Grand Total Medical Services Premiums</b>	<b>\$1,202,093,647</b>	<b>\$249,934,453</b>	<b>\$1,314,414,879</b>	<b>\$49,244,952</b>	<b>\$572,533,197</b>	<b>\$255,096,362</b>	<b>\$1,614,141,919</b>	<b>\$4,019,703</b>	<b>\$1,022,895,081</b>	<b>\$111,400,855</b>	<b>\$99,088,392</b>	<b>\$193,385,473</b>	<b>\$21,691,893</b>	<b>\$54,146,339</b>	<b>\$45,490,802</b>	<b>\$6,809,577,947</b>
Total Per Capita	\$27,571.59	\$22,315.58	\$19,398.09	\$8,079.57	\$3,481.27	\$2,989.98	\$4,430.20	\$12,640.58	\$2,160.77	\$1,744.51	\$4,886.98	\$13,685.19	\$12,111.61	\$21,208.91	\$1,339.26	\$5,032.69

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
<b>Acute Care</b>	\$115,365,671	\$94,364,549	\$570,374,433	\$43,413,912	\$530,110,558	\$201,835,393	\$1,392,899,533	\$2,983,765	\$795,824,719	\$96,545,783	\$58,971,540	\$153,469,865	\$17,432,013	\$37,522,048	\$17,390,898	\$4,128,504,680
<b>Community Based Long-Term Care</b>																
<i>Base CBLTC</i>	\$200,735,584	\$44,606,552	\$228,941,848	\$2,625,095	\$403,864	\$38,990	\$2,072,945	\$0	\$1,476,245	\$2,883	\$177,351	\$38,990	\$0	\$0	\$1,092,012	\$482,212,359
<i>Hospice</i>	\$39,837,910	\$4,491,736	\$7,308,680	\$363,512	\$379,096	\$92,146	\$4,559,440	\$15,479	\$159,588	\$0	\$1,259	\$0	\$0	\$0	\$0	\$57,208,846
<i>Private Duty Nursing &amp; Long-Term Home Health</i>	\$43,941,627	\$12,040,707	\$270,387,378	\$3,633,648	\$607,333	\$30,367	\$2,613,385	\$0	\$39,892,066	\$1,799,973	\$33,030,955	\$0	\$0	\$0	\$0	\$407,977,439
<b>Subtotal CBLTC</b>	<b>\$284,515,121</b>	<b>\$61,138,995</b>	<b>\$506,637,906</b>	<b>\$6,622,255</b>	<b>\$1,390,293</b>	<b>\$161,503</b>	<b>\$9,245,770</b>	<b>\$15,479</b>	<b>\$41,527,899</b>	<b>\$1,802,856</b>	<b>\$33,209,565</b>	<b>\$38,990</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,092,012</b>	<b>\$947,398,644</b>
<b>Long-Term Care</b>																
<i>Class I Nursing Facilities</i>	\$503,084,845	\$55,428,066	\$114,403,195	\$88,587	\$287,896	\$0	\$3,857,271	\$0	\$0	\$0	\$57,498	\$7,633	\$0	\$0	\$0	\$677,214,991
<i>Class II Nursing Facilities</i>	\$410,207	\$338,732	\$3,427,997	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,176,936
<i>PACE</i>	\$138,881,320	\$18,657,348	\$10,164,735	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$167,703,403
<b>Subtotal Long-Term Care</b>	<b>\$642,376,372</b>	<b>\$74,424,146</b>	<b>\$127,995,927</b>	<b>\$88,587</b>	<b>\$287,896</b>	<b>\$0</b>	<b>\$3,857,271</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$57,498</b>	<b>\$7,633</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$849,095,330</b>
<b>Insurance</b>																
<i>Supplemental Medicare Insurance Benefit</i>	\$98,313,320	\$5,956,046	\$50,699,654	\$0	\$356,979	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,514,176	\$185,840,175
<i>Health Insurance Buy-In</i>	\$16,967	\$21,210	\$2,078,545	\$0	\$25,451	\$42,420	\$38,176	\$0	\$148,467	\$0	\$0	\$12,727	\$0	\$0	\$0	\$2,383,963
<b>Subtotal Insurance</b>	<b>\$98,330,287</b>	<b>\$5,977,256</b>	<b>\$52,778,199</b>	<b>\$0</b>	<b>\$382,430</b>	<b>\$42,420</b>	<b>\$38,176</b>	<b>\$0</b>	<b>\$148,467</b>	<b>\$0</b>	<b>\$0</b>	<b>\$12,727</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,514,176</b>	<b>\$188,224,138</b>
<b>Service Management</b>																
<i>Single Entry Points</i>	\$10,160,007	\$2,818,218	\$21,320,382	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,298,607
<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>	\$4,237,114	\$1,437,130	\$9,057,158	\$448,830	\$21,430,682	\$8,400,009	\$45,779,202	\$328	\$60,521,653	\$8,724,234	\$2,678,606	\$1,284,065	\$178,113	\$1	\$60	\$164,177,185
<b>Subtotal Service Management</b>	<b>\$14,407,595</b>	<b>\$4,281,799</b>	<b>\$30,559,366</b>	<b>\$465,032</b>	<b>\$21,679,692</b>	<b>\$8,508,653</b>	<b>\$46,327,865</b>	<b>\$328</b>	<b>\$60,521,653</b>	<b>\$8,724,234</b>	<b>\$2,715,115</b>	<b>\$1,380,822</b>	<b>\$189,303</b>	<b>\$1</b>	<b>\$60</b>	<b>\$199,761,518</b>
<b>Medical Services Total</b>	<b>\$1,154,995,046</b>	<b>\$240,186,745</b>	<b>\$1,288,345,831</b>	<b>\$50,589,786</b>	<b>\$553,850,869</b>	<b>\$210,547,969</b>	<b>\$1,452,368,615</b>	<b>\$2,999,572</b>	<b>\$898,022,738</b>	<b>\$107,072,873</b>	<b>\$94,953,718</b>	<b>\$154,910,037</b>	<b>\$17,621,316</b>	<b>\$37,522,049</b>	<b>\$48,997,146</b>	<b>\$6,312,984,310</b>
Caseload	44,144	11,659	69,085	7,414	192,463	80,982	389,466	253	479,307	69,199	20,456	14,131	1,803	2,551	37,354	1,420,267
Medical Services Per Capita	\$26,164.26	\$20,600.97	\$18,648.71	\$6,823.55	\$2,877.70	\$2,599.94	\$3,729.13	\$11,856.02	\$1,873.59	\$1,547.32	\$4,641.85	\$10,962.43	\$9,773.33	\$14,708.76	\$1,311.70	\$4,444.93
Financing	\$87,746,978	\$19,453,663	\$88,637,462	\$5,411,406	\$70,553,776	\$28,906,499	\$213,442,297	\$205,496	\$103,912,697	\$8,699,349	\$6,644,385	\$33,564,418	\$3,630,437	\$14,179,254	\$0	\$684,988,117
<b>Grand Total Medical Services Premiums</b>	<b>\$1,242,742,024</b>	<b>\$259,640,408</b>	<b>\$1,376,983,293</b>	<b>\$56,001,192</b>	<b>\$624,404,645</b>	<b>\$239,454,468</b>	<b>\$1,665,810,912</b>	<b>\$3,205,068</b>	<b>\$1,001,935,435</b>	<b>\$115,772,222</b>	<b>\$101,598,103</b>	<b>\$188,474,455</b>	<b>\$21,251,753</b>	<b>\$51,701,303</b>	<b>\$48,997,146</b>	<b>\$6,997,972,427</b>
Total Per Capita	\$28,152.00	\$22,269.53	\$19,931.73	\$7,553.44	\$3,244.28	\$2,956.89	\$4,277.17	\$12,668.25	\$2,090.38	\$1,673.03	\$4,966.67	\$13,337.66	\$11,786.88	\$20,267.07	\$1,311.70	\$4,927.22

