

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	\$123,105,022	\$93,194,915	\$571,508,034	\$42,861,533	\$545,186,536	\$227,811,133	\$1,397,414,150	\$3,024,084	\$833,511,394	\$94,927,680	\$69,449,991	\$127,658,781	\$21,962,759	\$53,498,675	\$18,573,769	\$4,223,688,456
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$263,249,319	\$50,429,939	\$177,369,663	\$2,801,166	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$493,850,087
<i>Hospice</i>	\$42,681,383	\$3,368,499	\$5,932,240	\$320,941	\$419,645	\$159,674	\$4,021,703	\$14,560	\$141,698	\$7,625	\$5,649	\$4,401	\$11,737	\$0	\$0	\$57,089,755
<i>Private Duty Nursing & Long-Term Home Health</i>	\$80,985,072	\$10,266,967	\$238,795,569	\$3,862,388	\$647,735	\$277,601	\$3,176,986	\$0	\$38,550,061	\$2,806,415	\$26,219,113	\$0	\$0	\$0	\$30,844	\$405,618,751
Subtotal CBLTC	\$386,915,774	\$64,065,405	\$422,097,472	\$6,984,495	\$1,067,380	\$437,275	\$7,198,689	\$14,560	\$38,691,759	\$2,814,040	\$26,224,762	\$4,401	\$11,737	\$0	\$30,844	\$956,558,593
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$506,102,023	\$55,760,488	\$115,089,312	\$89,118	\$289,623	\$0	\$3,880,404	\$0	\$0	\$0	\$57,843	\$7,678	\$0	\$0	\$0	\$681,276,489
<i>Class II Nursing Facilities</i>	\$1,624,420	\$237,827	\$2,763,252	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,625,499
<i>PACE</i>	\$142,603,607	\$19,257,989	\$9,988,760	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$171,850,356
Subtotal Long-Term Care	\$650,330,050	\$75,256,304	\$127,841,324	\$89,118	\$289,623	\$0	\$3,880,404	\$0	\$0	\$0	\$57,843	\$7,678	\$0	\$0	\$0	\$857,752,344
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$104,811,066	\$6,110,464	\$54,226,142	\$0	\$350,413	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,262,517	\$195,760,602
<i>Health Insurance Buy-In</i>	\$19,573	\$24,467	\$2,397,816	\$0	\$29,361	\$48,935	\$44,042	\$0	\$171,274	\$0	\$0	\$14,680	\$0	\$0	\$0	\$2,750,148
Subtotal Insurance	\$104,830,639	\$6,134,931	\$56,623,958	\$0	\$379,774	\$48,935	\$44,042	\$0	\$171,274	\$0	\$0	\$14,680	\$0	\$0	\$30,262,517	\$198,510,750
Service Management																
<i>Single Entry Points</i>	\$10,308,486	\$2,859,404	\$21,631,959	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,799,849
<i>Disease Management</i>	\$29,340	\$26,368	\$185,252	\$21,313	\$246,405	\$172,623	\$463,724	\$0	\$0	\$0	\$46,868	\$77,665	\$16,168	\$0	\$0	\$1,285,726
<i>ACC and PIHP Administration</i>	\$4,877,042	\$1,472,008	\$9,027,834	\$694,394	\$19,866,704	\$7,865,954	\$38,301,572	\$12,593	\$54,954,413	\$7,676,725	\$3,008,029	\$930,689	\$189,444	\$12	\$0	\$148,877,413
Subtotal Service Management	\$15,214,868	\$4,357,780	\$30,845,045	\$715,707	\$20,113,109	\$8,038,577	\$38,765,296	\$12,593	\$54,954,413	\$7,676,725	\$3,054,897	\$1,008,354	\$205,612	\$12	\$0	\$184,962,988
Medical Services Total	\$1,280,396,353	\$243,009,335	\$1,208,915,833	\$50,650,853	\$567,036,422	\$236,335,920	\$1,447,302,581	\$3,051,237	\$927,328,840	\$105,418,445	\$98,787,493	\$128,693,894	\$22,180,108	\$53,498,687	\$48,867,130	\$6,421,473,131
Caseload	45,945	11,742	67,138	8,188	181,632	77,128	361,574	142	443,986	66,666	21,429	9,706	2,158	2,856	35,057	1,335,347
Medical Services Per Capita	\$27,868.02	\$20,695.74	\$18,006.43	\$6,185.99	\$3,121.90	\$3,064.20	\$4,002.78	\$21,487.58	\$2,088.64	\$1,581.29	\$4,609.99	\$13,259.21	\$10,278.09	\$18,732.03	\$1,393.93	\$4,808.84
Financing	\$145,758,324	\$32,788,191	\$157,678,157	\$9,259,426	\$119,997,893	\$49,166,079	\$358,155,923	\$301,745	\$176,298,623	\$14,996,120	\$12,089,433	\$55,006,500	\$5,948,056	\$23,096,459	\$0	\$1,160,540,929
Grand Total Medical Services Premiums	\$1,426,154,677	\$275,797,526	\$1,366,593,990	\$59,910,279	\$687,034,315	\$285,501,999	\$1,805,458,504	\$3,352,982	\$1,103,627,463	\$120,414,565	\$110,876,926	\$183,700,394	\$28,128,164	\$76,595,146	\$48,867,130	\$7,582,014,060
Total Per Capita	\$31,040.48	\$23,488.12	\$20,355.00	\$7,316.84	\$3,782.56	\$3,701.66	\$4,993.33	\$23,612.55	\$2,485.73	\$1,806.24	\$5,174.15	\$18,926.48	\$13,034.37	\$26,819.03	\$1,393.93	\$5,677.94

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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	\$108,950,085	\$82,548,688	\$511,096,511	\$40,290,552	\$508,967,731	\$208,607,693	\$1,297,986,328	\$2,265,237	\$767,403,181	\$88,090,483	\$67,192,113	\$113,771,129	\$21,275,853	\$53,825,031	\$17,442,221	\$3,889,712,836
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$278,878,026	\$54,097,261	\$194,185,986	\$3,043,163	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$530,204,436
<i>Hospice</i>	\$44,496,279	\$3,737,453	\$6,374,644	\$414,173	\$453,588	\$171,848	\$4,292,641	\$12,528	\$147,656	\$8,138	\$6,252	\$4,364	\$12,340	\$0	\$0	\$60,131,904
<i>Private Duty Nursing & Long-Term Home Health</i>	\$89,146,332	\$10,972,431	\$257,807,670	\$4,167,458	\$690,106	\$295,760	\$3,384,808	\$0	\$41,584,213	\$3,004,614	\$28,759,779	\$0	\$0	\$0	\$32,861	\$439,846,032
Subtotal CBLTC	\$412,520,637	\$68,807,145	\$458,368,300	\$7,624,794	\$1,143,694	\$467,608	\$7,677,449	\$12,528	\$41,731,869	\$3,012,752	\$28,766,031	\$4,364	\$12,340	\$0	\$32,861	\$1,030,182,372
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$529,408,102	\$58,328,267	\$120,389,193	\$93,222	\$302,960	\$0	\$4,059,097	\$0	\$0	\$0	\$60,507	\$8,032	\$0	\$0	\$0	\$712,649,380
<i>Class II Nursing Facilities</i>	\$1,583,981	\$231,906	\$2,694,463	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,510,350
<i>PACE</i>	\$159,537,900	\$22,011,013	\$11,803,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$193,352,529
Subtotal Long-Term Care	\$690,529,983	\$80,571,186	\$134,887,272	\$93,222	\$302,960	\$0	\$4,059,097	\$0	\$0	\$0	\$60,507	\$8,032	\$0	\$0	\$0	\$910,512,259
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$108,512,311	\$6,427,468	\$54,953,927	\$0	\$368,174	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,781,666	\$202,043,546
<i>Health Insurance Buy-In</i>	\$24,198	\$30,248	\$2,964,420	\$0	\$36,299	\$60,499	\$54,450	\$0	\$211,746	\$0	\$0	\$18,149	\$0	\$0	\$0	\$3,400,009
Subtotal Insurance	\$108,536,509	\$6,457,716	\$57,918,347	\$0	\$404,473	\$60,499	\$54,450	\$0	\$211,746	\$0	\$0	\$18,149	\$0	\$0	\$31,781,666	\$205,443,555
Service Management																
<i>Single Entry Points</i>	\$10,893,757	\$3,021,460	\$22,860,125	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36,775,342
<i>Disease Management</i>	\$29,340	\$26,368	\$185,252	\$21,313	\$246,405	\$172,623	\$463,724	\$0	\$0	\$0	\$46,868	\$77,665	\$16,168	\$0	\$0	\$1,285,726
<i>ACC and PIHP Administration</i>	\$6,545,020	\$1,715,583	\$10,126,901	\$1,508,818	\$27,517,056	\$11,714,395	\$53,782,111	\$18,108	\$67,414,735	\$10,452,067	\$3,700,546	\$1,350,797	\$323,712	\$0	\$0	\$196,169,849
Subtotal Service Management	\$17,468,117	\$4,763,411	\$33,172,278	\$1,530,131	\$27,763,461	\$11,887,018	\$54,245,835	\$18,108	\$67,414,735	\$10,452,067	\$3,747,414	\$1,428,462	\$339,880	\$0	\$0	\$234,230,917
Medical Services Total	\$1,338,005,331	\$243,148,146	\$1,195,442,708	\$49,538,699	\$538,582,319	\$221,022,818	\$1,364,023,159	\$2,295,873	\$876,761,531	\$101,555,302	\$99,766,065	\$115,230,136	\$21,628,073	\$53,825,031	\$49,256,748	\$6,270,081,939
Caseload	47,392	12,369	68,495	10,032	186,391	78,809	366,408	116	439,248	67,553	22,516	9,138	2,154	2,881	36,943	1,350,445
Medical Services Per Capita	\$28,232.73	\$19,657.87	\$17,452.99	\$4,938.07	\$2,889.53	\$2,804.54	\$3,722.69	\$19,792.01	\$1,996.05	\$1,503.34	\$4,430.90	\$12,610.00	\$10,040.89	\$18,682.76	\$1,333.32	\$4,642.97
Financing	\$160,098,039	\$36,130,578	\$173,503,376	\$10,213,591	\$132,010,663	\$54,132,032	\$394,116,941	\$383,010	\$193,930,558	\$16,469,415	\$13,277,668	\$60,515,526	\$6,511,164	\$25,406,307	\$0	\$1,276,698,868
Grand Total Medical Services Premiums	\$1,498,103,370	\$279,278,724	\$1,368,946,084	\$59,752,290	\$670,592,982	\$275,154,850	\$1,758,140,100	\$2,678,883	\$1,070,692,089	\$118,024,717	\$113,043,733	\$175,745,662	\$28,139,237	\$79,231,338	\$49,256,748	\$7,546,780,807
Total Per Capita	\$31,610.89	\$22,578.93	\$19,986.07	\$5,956.17	\$3,597.78	\$3,491.41	\$4,798.31	\$23,093.82	\$2,437.56	\$1,747.14	\$5,020.60	\$19,232.40	\$13,063.71	\$27,501.33	\$1,333.32	\$5,588.37