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<b>Acute Care</b>	\$115,215,813	\$97,841,457	\$582,945,781	\$49,548,295	\$548,120,825	\$219,949,028	\$1,450,092,539	\$1,826,491	\$804,887,213	\$100,432,201	\$59,934,479	\$154,889,246	\$17,592,643	\$37,550,120	\$19,680,483	\$4,260,506,614
<b>Community Based Long-Term Care</b>																
<i>Base CBLTC</i>	\$215,327,464	\$47,853,157	\$246,316,769	\$2,845,442	\$433,262	\$41,816	\$2,223,032	\$0	\$1,656,849	\$3,230	\$190,654	\$41,816	\$0	\$0	\$1,171,959	\$518,105,450
<i>Hospice</i>	\$40,593,643	\$4,857,764	\$7,825,209	\$441,556	\$416,620	\$104,611	\$4,938,358	\$9,839	\$166,880	\$0	\$1,318	\$0	\$0	\$0	\$0	\$59,355,798
<i>Private Duty Nursing &amp; Long-Term Home Health</i>	\$47,623,080	\$13,036,231	\$296,662,079	\$3,973,955	\$654,233	\$32,712	\$2,819,948	\$0	\$43,803,856	\$1,960,346	\$36,832,470	\$0	\$0	\$0	\$0	\$447,398,910
<b>Subtotal CBLTC</b>	<b>\$303,544,187</b>	<b>\$65,747,152</b>	<b>\$550,804,057</b>	<b>\$7,260,953</b>	<b>\$1,504,115</b>	<b>\$179,139</b>	<b>\$9,981,338</b>	<b>\$9,839</b>	<b>\$45,627,585</b>	<b>\$1,963,576</b>	<b>\$37,024,442</b>	<b>\$41,816</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,171,959</b>	<b>\$1,024,860,158</b>
<b>Long-Term Care</b>																
<i>Class I Nursing Facilities</i>	\$519,446,533	\$57,230,737	\$118,123,898	\$91,468	\$297,260	\$0	\$3,982,719	\$0	\$0	\$0	\$59,368	\$7,881	\$0	\$0	\$0	\$699,239,864
<i>Class II Nursing Facilities</i>	\$437,758	\$361,483	\$3,658,236	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,457,477
<i>PACE</i>	\$158,076,653	\$21,572,340	\$12,773,684	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$192,422,677
<b>Subtotal Long-Term Care</b>	<b>\$677,960,944</b>	<b>\$79,164,560</b>	<b>\$134,555,818</b>	<b>\$91,468</b>	<b>\$297,260</b>	<b>\$0</b>	<b>\$3,982,719</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$59,368</b>	<b>\$7,881</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$896,120,018</b>
<b>Insurance</b>																
<i>Supplemental Medicare Insurance Benefit</i>	\$98,871,729	\$6,155,759	\$51,710,980	\$0	\$385,353	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$33,733,429	\$190,857,250
<i>Health Insurance Buy-In</i>	\$21,486	\$26,858	\$2,632,045	\$0	\$32,228	\$53,716	\$48,342	\$0	\$188,003	\$0	\$0	\$16,116	\$0	\$0	\$0	\$3,018,794
<b>Subtotal Insurance</b>	<b>\$98,893,215</b>	<b>\$6,182,617</b>	<b>\$54,343,025</b>	<b>\$0</b>	<b>\$417,581</b>	<b>\$53,716</b>	<b>\$48,342</b>	<b>\$0</b>	<b>\$188,003</b>	<b>\$0</b>	<b>\$0</b>	<b>\$16,116</b>	<b>\$0</b>	<b>\$0</b>	<b>\$33,733,429</b>	<b>\$193,876,044</b>
<b>Service Management</b>																
<i>Single Entry Points</i>	\$10,506,463	\$2,914,319	\$22,047,407	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,468,189
<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>	\$4,395,721	\$1,474,789	\$9,341,218	\$552,118	\$23,324,523	\$9,532,190	\$49,306,825	\$0	\$61,209,057	\$9,139,010	\$2,720,053	\$1,345,568	\$186,148	\$0	\$0	\$172,527,220
<b>Subtotal Service Management</b>	<b>\$14,912,658</b>	<b>\$4,415,559</b>	<b>\$31,570,451</b>	<b>\$568,320</b>	<b>\$23,573,533</b>	<b>\$9,640,834</b>	<b>\$49,855,488</b>	<b>\$0</b>	<b>\$61,209,057</b>	<b>\$9,139,010</b>	<b>\$2,756,562</b>	<b>\$1,442,325</b>	<b>\$197,338</b>	<b>\$0</b>	<b>\$0</b>	<b>\$209,281,135</b>
<b>Medical Services Total</b>	<b>\$1,210,526,817</b>	<b>\$253,351,345</b>	<b>\$1,354,219,132</b>	<b>\$57,469,036</b>	<b>\$573,913,314</b>	<b>\$229,822,717</b>	<b>\$1,513,960,426</b>	<b>\$1,836,330</b>	<b>\$911,911,858</b>	<b>\$111,534,787</b>	<b>\$99,774,851</b>	<b>\$156,397,384</b>	<b>\$17,789,981</b>	<b>\$37,550,120</b>	<b>\$54,585,871</b>	<b>\$6,584,643,969</b>
Caseload	44,833	12,153	71,292	8,680	203,863	88,611	406,575	155	483,080	72,116	20,643	14,131	1,803	2,553	41,631	1,472,119
Medical Services Per Capita	\$27,000.80	\$20,846.82	\$18,995.39	\$6,620.86	\$2,815.19	\$2,593.61	\$3,723.69	\$11,847.29	\$1,887.70	\$1,546.60	\$4,833.35	\$11,067.68	\$9,866.88	\$14,708.23	\$1,311.18	\$4,472.90
Financing	\$149,507,529	\$33,146,088	\$151,024,780	\$9,220,215	\$120,212,924	\$49,252,285	\$363,673,273	\$350,135	\$177,051,462	\$14,822,370	\$11,321,023	\$57,188,673	\$6,185,714	\$24,159,296	\$0	\$1,167,115,767
<b>Grand Total Medical Services Premiums</b>	<b>\$1,360,034,346</b>	<b>\$286,497,433</b>	<b>\$1,505,243,912</b>	<b>\$66,689,251</b>	<b>\$694,126,238</b>	<b>\$279,075,002</b>	<b>\$1,877,633,699</b>	<b>\$2,186,465</b>	<b>\$1,088,963,320</b>	<b>\$126,357,157</b>	<b>\$111,095,874</b>	<b>\$213,586,057</b>	<b>\$23,975,695</b>	<b>\$61,709,416</b>	<b>\$54,585,871</b>	<b>\$7,751,759,736</b>
Total Per Capita	\$30,335.56	\$23,574.21	\$21,113.78	\$7,683.09	\$3,404.87	\$3,149.44	\$4,618.17	\$14,106.23	\$2,254.21	\$1,752.14	\$5,381.77	\$15,114.72	\$13,297.67	\$24,171.33	\$1,311.18	\$5,265.72