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2019-20	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	\$111,824,266	\$85,259,810	\$526,102,728	\$42,490,082	\$519,771,755	\$217,240,545	\$1,330,674,526	\$1,904,461	\$793,313,809	\$90,669,847	\$71,451,881	\$117,725,738	\$21,828,559	\$56,888,909	\$17,582,970	\$4,004,729,886
Community Based Long-Term Care																
<i>Base CBLTC</i>	\$301,280,093	\$57,906,379	\$207,074,748	\$3,285,236	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$569,546,456
<i>Hospice</i>	\$46,272,942	\$4,120,967	\$6,840,624	\$523,930	\$489,701	\$187,898	\$4,615,072	\$10,678	\$155,311	\$8,687	\$6,791	\$4,410	\$12,469	\$0	\$0	\$63,249,480
<i>Private Duty Nursing & Long-Term Home Health</i>	\$98,916,620	\$11,919,781	\$282,121,410	\$4,583,451	\$747,984	\$320,565	\$3,668,684	\$0	\$45,482,231	\$3,268,313	\$31,833,062	\$0	\$0	\$0	\$35,619	\$482,897,720
Subtotal CBLTC	\$446,469,655	\$73,947,127	\$496,036,782	\$8,392,617	\$1,237,685	\$508,463	\$8,283,756	\$10,678	\$45,637,542	\$3,277,000	\$31,839,853	\$4,410	\$12,469	\$0	\$35,619	\$1,115,693,656
Long-Term Care																
<i>Class I Nursing Facilities</i>	\$557,579,871	\$61,432,131	\$126,795,549	\$98,183	\$319,082	\$0	\$4,275,097	\$0	\$0	\$0	\$63,727	\$8,459	\$0	\$0	\$0	\$750,572,099
<i>Class II Nursing Facilities</i>	\$1,583,981	\$231,906	\$2,694,463	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,510,350
<i>PACE</i>	\$178,288,671	\$25,161,444	\$13,861,898	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$217,312,013
Subtotal Long-Term Care	\$737,452,523	\$86,825,481	\$143,351,910	\$98,183	\$319,082	\$0	\$4,275,097	\$0	\$0	\$0	\$63,727	\$8,459	\$0	\$0	\$0	\$972,394,462
Insurance																
<i>Supplemental Medicare Insurance Benefit</i>	\$113,813,418	\$6,877,543	\$57,120,934	\$0	\$385,037	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,631,786	\$212,828,718
<i>Health Insurance Buy-In</i>	\$30,468	\$38,086	\$3,732,528	\$0	\$45,704	\$76,175	\$68,558	\$0	\$266,611	\$0	\$0	\$22,852	\$0	\$0	\$0	\$4,280,982
Subtotal Insurance	\$113,843,886	\$6,915,629	\$60,853,462	\$0	\$430,741	\$76,175	\$68,558	\$0	\$266,611	\$0	\$0	\$22,852	\$0	\$0	\$34,631,786	\$217,109,700
Service Management																
<i>Single Entry Points</i>	\$13,238,445	\$3,672,483	\$27,780,362	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$44,691,290
<i>Disease Management</i>	\$29,340	\$26,368	\$185,252	\$21,313	\$246,405	\$172,623	\$463,724	\$0	\$0	\$0	\$46,868	\$77,665	\$16,168	\$0	\$0	\$1,285,726
<i>ACC and PIHP Administration</i>	\$7,435,238	\$1,999,760	\$11,564,063	\$1,998,848	\$31,578,152	\$13,577,106	\$61,330,670	\$16,440	\$75,450,187	\$11,866,916	\$4,265,051	\$1,511,808	\$362,297	\$0	\$0	\$222,956,536
Subtotal Service Management	\$20,703,023	\$5,698,611	\$39,529,677	\$2,020,161	\$31,824,557	\$13,749,729	\$61,794,394	\$16,440	\$75,450,187	\$11,866,916	\$4,311,919	\$1,589,473	\$378,465	\$0	\$0	\$268,933,552
Medical Services Total	\$1,430,293,353	\$258,646,658	\$1,265,874,559	\$53,001,043	\$553,583,820	\$231,574,912	\$1,405,096,331	\$1,931,579	\$914,668,149	\$105,813,763	\$107,667,380	\$119,350,932	\$22,219,493	\$56,888,909	\$52,250,375	\$6,578,861,256
Caseload	48,747	12,966	69,879	12,065	191,312	81,922	374,513	94	439,248	68,553	23,252	9,138	2,154	2,950	39,636	1,376,429
Medical Services Per Capita	\$29,341.16	\$19,948.07	\$18,115.24	\$4,392.96	\$2,893.62	\$2,826.77	\$3,751.80	\$20,548.71	\$2,082.35	\$1,543.53	\$4,630.46	\$13,060.95	\$10,315.46	\$19,284.38	\$1,318.26	\$4,779.66
Financing	\$154,872,801	\$34,951,358	\$167,840,619	\$9,880,242	\$127,702,134	\$52,365,285	\$381,253,857	\$370,509	\$187,601,104	\$15,931,891	\$12,844,315	\$58,540,437	\$6,298,655	\$24,577,103	\$0	\$1,235,030,310
Grand Total Medical Services Premiums	\$1,585,166,154	\$293,598,016	\$1,433,715,178	\$62,881,285	\$681,285,954	\$283,940,197	\$1,786,350,188	\$2,302,088	\$1,102,269,253	\$121,745,654	\$120,511,695	\$177,891,369	\$28,518,148	\$81,466,012	\$52,250,375	\$7,813,891,566
Total Per Capita	\$32,518.23	\$22,643.68	\$20,517.11	\$5,211.88	\$3,561.13	\$3,465.98	\$4,769.79	\$24,490.30	\$2,509.45	\$1,775.93	\$5,182.85	\$19,467.21	\$13,239.62	\$27,615.60	\$1,318.26	\$5,676.93

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

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2017)	Difference from November Request	Description of Difference from R-1 to S-1	Department Source
Acute Care						
Base Acute Cost	\$4,143,867,777	\$3,912,454,491	\$4,089,360,915	(\$176,906,424)	Driven by caseload changes such as reduction in AND/AB, MAGI Adults, MAGI Kids, and MAGI Pregnant Adults	Exhibit F
<i>Bottom Line Impacts</i>						
Annualization of Hepatitis C Criteria Change	\$27,217,614	\$1,047,015	\$27,217,614	(\$26,170,599)	Driven by decrease in costs of Hepatitis C drugs and lower utilization of drug	Exhibit F
Annualization of SB 17-091 Allow Medicaid Home Health Services in the Community	\$687,809	\$687,809	\$687,809	\$0		Exhibit F
Annualization of Copay 5% of Income	\$4,740,105	\$4,740,105	\$4,740,105	\$0		Exhibit F
SB 17-267 Sustainability of Rural Colorado - Increased Copays	(\$673,364)	(\$2,428,750)	(\$1,818,901)	(\$609,849)	Updated based on actual implementation of \$3 pharmacy copay; fiscal note assumed \$2.54	Exhibit F
Annualization of State Plan Autism Treatment	\$16,170,122	\$9,500,361	\$19,166,000	\$7,584,361	Updated based on large increases in YTD utilization in FY 2017-18	Exhibit F
EPSDT Adjustment for Children's Extensive Support (CES) Waiver	\$0	\$0	\$0	\$0		Exhibit F
Annualization of FY 2011-12 BA-9: Limit Physical and Occupational Therapy	(\$96,712)	(\$96,712)	(\$96,712)	\$0		Exhibit F
2017 JBC Action: PT/OT Supplemental Footnote	\$2,321,083	\$1,160,542	\$1,353,965	(\$193,423)	Revised implementation date from 11/1/2017 to 12/1/2017	Exhibit F
Annualization of HB 15-1309 "Protective Restorations by Dental Hygienists"	\$22,659	\$22,660	\$22,660	\$0		Exhibit F
FY 2012-13 R-6: "Dental Efficiency"	(\$1,704,632)	(\$1,704,632)	(\$1,704,632)	\$0		Exhibit F
Annualization of FY 2014-15 R-10: "Primary Care Specialty Collaboration"	(\$152,257)	\$0	\$0	\$0		Exhibit F
SB 11-177: Annualization "Sunset Teen Pregnancy & Dropout Program"	(\$36,779)	(\$36,779)	(\$36,779)	\$0		Exhibit F
SB 10-117 OTC MEDS	(\$62,406)	\$0	(\$62,406)	\$62,406	Delayed implementation to 7/1/2018 due to required iC edit	Exhibit F
Annualization of SB 16-027 "Medicaid Option for Prescribed Drugs by Mail"	(\$1,737,180)	(\$1,737,180)	(\$1,737,180)	\$0		Exhibit F
Repay Overcollection of Drug Rebates in FY 2016-17	\$0	\$132,096,434	\$55,971,293	\$76,125,141	New information on overcollection of drug rebates higher than previously anticipated	Exhibit F
FY 2017-18 R-7 Oversight of State Resources - Physician Administered Drugs	(\$540,130)	(\$1,076,686)	(\$1,076,686)	\$0		Exhibit F
FY 2017-18 R-7 Oversight of State Resources - IHS Savings	\$5,029,654	\$2,514,827	\$2,514,827	\$0		Exhibit F
FY 2017-18 R-7 Oversight of State Resources - Client and Provider Investigations	\$2,580,866	(\$862,435)	(\$862,435)	\$0		Exhibit F
Annualization of HB 16-1097 "PLC Permit for Medicaid Transportation Providers"	(\$234,492)	(\$234,492)	(\$234,492)	\$0		Exhibit F
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$1,012,935)	\$81,876	(\$771,860)	\$853,736	Difference is due to a decrease in the average savings per member	Exhibit F
Annualization of Estimated Impact of Increasing PACE Enrollment	(\$2,656,345)	(\$3,352,368)	(\$3,621,645)	\$269,277	Small casemix shift to facilities with higher rates increased aggregate rate; decreased savings	Exhibit F
2017 JBC Action: Community Provider Rate Increases (1.402% Across the Board)	\$33,462,253	\$37,390,955	\$37,390,955	\$0		Exhibit F
2017 JBC Action: TRI - Transportation	\$1,724,068	\$3,308,326	\$3,308,326	\$0		Exhibit F
2017 JBC Action: TRI - Home Health	\$662,030	\$662,030	\$662,030	\$0		Exhibit F
2017 JBC Action: Post-Partum Depression Screening	\$90,423	\$90,423	\$90,423	\$0		Exhibit F
Annualization of FY 2014-15 BA-10: "Continuation of 1202 Provider Rate Increase"	(\$5,171,476)	(\$5,171,476)	(\$5,171,476)	\$0		Exhibit F
Annualization of HB 16-1408 "Allocation of Cash Fund Revenues from Tobacco MSA"	(\$51,053,050)	(\$36,005,680)	(\$28,018,437)	(\$7,987,243)	Updated based on most recent actuals	Exhibit F
Annualization of FY 2017-18 R-6 Delivery System and Payment Reform - EAPG Methodology	(\$23,160,443)	(\$18,013,678)	(\$7,720,148)	(\$10,293,530)	Savings previously anticipated in FY 2016-17 pushed into FY 2017-18	Exhibit F
FY 2017-18 R-6 Delivery System and Payment Reform - Primary Care Increase Continuation	\$37,959,946	\$55,572,637	\$55,572,637	\$0		Exhibit F
FY 2017-18 R-6 Delivery System and Payment Reform - Vaccine Stock Rates	\$21,505,367	(\$994,353)	(\$994,353)	\$0		Exhibit F
HB 17-1353 Implement Medicaid Delivery & Payment Initiatives - Primary Care Incentives	\$0	\$0	\$0	\$0		Exhibit F
HB 17-1353 Implement Medicaid Delivery & Payment Initiatives - SUD/SPMI Savings through Integration of Care	\$0	\$0	\$0	\$0		Exhibit F
Annualization of Accountable Care Collaborative Savings	(\$17,180,454)	(\$23,795,546)	(\$13,984,461)	(\$9,811,085)	Higher enrollment expected for higher-savings populations such as populations with disabilities	Exhibit F
Expiration of ACC: Access KP Initiative	\$0	(\$3,882,854)	(\$3,882,854)	\$0		Exhibit F
FY 2017-18 Legislative Action - Elective Circumcisions	\$0	\$427,039	\$427,039	\$0		Exhibit F
Circumcision Rate Increase	\$0	\$60,121	\$0	\$60,121	New policy	Exhibit F
Compliance with 21st Century Cures Act - DME Rates Adjustment	\$0	(\$14,908,908)	\$0	(\$14,908,908)	New policy	Exhibit F
Deluxe Vision Frames	\$0	\$43,963	\$0	\$43,963	New policy	Exhibit F
Prospective Payment System (PPS) - Rural Health Center Rate Adjustment	\$0	\$147,675	\$0	\$147,675	New policy	Exhibit F
Payment delays from implementation of interChange	\$0	\$175,981,696	\$372,597,035	(\$196,615,339)	Updated BLI based on new data and analysis methodology change	Exhibit F
Total Acute Care	\$4,192,569,120	\$4,223,688,456	\$4,582,038,176	(\$358,349,720)		
Community Based Long-Term Care						
Base CBLTC Cost	\$946,938,086	\$935,966,966	\$937,828,111	(\$1,861,145)	Increase in LTHH forecast offset by decreases in PDN and cost per enrollee projections for the waivers	Exhibit G
<i>Bottom Line Impacts</i>						
Colorado Choice Transitions - CBLTC Impact	\$1,198,196	\$3,372,968	\$3,334,905	\$38,063	Updated CCT forecast	Exhibit G
FY 2017-18 Non-Medical Transportation 7.01% Targeted Rate Increase ⁽¹⁾	\$488,883	\$349,098	\$418,921	(\$69,823)	Decreased impact due to incorporating 2 months of impact into cost per enrollee trend	Exhibit G
FY 2017-18 Homemaker and Personal Care \$0.50 Hourly Rate Increase ⁽¹⁾	\$13,229,924	\$10,281,074	\$11,000,457	(\$719,383)	Decreased impact due to incorporating 2 months of impact into cost per enrollee trend	Exhibit G
FY 2017-18 Across the Board 1.402% Rate Increase ⁽¹⁾	\$5,613,304	\$5,588,695	\$5,794,753	(\$206,058)	Decreased impact due to incorporating 2 months of impact into cost per enrollee trend	Exhibit G
interChange Payment Lag Adjustment	\$0	\$0	\$7,859,051	(\$7,859,051)	Payment for services rendered in FY 2016-17 fully realized in first half of FY 2017-18	Exhibit G
HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers - CBLTC Impact	(\$22,872)	(\$22,872)	(\$22,872)	\$0		Exhibit G
HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$6,356	\$110	\$6,356	(\$6,246)	Re estimated cost of Buy-In Client	Exhibit G
Colorado Choice Transitions	\$701,212	\$326,434	\$579,591	(\$253,157)	Updated CCT forecast	Exhibit G
Telehealth Expenditure Adjustment	\$2,334	\$6,652	\$2,991	\$3,661	Updated forecast	Exhibit G
Annualization of FY 2015-16 R-7 "Participant Directed Programs Expansion"	(\$1,431,855)	(\$204,108)	(\$835,249)	\$631,141	Implementation delay	Exhibit G
SB 17-091 Allow Medicaid Home Health Services in the Community	\$1,523,721	\$1,523,721	\$1,523,721	\$0		Exhibit G
HB 13-1152 1.5% permanent rate reduction Effective July 1, 2013	(\$552,638)	(\$556,384)	(\$566,963)	\$10,579	Updated forecast	Exhibit G
Savings from days incurred in FY 2015-16 and paid in FY 2016-17 under HB 13-1152	(\$57,756)	(\$73,761)	(\$64,697)	(\$9,064)	Updated forecast	Exhibit G
Total Community Based Long-Term Care	\$967,636,894	\$956,558,593	\$966,859,076	(\$10,300,483)		