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

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2016)	Difference from November Request	Description of Difference from R-1 to S-1	Department Source
<b>Acute Care</b>						
Base Acute Cost	\$4,068,910,047	\$3,978,116,325	\$4,118,888,981	(\$140,772,656)	Primarily driven by caseload changes, especially reductions of caseload assumptions for AND/AB, Parents/Caretakers to 68%, and MAGI Eligible Children.	Exhibit F
<i>Bottom Line Impacts</i>						
Hepatitis C Criteria Change	\$0	\$66,099,921	\$66,099,921	\$0		Exhibit F
Copay 5% of Income	\$0	\$2,199,573	\$2,199,573	\$0		Exhibit F
State Plan Autism Treatment	\$0	\$2,364,025	\$18,534,147	(\$16,170,122)	Pushed majority of impact into FY 2017-18 based on slower utilization ramp up.	Exhibit F
FY 2011-12 BA-9: Limit Physical and Occupational Therapy	\$0	(\$2,224,371)	(\$2,224,371)	\$0		Exhibit F
FY 2014-15 R-10: "Primary Care Specialty Collaboration"	(\$224,742)	(\$136,221)	(\$136,221)	\$0		Exhibit F
Annualization of FY 2014-15 BA-10: "Continuation of '1202 Provider Rate Increase"	(\$145,075,634)	(\$118,943,931)	(\$118,943,931)	\$0		Exhibit F
Annualization of FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	(\$13,225,626)	(\$12,210,629)	(\$12,627,581)	\$416,952	Client enrollment lower than previously expected (results in increase because of fewer savings).	Exhibit F
HB 15-1309 "Protective Restorations by Dental Hygienists"	\$26,127	\$20,275	\$12,620	\$7,655	Change in assumptions of costs for Telehealth services.	Exhibit F
SB 10-117 OTC MEDS	(\$87,357)	\$0	(\$99,837)	\$99,837	Impact pushed out for an additional year to account for delayed implementation of PBMS.	Exhibit F
SB 16-027 "Medicaid Option for Prescribed Drugs by Mail"	(\$29,917)	(\$29,917)	(\$29,917)	\$0		Exhibit F
HB 16-1097 "PUC Permit for Medicaid Transportation Providers"	(\$215,271)	(\$215,271)	(\$215,271)	\$0		Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$555,632)	(\$531,403)	(\$715,206)	\$183,803	Lower enrollment than previously anticipated.	Exhibit F
Accountable Care Collaborative Savings	(\$16,939,867)	(\$7,652,146)	(\$13,018,993)	\$5,366,847	Decreased ACC enrollment expectations from November request results in lower estimated savings to Acute Care.	Exhibit F
Accounting for SSI Parent Issue with Disabled Buy-In	\$3,000,000	\$0	\$0	\$0		Exhibit F
SB 11-177: Annualization "Sunset Teen Pregnancy & Dropout Program"	(\$183,897)	(\$183,897)	(\$183,897)	\$0		Exhibit F
HB 16-1408 "Allocation of Cash Fund Revenues from Tobacco MSA"	\$55,694,236	\$53,373,643	\$53,373,643	\$0		Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$2,321,507)	(\$2,766,057)	(\$2,649,301)	(\$116,756)	Increased PACE enrollment expectations results in higher estimated savings to Acute Care.	Exhibit F
Kaiser-Access HMO	\$0	\$3,915,406	\$4,000,608	(\$85,202)	Client enrollment lower than previously expected.	Exhibit F
FY 2015-16 R#12: "Community Provider Rate Increase"	\$3,233,700	\$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	\$326,116	\$0		Exhibit F
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Prostate Biopsy	\$499	\$499	\$499	\$0		Exhibit F
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Diabetic Self-Management	\$44,130	\$44,130	\$44,130	\$0		Exhibit F
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Dental X-Rays	\$33,190	\$33,190	\$33,190	\$0		Exhibit F
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Prenatal and Postpartum Care Services	\$56,773	\$56,773	\$56,773	\$0		Exhibit F
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Dental Sealants	\$134,955	\$134,955	\$134,955	\$0		Exhibit F
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Vision Retinal Services	\$37,053	\$37,053	\$37,053	\$0		Exhibit F
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Eye Materials	\$363,187	\$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	\$1,368,932	\$0		Exhibit F
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Anesthesia	\$1,169,336	\$1,169,336	\$1,169,336	\$0		Exhibit F
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - EMT	\$100,842	\$100,842	\$100,842	\$0		
<b>Total Acute Care</b>	<b>\$3,955,639,673</b>	<b>\$3,968,064,038</b>	<b>\$4,119,133,680</b>	<b>(\$151,069,642)</b>		
<b>Community Based Long-Term Care</b>						
Base CBLTC Cost	\$821,506,479	\$855,290,476	\$826,923,908	\$28,366,568	Primarily driven by an increase in utilization of LTHH and PDN services.	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)	(\$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)	(\$185,234)	\$0		Exhibit G
Annualization of HB 14-1357: "In-Home Support Services in Medicaid Program"	\$1,117,446	\$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	\$1,100,000	\$0		Exhibit G
Annualization of EPSDT Personal Care	(\$359,085)	(\$538,628)	(\$538,628)	\$0		Exhibit G
Colorado Choice Transitions - CBLTC Impact	\$3,639,311	\$1,121,069	\$1,752,975	(\$631,906)	Decreased CCT enrollment and cost per client from November request.	Exhibit G
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" - HCBS	\$155,332	\$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	\$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	\$52,617	\$0		Exhibit G
Annualization of FY 2015-16 JBC Action: "Raising Cap on Home Modifications"	\$564,288	\$564,288	\$564,288	\$0		Exhibit G
Annualization of Independent Living Skills Training Rule Change	\$201,735	\$201,735	\$201,735	\$0		Exhibit G
Annualization of Consumer Transition Services Rate Increase	\$208,187	\$193,590	\$193,590	\$0		Exhibit G
HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers - CBLTC Impact	\$0	(\$11,436)	\$0	(\$11,436)	Due to faster than expected implementation .	Exhibit G
FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$281,540)	(\$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)	(\$478,618)	\$0		Exhibit G
Annualization of FY 2015-16 R#7 "Participant Directed Programs Expansion"	(\$2,299,208)	\$0	(\$411,177)	\$411,177	Due to delayed implementation until July 2017.	Exhibit G
HB 15-1186: "Children with Autism Waiver Expansion"	\$18,534,147	\$0	\$0	\$0		Exhibit G
EPSDT Personal Care	\$740,200	\$1,110,298	\$1,110,298	\$0		Exhibit G
HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers - LTHH Impact	\$0	\$110	\$0	\$110	Appropriately accounting for impact of bill on long term home health.	Exhibit G
Colorado Choice Transitions - LTHH Impact	\$865,475	\$681,538	\$802,344	(\$120,806)	Decreased CCT enrollment and cost per client from November request.	Exhibit G
Telehealth Expenditure Adjustment	\$0	\$657	(\$57,756)	\$58,413	Changed forecast methodology to account for this as a bottom line impact.	Exhibit G
HB 13-1152 1.5% permanent rate reduction Effective July 1, 2013	(\$499,343)	(\$552,638)	(\$530,422)	(\$22,216)	Driven by increased Room and Board patient days estimate.	Exhibit G
Savings from days incurred in FY 2015-16 and paid in FY 2016-17 under HB 13-1152	(\$62,470)	(\$57,756)	(\$59,540)	\$1,784	Driven by room and board patient days estimate & IBNR factor.	
<b>Total Community Based Long-Term Care</b>	<b>\$856,322,485</b>	<b>\$871,286,072</b>	<b>\$843,234,384</b>	<b>\$28,051,688</b>		