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

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2017)	Difference from November Request	Description of Difference from R-1 to S-1	Department Source
Long-Term Care and Insurance						
Class I Nursing Facilities						
Base Class I Nursing Facility Cost	\$677,084,363	\$681,203,657	\$678,839,769	\$2,363,888	Updated rates and days forecasts based on FY 2016-17 actuals and FY 2017-18 YTD.	Exhibit H
Bottom Line Impacts						
Hospital Back Up Program	\$10,312,685	\$10,571,875	\$10,939,828	(\$367,953)	Payments for services rendered in FY 2016-17 and increased utilization in FY 2017-18.	Exhibit H
Recoveries from Department Overpayment Review	(\$1,000,000)	(\$1,000,000)	(\$1,000,000)	\$0		Exhibit H
HB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$9,182,057)	(\$9,499,043)	(\$9,536,380)	\$37,337	Flow through due to updated rates forecast based on FY 2016-17 actuals	Exhibit H
Total Class I Nursing Facilities	\$677,214,991	\$681,276,489	\$679,243,217	\$2,033,272		
Class II Nursing Facilities						
Base Class II Nursing Facilities Cost	\$4,176,936	\$4,625,499	\$4,069,927	\$555,572	Increased caseload expectations	Exhibit H
Bottom Line Impacts						
Total Class II Nursing Facilities	\$4,176,936	\$4,625,499	\$4,069,927	\$555,572		
Program of All Inclusive Care for the Elderly (PACE)						
Base PACE Cost	\$167,703,403	\$170,618,675	\$170,325,635	\$293,040	Small casemix shift to facilities with higher rates increased aggregate rate	Exhibit H
Bottom Line Impacts						
FY 2016-17 Retroactive Payments	\$0	\$12,403,283	\$12,403,283	\$0		Exhibit H
interChange Rate Adjustments	\$0	(\$11,171,602)	(\$11,171,602)	\$0		Exhibit H
Total Program of All-Inclusive Care for the Elderly	\$167,703,403	\$171,850,356	\$171,557,316	\$293,040		
Supplemental Medicare Insurance Benefit (SMIB)						
Base SMIB Cost	\$185,840,175	\$195,760,602	\$191,817,243	\$3,943,359	Difference is due to an increase in enrollment	Exhibit H
Bottom Line Impacts						
Accounting Reconciliation	\$0	\$0	(\$8,189,401)	\$8,189,401	Decrease is due to the removal of an accounting reconciliation	
Total Supplemental Medicare Insurance Benefit	\$185,840,175	\$195,760,602	\$183,627,842	\$12,132,760		
Health Insurance Buy-In Program (HIBI)						
Base HIBI Cost	\$1,913,179	\$2,132,413	\$2,132,413	\$0		Exhibit H
Bottom Line Impacts						
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$57,051	\$252,379	\$251,902	\$477	Difference is due to an increase in average annual enrollment	Exhibit H
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$413,734	\$365,356	\$363,228	\$2,128	Difference is due to an increase in average annual enrollment	Exhibit H
Total Health Insurance Buy-In Program	\$2,383,963	\$2,750,148	\$2,747,543	\$2,605		
Total Long-Term Care and Insurance	\$1,037,319,468	\$1,056,263,094	\$1,041,245,845	\$15,017,249		
Service Management						
Single Entry Points (SEP)						
Single Entry Points (SEP) Base	\$34,298,607	\$34,298,607	\$34,298,607	\$0		Exhibit I
Bottom Line Impacts						
FY 2017-18 Across the Board 1.402% Rate Increase	\$480,866	\$501,242	\$501,242	\$0		
Total Single Entry Points	\$34,779,473	\$34,799,849	\$34,799,849	\$0		
Disease Management						
Base Disease Management	\$1,285,726	\$1,285,726	\$1,285,726	\$0		Exhibit I
Bottom Line Impacts						
Total Disease Management	\$1,285,726	\$1,285,726	\$1,285,726	\$0		
Accountable Care Collaborative						
ACC Base	\$157,062,635	\$141,956,066	\$158,504,396	(\$16,548,330)	Enrollment expectations decreased with reduction in caseload forecast	Exhibit I
Bottom Line Impacts						
FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees" Annualization	\$7,114,550	\$3,699,219	\$4,242,478	(\$543,259)	Adjusted for actual enrollment	Exhibit I
Bottom Line Impacts: MMP True-Up to \$20 PMPM for FY 2016-17	\$0	\$1,122,128	\$1,122,128	\$0		Exhibit I
FY 2017-18 R-11 "Vendor Transitions"	\$2,100,000	\$2,100,000	\$2,100,000	\$0		Exhibit I
Total Accountable Care Collaborative	\$166,277,185	\$148,877,413	\$165,969,002	(\$17,091,589)		
Total Service Management	\$202,342,384	\$184,962,988	\$202,054,577	(\$17,091,589)		
Grand Total Services	\$6,399,867,866	\$6,421,473,131	\$6,792,197,674	(\$370,724,543)		