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

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2016)	Difference from November Request	Description of Difference from R-1 to S-1	Department Source
<b>Long-Term Care and Insurance</b>						
<i>Class I Nursing Facilities</i>						
Base Class I Nursing Facility Cost	\$678,089,836	\$653,477,956	\$646,739,532	\$6,738,424	Increased utilization.	Exhibit H
<i>Bottom Line Impacts</i>						
Hospital Back Up Program	\$8,090,900	\$10,312,685	\$9,126,756	\$1,185,929	Increased utilization.	Exhibit H
Recoveries from Department Overpayment Review	(\$1,643,520)	(\$1,000,000)	(\$1,000,000)	\$0		Exhibit H
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$10,499,803)	(\$9,182,057)	(\$9,043,248)	(\$138,809)	Driven by increased nursing facility days forecast.	Exhibit H
Colorado Choice Transitions	(\$16,320,063)	\$0	\$0	\$0		Exhibit H
<b>Total Class I Nursing Facilities</b>	<b>\$657,717,350</b>	<b>\$653,608,584</b>	<b>\$645,823,040</b>	<b>\$7,785,544</b>		
<i>Class II Nursing Facilities</i>						
Base Class II Nursing Facilities Cost	\$5,035,779	\$3,930,060	\$4,468,182	(\$538,122)	Decreased cost per-capita expectations based on long term trends.	Exhibit H
<i>Bottom Line Impacts</i>						
<b>Total Class II Nursing Facilities</b>	<b>\$5,035,779</b>	<b>\$3,930,060</b>	<b>\$4,468,182</b>	<b>(\$538,122)</b>		
<i>Program of All Inclusive Care for the Elderly (PACE)</i>						
Base PACE Cost	\$156,026,037	\$149,000,208	\$146,541,590	\$2,458,618	Increase in enrollment trends primarily due to increased enrollment for Rocky.	Exhibit H
<i>Bottom Line Impacts</i>						
2015-16 Retroactive Payments	\$0	\$1,017,203	\$752,203	\$265,000	Increase in estimated retroactive payments.	
<b>Total Program of All-Inclusive Care for the Elderly</b>	<b>\$156,026,037</b>	<b>\$150,017,411</b>	<b>\$147,293,793</b>	<b>\$2,723,618</b>		
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>						
Base SMIB Cost	\$176,029,043	\$179,201,351	\$192,636,853	(\$13,435,502)	Actual Medicare premiums lower than originally anticipated.	Exhibit H
<i>Bottom Line Impacts</i>						
<b>Total Supplemental Medicare Insurance Benefit</b>	<b>\$176,029,043</b>	<b>\$179,201,351</b>	<b>\$192,636,853</b>	<b>(\$13,435,502)</b>		
<i>Health Insurance Buy-In Program (HIBI)</i>						
Base HIBI Cost	\$1,529,019	\$1,613,716	\$1,613,716	\$0		Exhibit H
<i>Bottom Line Impacts</i>						
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$43,343	\$36,289	\$46,642	(\$10,353)	Lower enrollment than previously anticipated.	Exhibit H
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$299,186	\$263,173	\$338,247	(\$75,074)	Lower enrollment than previously anticipated.	Exhibit H
<b>Total Health Insurance Buy-In Program</b>	<b>\$1,871,548</b>	<b>\$1,913,178</b>	<b>\$1,998,605</b>	<b>(\$85,427)</b>		
<b>Total Long-Term Care and Insurance</b>	<b>\$996,679,757</b>	<b>\$988,670,584</b>	<b>\$992,220,473</b>	<b>(\$3,549,889)</b>		
<b>Service Management</b>						
<i>Single Entry Points (SEP)</i>						
Single Entry Points (SEP) Base	\$33,019,933	\$33,019,933	\$33,019,933	\$0		Exhibit I
<i>Bottom Line Impacts</i>						
<b>Total Single Entry Points</b>	<b>\$33,019,933</b>	<b>\$33,019,933</b>	<b>\$33,019,933</b>	<b>\$0</b>		
<i>Disease Management</i>						
Base Disease Management	\$1,052,096	\$1,285,726	\$1,285,726	\$0		Exhibit I
<i>Bottom Line Impacts</i>						
<b>Total Disease Management</b>	<b>\$1,052,096</b>	<b>\$1,285,726</b>	<b>\$1,285,726</b>	<b>\$0</b>		
<i>Accountable Care Collaborative</i>						
ACC Base	\$163,391,197	\$143,254,517	\$164,561,176	(\$21,306,659)	Lower enrollment than previously anticipated.	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	\$6,879,604	\$7,332,335	(\$452,731)	Lower enrollment than previously anticipated.	Exhibit I
Recoupment of Incentive Overpayment (of Quarter 1 FY 2015-16)	\$0	(\$440,855)	(\$440,855)	\$0		Exhibit I
Kaiser-Access Health Maintenance Organization	\$0	\$0	(\$4,000,608)	\$4,000,608	Impact already incorporated into enrollment trends.	Exhibit I
<b>Total Accountable Care Collaborative</b>	<b>\$171,037,597</b>	<b>\$149,693,266</b>	<b>\$167,452,048</b>	<b>(\$17,758,782)</b>		
<b>Total Service Management</b>	<b>\$205,109,626</b>	<b>\$183,998,925</b>	<b>\$201,757,707</b>	<b>(\$17,758,782)</b>		
<b>Grand Total Services</b>	<b>\$6,013,751,541</b>	<b>\$6,012,019,619</b>	<b>\$6,156,346,244</b>	<b>(\$144,326,625)</b>		

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

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2016)	Difference from November Request	Description of Difference from R-1 to S-1	Department Source
<b>Bottom Line Financing</b>						
Upper Payment Limit Financing	\$3,412,681	\$3,814,687	\$3,420,352	\$394,335	Actual FY 2016-17 nursing facility CPE was larger than estimated.	Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0	\$0		Exhibit A
Denver Health Outstationing	\$13,978,962	\$5,396,841	\$13,978,962	(\$8,582,121)	Switch to new cost allocation methodology delayed.	Exhibit A
Hospital Provider Fee Supplemental Payments	\$679,000,000	\$656,945,497	\$656,945,497	\$0		Exhibit J
Nursing Facility Provider Fee Supplemental Payments	\$97,869,540	\$103,128,309	\$103,022,596	\$105,713	Adjustment in nursing facility provider fee model.	Exhibit H
Physician Supplemental Payments	\$8,831,734	\$14,118,236	\$19,369,964	(\$5,251,728)	Updated CPE estimate based on new FY 2016-17 estimates.	Exhibit A
Hospital High Volume Inpatient Payment	\$555,237	\$8,279,309	\$0	\$8,279,309	Memorial Hospital qualified for payment in FY 2016-17.	Exhibit A
Health Care Expansion Fund Transfer Adjustment	(\$135,100)	\$0	\$0	\$0		Exhibit A
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$0	\$1,000,000	(\$1,000,000)	Delay in CMS approval of transfer.	Exhibit A
Denver Health Ambulance Payments	\$0	\$5,875,449	\$5,875,882	(\$433)	Calculation adjustment.	Exhibit A
Technical Adjustment of Systems Issue for Children	\$0	\$0	\$0	\$0		
Historical Adjustment for Non-Newly Eligible Definition	\$0	\$0	\$0	\$0		Exhibit A
Cash Funds Financing(1)	\$0	\$0	\$0	\$0		
<b>Total Bottom Line Financing</b>	<b>\$804,513,054</b>	<b>\$797,558,328</b>	<b>\$803,613,253</b>	<b>(\$6,054,925)</b>		
<b>Grand Total<sup>(1)</sup></b>	<b>\$6,818,264,595</b>	<b>\$6,809,577,947</b>	<b>\$6,959,959,497</b>	<b>(\$150,381,550)</b>		
Total Acute Care	\$3,955,639,673	\$3,968,064,038	\$4,119,133,680	(\$151,069,642)		
Total Community Based Long-Term Care	\$856,322,485	\$871,286,072	\$843,234,384	\$28,051,688		
Total Class I Nursing Facilities	\$657,717,350	\$653,608,584	\$645,823,040	\$7,785,544		
Total Class II Nursing Facilities	\$5,035,779	\$3,930,060	\$4,468,182	(\$538,122)		
Total Program of All-Inclusive Care for the Elderly	\$156,026,037	\$150,017,411	\$147,293,793	\$2,723,618		
Total Supplemental Medicare Insurance Benefit	\$176,029,043	\$179,201,351	\$192,636,853	(\$13,435,502)		
Total Health Insurance Buy-In Program	\$1,871,548	\$1,913,178	\$1,998,605	(\$85,427)		
Total Single Entry Point	\$33,019,933	\$33,019,933	\$33,019,933	\$0		
Total Disease Management	\$1,052,096	\$1,285,726	\$1,285,726	\$0		
Total Prepaid Inpatient Health Plan Administration	\$171,037,597	\$149,693,266	\$167,452,048	(\$17,758,782)		
Total Bottom Line Financing	\$804,513,054	\$797,558,328	\$803,613,253	(\$6,054,925)		
Rounding Adjustment	\$0	\$0	\$0	\$0		
<b>Grand Total<sup>(1)</sup></b>	<b>\$6,818,264,595</b>	<b>\$6,809,577,947</b>	<b>\$6,959,959,497</b>	<b>(\$150,381,550)</b>		