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

Item	Long Bill and Special Bills	S-1 Request and Budget Actions	R-1 Request (November 2017)	Difference from November Request	Description of Difference from R-1 to S-1	Department Source
Bottom Line Financing						
Upper Payment Limit Financing	\$3,928,460	\$5,417,557	\$4,148,965	\$1,268,592	Updated forecast based on actual CY 2016 CPE for Nursing Facilities	Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0	\$0		Exhibit A
Denver Health Outstationing	\$4,504,703	\$2,600,000	\$2,600,000	\$0		Exhibit A
Healthcare Affordability and Sustainability Fee Supplemental Payments	\$930,440,830	\$911,744,619	\$911,744,619	\$0		Exhibit J
Nursing Facility Provider Fee Supplemental Payments	\$106,832,678	\$107,683,824	\$107,683,824	\$0		Exhibit H
Physician Supplemental Payments	\$14,122,422	\$10,521,089	\$10,521,089	\$0		Exhibit A
Hospital High Volume Inpatient Payment	\$8,281,533	\$6,422,869	\$1,127,611	\$5,295,258	Identified more expenditures that qualified for the payment	Exhibit A
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0	\$0		Exhibit A
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$1,000,000	\$1,000,000	\$0		Exhibit A
Denver Health Ambulance Payments	\$5,877,491	\$6,141,995	\$6,141,995	\$0		Exhibit A
University of Colorado School of Medicine Payment	\$123,042,864	\$123,529,218	\$123,042,864	\$486,354	Error in applying FMAP to appropriation	
Payment delays from implementation of interChange - Financing Impact	\$0	(\$14,520,242)	(\$8,920,243)	(\$5,599,999)	Some interim FY 2016-17 payments for CHP+ State Managed Care Network were moved from MSP to the CHP+ appropriation in FY 2017-18	Exhibit A
Cash Funds Financing	\$0	\$0	\$0	\$0		
Total Bottom Line Financing	\$1,198,030,981	\$1,160,540,929	\$1,159,090,724	\$1,450,205		
Grand Total⁽²⁾	\$7,597,898,847	\$7,582,014,060	\$7,951,288,398	(\$369,274,338)		
Total Acute Care	\$4,192,569,120	\$4,223,688,456	\$4,582,038,176	(\$358,349,720)		
Total Community Based Long-Term Care	\$967,636,894	\$956,558,593	\$966,859,076	(\$10,300,483)		
Total Class I Nursing Facilities	\$677,214,991	\$681,276,489	\$679,243,217	\$2,033,272		
Total Class II Nursing Facilities	\$4,176,936	\$4,625,499	\$4,069,927	\$555,572		
Total Program of All-Inclusive Care for the Elderly	\$167,703,403	\$171,850,356	\$171,557,316	\$293,040		
Total Supplemental Medicare Insurance Benefit	\$185,840,175	\$195,760,602	\$183,627,842	\$12,132,760		
Total Health Insurance Buy-In Program	\$2,383,963	\$2,750,148	\$2,747,543	\$2,605		
Total Single Entry Point	\$34,779,473	\$34,799,849	\$34,799,849	\$0		
Total Disease Management	\$1,285,726	\$1,285,726	\$1,285,726	\$0		
Total Prepaid Inpatient Health Plan Administration	\$166,277,185	\$148,877,413	\$165,969,002	(\$17,091,589)		
Total Bottom Line Financing	\$1,198,030,981	\$1,160,540,929	\$1,159,090,724	\$1,450,205		
Rounding Adjustment	\$0	\$0	\$0	\$0		
Grand Total⁽²⁾	\$7,597,898,847	\$7,582,014,060	\$7,951,288,398	(\$369,274,338)		

(1) These totals include the impact of the rate increases to CBLIC, LTHH, and PDN. LTHH and PDN expenditures are calculated using average cost per unit, which includes the effect of the rate increases, therefore expenditure impacts for LTHH and PDN are estimates.

(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 in Exhibit A of this Request.