(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**

<b>Item</b>	<b>Base Spending Authority (1)</b>	<b>S-1 Request and Budget Actions</b>	<b>R-1 Request (November 2016)</b>	<b>Difference</b>	<b>Description of Difference from R-1 to S-1</b>
<b>Acute Care</b>					
Base Acute Cost	\$4,011,273,301	\$4,170,817,376	\$4,313,982,640	(\$143,165,264)	Flow through of lower caseload estimates.
<i>Bottom Line Impacts</i>					
Hepatitis C Criteria Change	\$0	\$93,317,535	\$93,317,535	\$0	
Home Health Final Rule (Location Expansion)	\$0	\$687,809	\$687,809	\$0	
Copay 5% of Income	\$0	\$6,939,678	\$6,939,678	\$0	
State Plan Autism Treatment	\$0	\$18,534,147	\$18,534,147	\$0	
FY 2011-12 BA-9: Limit Physical and Occupational Therapy	\$0	(\$2,321,083)	(\$2,321,083)	\$0	
FY 2014-15 R-10: "Primary Care Specialty Collaboration"	(\$224,742)	(\$288,478)	(\$288,478)	\$0	
Annualization of FY 2014-15 BA-10: "Continuation of '1202 Provider Rate Increase"	(\$152,824,231)	(\$124,115,407)	(\$124,115,407)	\$0	
Annualization of FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	(\$13,225,626)	(\$12,210,629)	(\$12,627,581)	\$416,952	Flow through of lower enrollment estimates.
HB 15-1309 "Protective Restorations by Dental Hygenists"	\$26,127	\$42,934	\$12,620	\$30,314	Flow through of lower assumptions for Telehealth services.
SB 10-117 OTC MEDS	(\$87,357)	(\$62,406)	(\$149,755)	\$87,349	Impact was pushed out a year due to delay in PBMS implementation.
SB 16-027 "Medicaid Option for Prescribed Drugs by Mail"	(\$29,917)	(\$1,767,097)	(\$1,767,097)	\$0	
HB 16-1097 "PUC Permit for Medicaid Transportation Providers"	(\$215,271)	(\$449,763)	(\$449,763)	\$0	
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$555,632)	(\$1,544,338)	(\$1,856,904)	\$312,566	Flow through of lower enrollment estimates.
Accountable Care Collaborative Savings	(\$16,939,867)	(\$24,832,600)	(\$21,706,279)	(\$3,126,321)	Higher savings assumptions due to higher incremental enrollment growth expected in FY 2017-18.
Accounting for SSI Parent Issue with Disabled Buy-In	\$3,000,000	\$0	\$0	\$0	
SB 11-177: Annualization "Sunset Teen Pregnancy & Dropout Program"	(\$202,408)	(\$220,676)	(\$220,676)	\$0	
HB 16-1408 "Allocation of Cash Fund Revenues from Tobacco MSA"	\$55,694,236	\$2,320,593	\$2,320,593	\$0	
Estimated Impact of Increasing PACE Enrollment	(\$2,321,507)	(\$5,422,402)	(\$5,423,931)	\$1,529	Slight change in savings assumptions to Acute Care.
Kaiser-Access HMO	\$0	\$3,915,406	\$4,000,608	(\$85,202)	Flow through of lower enrollment estimates.
FY 2015-16 R#12: "Community Provider Rate Increase"	\$3,233,700	\$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	\$326,116	\$0	
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Prostate Biopsy	\$499	\$499	\$499	\$0	
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Diabetic Self-Management	\$44,130	\$44,130	\$44,130	\$0	
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Dental X-Rays	\$33,190	\$33,190	\$33,190	\$0	
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Prenatal and Postpartum Care Services	\$56,773	\$56,773	\$56,773	\$0	
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Dental Sealants	\$134,955	\$134,955	\$134,955	\$0	
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Vision Retinal Services	\$37,053	\$37,053	\$37,053	\$0	
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Eye Materials	\$363,187	\$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	\$1,368,932	\$0	
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - Anesthesia	\$1,169,336	\$1,169,336	\$1,169,336	\$0	
FY 2015-16 R#12: "Community Provider Rate Increase" Targeted - EMT	\$100,842	\$100,842	\$100,842	\$0	
FY 2012-13 R-6: "Dental Efficiency"	\$0	(\$1,704,632)	(\$1,704,632)	\$0	
<b>Total Acute Care</b>	<b>\$3,890,235,819</b>	<b>\$4,128,504,680</b>	<b>\$4,274,032,757</b>	<b>(\$145,528,077)</b>	
<b>Community Based Long-Term Care</b>					
Base CBLTC Cost	\$821,506,326	\$930,631,646	\$884,056,082	\$46,575,564	Flow through of increased utilization expectations for LTHH and PDN primarily.
<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)	(\$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)	(\$185,234)	\$0	
Annualization of HB 14-1357: "In-Home Support Services in Medicaid Program"	\$1,117,446	\$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	\$1,100,000	\$0	
Annualization of EPSDT Personal Care	(\$359,085)	(\$538,628)	(\$538,628)	\$0	
Colorado Choice Transitions - CBLTC Impact	\$3,639,311	\$1,121,069	\$3,671,491	(\$2,550,422)	Decreased CCT enrollment and cost per client from November request.
Annualization of FY 2015-16 R-12: "Community Provider Rate Increase" - HCBS	\$155,332	\$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	\$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	\$52,617	\$0	
Annualization of FY 2015-16 JBC Action: "Raising Cap on Home Modifications"	\$564,288	\$564,288	\$564,288	\$0	
Annualization of Independent Living Skills Training Rule Change	\$201,735	\$201,735	\$201,735	\$0	
Annualization of Consumer Transition Services Rate Increase	\$208,187	\$193,590	\$193,590	\$0	
HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers - CBLTC Impact	\$31,659	(\$34,308)	(\$30,165)	(\$4,143)	Due to faster than expected implementation .
FY 2014-15 R-8 & HB 14-1252 Client Movement to the DD Waiver	(\$281,540)	(\$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)	(\$478,618)	\$0	
Annualization of FY 2015-16 R#7 "Participant Directed Programs Expansion"	(\$2,299,208)	(\$1,431,855)	(\$1,873,718)	\$441,863	Due to delayed implementation until July 2017.
HB 15-1186: "Children with Autism Waiver Expansion"	\$18,534,147	\$0	\$0	\$0	
EPSDT Personal Care	\$740,200	\$1,110,298	\$1,110,298	\$0	
HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers - LTHH Impact	\$153	\$6,466	\$0	\$6,466	Appropriately accounting for impact of bill on long term home health.
Colorado Choice Transitions - LTHH Impact	\$865,475	\$1,382,750	\$2,626,278	(\$1,243,528)	Decreased CCT enrollment and cost per client from November request.
Telehealth Expenditure Adjustment	\$0	\$2,991	\$0	\$2,991	Changed forecast methodology to account for this as a bottom line impact.
HB 13-1152 1.5% permanent rate reduction Effective July 1, 2013	(\$499,343)	(\$552,638)	(\$530,422)	(\$22,216)	Driven by increased Room and Board patient days estimate.
Savings from days incurred in FY 2016-17 and paid in FY 2017-18 under HB 13-1152	(\$62,470)	(\$65,250)	(\$65,088)	(\$162)	Driven by room and board patient days estimate & IBNR factor.
Home Health Final Rule (Location Expansion)	\$0	\$1,523,721	\$1,523,721	\$0	
<b>Total Community Based Long-Term Care</b>	<b>\$856,354,144</b>	<b>\$947,398,644</b>	<b>\$904,192,231</b>	<b>\$43,206,413</b>	

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

<b>Item</b>	<b>Base Spending Authority (1)</b>	<b>S-1 Request and Budget Actions</b>	<b>R-1 Request (November 2016)</b>	<b>Difference</b>	<b>Description of Difference from R-1 to S-1</b>
<b>Long-Term Care and Insurance</b>					
<b>Class I Nursing Facilities</b>					
Base Class I Nursing Facility Cost	\$678,089,989	\$678,114,898	\$671,088,945	\$7,025,953	Increased utilization.
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$8,090,900	\$10,312,685	\$9,126,756	\$1,185,929	Increased utilization.
Recoveries from Department Overpayment Review	(\$1,643,520)	(\$1,035,900)	(\$1,027,200)	(\$8,700)	Updated growth trend based on inflation in nursing facility CPI.
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$10,499,803)	(\$10,176,692)	(\$10,055,881)	(\$120,811)	Driven by increased nursing facility days forecast.
Colorado Choice Transitions	(\$16,320,063)	\$0	\$0	\$0	
<b>Total Class I Nursing Facilities</b>	<b>\$657,717,503</b>	<b>\$677,214,991</b>	<b>\$669,132,620</b>	<b>\$8,082,371</b>	
<b>Class II Nursing Facilities</b>					
Base Class II Nursing Facilities	\$5,035,779	\$4,176,936	\$4,680,867	(\$503,931)	Decreased cost per-capita expectations based on long term trends.
<i>Bottom Line Impacts</i>					
<b>Total Class II Nursing Facilities</b>	<b>\$5,035,779</b>	<b>\$4,176,936</b>	<b>\$4,680,867</b>	<b>(\$503,931)</b>	
<b>Program of All Inclusive Care for the Elderly (PACE)</b>					
Base PACE Cost	\$156,026,037	\$167,703,403	\$164,526,552	\$3,176,851	Increase in enrollment trends primarily due to increased enrollment for Rocky.
<i>Bottom Line Impacts</i>					
<b>Total Program of All-Inclusive Care for the Elderly</b>	<b>\$156,026,037</b>	<b>\$167,703,403</b>	<b>\$164,526,552</b>	<b>\$3,176,851</b>	
<b>Supplemental Medicare Insurance Benefit (SMIB)</b>					
Base SMIB	\$176,029,043	\$185,840,175	\$201,034,320	(\$15,194,145)	Flow through of FY 2016-17 changes.
<i>Bottom Line Impacts</i>					
<b>Total Supplemental Medicare Insurance Benefit</b>	<b>\$176,029,043</b>	<b>\$185,840,175</b>	<b>\$201,034,320</b>	<b>(\$15,194,145)</b>	
<b>Health Insurance Buy-In Program (HIBI)</b>					
Base HIBI Cost	\$1,529,019	\$1,613,716	\$1,613,716	\$0	
<i>Bottom Line Impacts</i>					
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$43,343	\$93,340	\$110,945	(\$17,605)	Flow through of lower enrollment estimates.
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$299,186	\$676,907	\$804,574	(\$127,667)	Flow through of lower enrollment estimates.
<b>Total Health Insurance Buy-In Program</b>	<b>\$1,871,548</b>	<b>\$2,383,963</b>	<b>\$2,529,235</b>	<b>(\$145,272)</b>	
<b>Total Long-Term Care and Insurance</b>	<b>\$996,679,910</b>	<b>\$1,037,319,468</b>	<b>\$1,041,903,594</b>	<b>(\$4,584,126)</b>	
<b>Service Management</b>					
<b>Single Entry Points (SEP)</b>					
Single Entry Points (SEP) Base	\$33,019,933	\$34,298,607	\$34,360,542	(\$61,935)	Driven by higher growth in waiver enrollments from FY 2016-17 to FY 2017-18.
<i>Bottom Line Impacts</i>					
<b>Total Single Entry Points</b>	<b>\$33,019,933</b>	<b>\$34,298,607</b>	<b>\$34,360,542</b>	<b>(\$61,935)</b>	
<b>Disease Management</b>					
Base Disease Management	\$1,052,096	\$1,285,726	\$1,352,408	(\$66,682)	Department has updated methodology to base on CDPHE's estimates.
<i>Bottom Line Impacts</i>					
<b>Total Disease Management</b>	<b>\$1,052,096</b>	<b>\$1,285,726</b>	<b>\$1,352,408</b>	<b>(\$66,682)</b>	
<b>Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration</b>					
Estimated FY 2017-18 Base Expenditures	\$163,391,197	\$157,062,635	\$174,269,827	(\$17,207,192)	Flow through of lower enrollment estimates.
<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	\$7,114,550	\$7,356,382	(\$241,832)	Flow through of lower enrollment estimates.
Recoupment of Incentive Overpayment (of Quarter 1 FY 2015-16)	\$0	\$0	\$0	\$0	
Kaiser-Access Health Maintenance Organization	\$0	\$0	(\$4,000,608)	\$4,000,608	Already built into the base; adjustment no longer needed.
HB 16-1321 "Medicaid Buy-In Certain Medicaid Waivers"	\$559	\$0	\$0	\$0	
<b>Total Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration</b>	<b>\$171,038,156</b>	<b>\$164,177,185</b>	<b>\$177,625,601</b>	<b>(\$13,448,416)</b>	
<b>Total Service Management</b>	<b>\$205,110,185</b>	<b>\$199,761,518</b>	<b>\$213,338,551</b>	<b>(\$13,577,033)</b>	
<b>Grand Total Services</b>	<b>\$5,948,380,058</b>	<b>\$6,312,984,310</b>	<b>\$6,433,467,133</b>	<b>(\$120,482,823)</b>	