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2018-19

Item	Base Spending Authority ⁽¹⁾	S-1 Request and Budget Actions	R-1 Request (November 2017)	Difference	Description of Difference from R-1 to S-1
Acute Care					
Base Acute Cost	\$4,152,105,488	\$4,023,120,868	\$4,218,370,512	(\$195,249,644)	Flowthrough of decrease in caseload
<i>Bottom Line Impacts</i>					
Annualization of Hepatitis C Criteria Change	\$27,217,614	(\$3,127,181)	\$27,217,614	(\$30,344,795)	Flow through of decrease in drug prices and lower utilization
Annualization of SB 17-091 Allow Medicaid Home Health Services in the Community	\$717,726	\$717,726	\$717,726	\$0	
Annualization of Copay 5% of Income	\$4,740,105	\$6,776,104	\$4,950,011	\$1,826,093	Caseload increase between FY 2017-18 and FY 2018-19
SB 17-267 Sustainability of Rural Colorado - Increased Copays	(\$4,365,362)	(\$3,291,185)	(\$4,365,362)	\$1,074,177	Flow through of implementation of \$3 pharmacy copay (vs. \$2.54)
Annualization of State Plan Autism Treatment	\$16,170,122	\$9,500,361	\$3,331,551	\$6,168,810	Flow through of update based on FY 2017-18 YTD utilization, which was much higher than forecasted
EPSDT Adjustment for Children's Extensive Support (CES) Waiver	\$0	\$11,259,614	\$0	\$11,259,614	Transition of EPSDT eligible services from HCBS-CES to Acute Care per-CMS mandate
Annualization of FY 2011-12 BA-9: Limit Physical and Occupational Therapy	(\$96,712)	(\$96,712)	(\$96,712)	\$0	
2017 JBC Action: PT/OT Supplemental Footnote	\$2,321,083	\$2,321,083	\$2,321,083	\$0	
Annualization of HB 15-1309 "Protective Restorations by Dental Hygienists"	\$22,659	\$22,660	\$22,660	\$0	
FY 2012-13 R-6: "Dental Efficiency"	(\$1,704,632)	(\$1,859,598)	(\$1,859,598)	\$0	
Annualization of FY 2014-15 R-10: "Primary Care Specialty Collaboration"	(\$152,257)	\$0	\$0	\$0	
SB 11-177: Annualization "Sunset Teen Pregnancy & Dropout Program"	(\$36,779)	(\$36,779)	(\$36,779)	\$0	
SB 10-117 OTC MEDS	(\$62,406)	(\$137,275)	(\$149,775)	\$12,500	Flow through of delayed implementation to 7/1/2018
Annualization of SB 16-027 "Medicaid Option for Prescribed Drugs by Mail"	(\$1,737,180)	(\$2,036,306)	(\$2,036,306)	\$0	
FY 2017-18 R-7 Oversight of State Resources - Physician Administered Drugs	\$959,313	\$959,313	\$959,313	\$0	
FY 2017-18 R-7 Oversight of State Resources - IHS Savings	\$5,029,654	\$2,514,827	\$2,514,827	\$0	
FY 2017-18 R-7 Oversight of State Resources - Client and Provider Investigations	(\$1,724,870)	(\$1,724,870)	(\$1,724,870)	\$0	
Annualization of HB 16-1097 "PUC Permit for Medicaid Transportation Providers"	(\$234,492)	(\$234,492)	(\$234,492)	\$0	
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	(\$1,012,935)	(\$848,258)	(\$2,052,765)	\$1,204,507	Flow Through of Savings assumption
Annualization of Estimated Impact of Increasing PACE Enrollment	(\$2,656,345)	(\$7,083,622)	(\$6,747,363)	(\$336,259)	More savings associated with increased enrollment expectations
2017 JBC Action: Community Provider Rate Increases (1.402% Across the Board)	\$36,844,586	\$42,369,935	\$42,369,935	\$0	
2017 JBC Action: TRI - Transportation	\$1,845,097	\$3,765,709	\$3,765,709	\$0	
2017 JBC Action: TRI - Home Health	\$686,194	\$686,194	\$686,194	\$0	
2017 JBC Action: Post-Partum Depression Screening	\$90,764	\$90,764	\$90,764	\$0	
Annualization of FY 2014-15 BA-10: "Continuation of '1202 Provider Rate Increase"	(\$5,171,476)	(\$5,171,476)	(\$5,171,476)	\$0	
Annualization of HB 16-1408 "Allocation of Cash Fund Revenues from Tobacco MSA"	(\$51,053,050)	(\$41,856,336)	(\$41,856,337)	\$1	Rounding
Annualization of FY 2017-18 R-6 Delivery System and Payment Reform - EAPG Methodology	(\$23,160,443)	(\$12,866,913)	(\$7,720,148)	(\$5,146,765)	Flow through
FY 2017-18 R-6 Delivery System and Payment Reform - Primary Care Increase Continuation	\$0	\$2,416,202	\$2,416,202	\$0	
FY 2017-18 R-6 Delivery System and Payment Reform - Vaccine Stock Rates	(\$1,022,420)	(\$1,022,420)	(\$1,022,420)	\$0	
HB 17-1353 Implement Medicaid Delivery & Payment Initiatives - Primary Care Incentives	\$58,062,151	\$59,734,303	\$59,734,303	\$0	
HB 17-1353 Implement Medicaid Delivery & Payment Initiatives - SUD/SPMI Savings through Integration of Care	(\$57,785,147)	(\$57,785,147)	(\$57,785,147)	\$0	
Annualization of Accountable Care Collaborative Savings	(\$65,588,942)	(\$98,530,184)	(\$98,263,505)	(\$266,679)	Increased savings for enrollment expectations for individuals with disabilities offset by reduced new enrollment
Expiration of ACC: Access KP Initiative	\$0	(\$3,882,854)	(\$3,882,854)	\$0	
FY 2017-18 Legislative Action - Elective Circumcisions	\$0	\$465,861	\$465,861	\$0	
Circumcision Rate Increase	\$0	\$240,483	\$0	\$240,483	New policy
Compliance with 21st Century Cures Act - DME Rates Adjustment	\$0	(\$36,050,635)	\$0	(\$36,050,635)	New policy
Deluxe Vision Frames	\$0	\$88,833	\$0	\$88,833	New policy
Annualization of Prospective Payment System (PPS) - Rural Health Center Rate Adjustment	\$0	\$304,239	\$0	\$304,239	New policy
Payment delays from implementation of interChange	\$0	\$0	\$0	\$0	
Total Acute Care	\$4,089,247,108	\$3,889,712,836	\$4,134,928,356	(\$245,215,520)	
Community Based Long-Term Care					
Base CBLTC Cost	\$947,072,718	\$999,742,793	\$1,007,648,888	(\$7,906,095)	Increased LTHH forecast and decreased PDN and cost per enrollee for waivers
<i>Bottom Line Impacts</i>					
Colorado Choice Transitions - CBLTC Impact	\$1,198,196	\$3,372,968	\$6,668,251	(\$3,295,283)	Due to updated CCT forecast
FY 2017-18 Non-Medical Transportation 7.01% Targeted Rate Increase ⁽²⁾	\$538,299	\$628,381	\$628,381	\$0	
FY 2017-18 Homemaker and Personal Care \$0.50 Hourly Rate Increase ⁽²⁾	\$14,567,192	\$16,500,686	\$16,500,686	\$0	
FY 2017-18 Across the Board 1.402% Rate Increase ⁽²⁾	\$6,180,691	\$8,692,128	\$8,692,128	\$0	
interChange Payment Lag Adjustment	\$0	\$0	\$0	\$0	
HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers - CBLTC Impact	(\$22,872)	(\$23,752)	(\$23,752)	\$0	
HB 16-1321 Medicaid Buy-In Certain Medicaid Waivers	\$6,356	\$110	\$11,953	(\$11,843)	Re estimated cost of Buy-In Client
Colorado Choice Transitions	\$701,212	\$326,434	\$1,133,949	(\$807,515)	Due to updated CCT Forecast
Telehealth Expenditure Adjustment	\$2,334	\$10,521	\$5,809	\$4,712	Due to increased telehealth forecast
Annualization of FY 2015-16 R-7 "Participant Directed Programs Expansion"	(\$1,431,855)	(\$204,108)	(\$3,681,376)	\$3,477,268	Implementation Delay
SB 17-091 Allow Medicaid Home Health Services in the Community	\$1,771,714	\$1,771,714	\$1,771,714	\$0	
HB 13-1152 1.5% permanent rate reduction Effective July 1, 2013	(\$52,638)	(\$56,384)	(\$589,434)	\$33,050	Flow through
Savings from days incurred in FY 2017-18 and paid in FY 2018-19 under HB 13-1152	(\$57,756)	(\$79,119)	(\$69,502)	(\$9,617)	Flow through
Total Community Based Long-Term Care	\$969,973,591	\$1,030,182,372	\$1,038,697,695	(\$8,515,323)	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2018-19