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

<b>Item</b>	<b>Base Spending Authority (1)</b>	<b>S-1 Request and Budget Actions</b>	<b>R-1 Request (November 2016)</b>	<b>Difference</b>	<b>Description of Difference from R-1 to S-1</b>
<b>Bottom Line Financing</b>					
Upper Payment Limit Financing	\$3,412,681	\$3,928,460	\$3,528,549	\$399,911	Based on FY 2016-17 actual nursing facility CPE being greater than estimated.
Department Recoveries Adjustment	\$0	\$0	\$0	\$0	
Denver Health Outstationing	\$13,978,962	\$4,504,703	\$4,779,554	(\$274,851)	Adjusted estimate down based on FY 2016-17 CPE estimates.
Hospital Provider Fee Supplemental Payments	\$679,000,000	\$540,440,830	\$540,440,830	\$0	
Nursing Facility Provider Fee Supplemental Payments	\$97,869,540	\$106,832,678	\$105,824,204	\$1,008,474	Revised assumptions on growth trend based on inflation in nursing facility CPI basket.
Physician Supplemental Payments	\$8,831,734	\$14,122,422	\$19,369,964	(\$5,247,542)	Updated CPE estimate based on new FY 2016-17 estimates.
Hospital High Volume Inpatient Payment	\$555,237	\$8,281,533	\$0	\$8,281,533	Memorial Hospital qualified for payment in FY 2016-17.
Health Care Expansion Fund Transfer Adjustment	(\$135,100)	\$0	\$0	\$0	
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$1,000,000	\$1,000,000	\$0	
Repayment of Federal Funds for Physical and Occupational Therapy Unit Limit Policy	\$0	\$0	\$0	\$0	
Denver Health Ambulance Payments	\$0	\$5,877,491	\$5,879,162	(\$1,671)	Calculation adjustment
Technical Adjustment of Systems Issue for Children	\$0	\$0	\$0	\$0	
Historical Adjustment for Non-Newly Eligible Definition	\$0	\$0	\$0	\$0	
Adjustment for Transitional Medicaid System Issue	\$0	\$0	\$0	\$0	
Cash Funds Financing(1)	\$0	\$0	\$0	\$0	
<b>Total Bottom Line Financing</b>	<b>\$804,513,054</b>	<b>\$684,988,117</b>	<b>\$680,822,263</b>	<b>\$4,165,854</b>	
<b>Grand Total<sup>(2)</sup></b>	<b>\$6,752,893,112</b>	<b>\$6,997,972,427</b>	<b>\$7,114,289,396</b>	<b>(\$116,316,969)</b>	
Total Acute Care	\$3,890,235,819	\$4,128,504,680	\$4,274,032,757	(\$145,528,077)	
Total Community Based Long-Term Care	\$856,354,144	\$947,398,644	\$904,192,231	\$43,206,413	
Total Class I Nursing Facilities	\$657,717,503	\$677,214,991	\$669,132,620	\$8,082,371	
Total Class II Nursing Facilities	\$5,035,779	\$4,176,936	\$4,680,867	(\$503,931)	
Total Program of All-Inclusive Care for the Elderly	\$156,026,037	\$167,703,403	\$164,526,552	\$3,176,851	
Total Supplemental Medicare Insurance Benefit	\$176,029,043	\$185,840,175	\$201,034,320	(\$15,194,145)	
Total Health Insurance Buy-In Program	\$1,871,548	\$2,383,963	\$2,529,235	(\$145,272)	
Total Single Entry Point	\$33,019,933	\$34,298,607	\$34,360,542	(\$61,935)	
Total Disease Management	\$1,052,096	\$1,285,726	\$1,352,408	(\$66,682)	
Total Prepaid Inpatient Health Plan Administration	\$171,038,156	\$164,177,185	\$177,625,601	(\$13,448,416)	
Total Bottom Line Financing	\$804,513,054	\$684,988,117	\$680,822,263	\$4,165,854	
Rounding Adjustment	\$0	\$0	\$0	\$0	
<b>Grand Total<sup>(2)</sup></b>	<b>\$6,752,893,112</b>	<b>\$6,997,972,427</b>	<b>\$7,114,289,396</b>	<b>(\$116,316,969)</b>	

(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.