Item	Base Spending Authority ⁽¹⁾	S-1 Request and Budget Actions	R-1 Request (November 2017)	Difference	Description of Difference from R-1 to S-1
Long-Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$677,084,363	\$713,292,871	\$702,165,132	\$11,127,739	Flow through of updated rates forecast based on FY 2016-17 actuals
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$10,312,685	\$11,087,576	\$10,378,930	\$708,646	Updated forecast based on slight increase in utilization in FY 2016-17
Recoveries from Department Overpayment Review	(\$1,000,000)	(\$1,035,900)	(\$1,035,900)	\$0	
HIB 13-1152 1.5% permanent rate reduction effective July 1, 2013	(\$9,182,057)	(\$10,695,167)	(\$10,534,310)	(\$160,857)	Flow through due to updated rates forecast based on FY 2016-17 actuals and FY 2017-18 YTD.
Total Class I Nursing Facilities	\$677,214,991	\$712,649,380	\$700,973,852	\$11,675,528	
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities	\$4,176,936	\$4,510,350	\$4,339,105	\$171,245	Increased caseload expectations
<i>Bottom Line Impacts</i>					
Total Class II Nursing Facilities	\$4,176,936	\$4,510,350	\$4,339,105	\$171,245	
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
Base PACE Cost	\$167,703,403	\$193,352,529	\$189,947,985	\$3,404,544	Increased enrollment expectations
<i>Bottom Line Impacts</i>					
Total Program of All-Inclusive Care for the Elderly	\$167,703,403	\$193,352,529	\$189,947,985	\$3,404,544	
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB	\$185,840,175	\$202,043,546	\$198,595,486	\$3,448,060	Flow through of increased enrollment
<i>Bottom Line Impacts</i>					
Total Supplemental Medicare Insurance Benefit	\$185,840,175	\$202,043,546	\$198,595,486	\$3,448,060	
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Cost	\$1,913,178	\$2,132,413	\$2,132,413	\$0	
<i>Bottom Line Impacts</i>					
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$57,051	\$368,749	\$382,020	(\$13,271)	Final enrollment used to forecast is slightly lower enrollment in 18-19 than previously anticipated
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$413,734	\$898,847	\$966,007	(\$67,160)	Final enrollment used to forecast is slightly lower enrollment in 18-19 than previously anticipated
Total Health Insurance Buy-In Program	\$2,383,963	\$3,400,009	\$3,480,440	(\$80,431)	
Total Long-Term Care and Insurance	\$1,037,319,468	\$1,115,955,814	\$1,097,336,868	\$18,618,946	
Service Management					
<i>Single Entry Points (SEP)</i>					
Single Entry Points (SEP) Base	\$34,517,052	\$36,274,100	\$35,734,416	\$539,684	Updated model based on estimated waiver caseload growth
<i>Bottom Line Impacts</i>					
FY 2017-18 Across the Board 1.402% Rate Increase	\$529,471	\$501,242	\$501,242	\$0	
Total Single Entry Points	\$35,046,523	\$36,775,342	\$36,235,658	\$539,684	
<i>Disease Management</i>					
Base Disease Management	\$1,285,726	\$1,285,726	\$1,285,726	\$0	
<i>Bottom Line Impacts</i>					
Total Disease Management	\$1,285,726	\$1,285,726	\$1,285,726	\$0	
<i>Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration</i>					
ACC Base	\$201,305,470	\$196,169,849	\$207,973,064	(\$11,803,215)	Flowthrough of decrease in caseload
<i>Bottom Line Impacts</i>					
FY 2014-15 BA-12: "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees" Annualization	\$7,114,550	\$0	\$0	\$0	
Bottom Line Impacts: MMP True-Up to \$20 PMPM for FY 2016-17	\$0	\$0	\$0	\$0	
FY 2017-18 R-11 "Vendor Transitions"	\$0	\$0	\$0	\$0	
Total Accountable Care Collaborative and Prepaid Inpatient Health Plan Administration	\$208,420,020	\$196,169,849	\$207,973,064	(\$11,803,215)	
Total Service Management	\$244,752,269	\$234,230,917	\$245,494,448	(\$11,263,531)	
Grand Total Services	\$6,341,292,436	\$6,270,081,939	\$6,516,457,367	(\$246,375,428)	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills - FY 2018-19

Item	Base Spending Authority ⁽¹⁾	S-1 Request and Budget Actions	R-1 Request (November 2017)	Difference	Description of Difference from R-1 to S-1
Bottom Line Financing					
Upper Payment Limit Financing	\$3,928,460	\$5,658,876	\$4,332,197	\$1,326,679	Flow through of updated forecast based on actual CY 2016 CPE for Nursing Facilities
Department Recoveries Adjustment	\$0	\$0	\$0	\$0	
Denver Health Outstationing	\$4,504,703	\$2,700,000	\$2,700,000	\$0	
Healthcare Affordability and Sustainability Fee Supplemental Payments	\$930,440,830	\$1,008,845,558	\$969,432,800	\$39,412,758	Flow through of updated provider fee model
Nursing Facility Provider Fee Supplemental Payments	\$106,832,678	\$111,551,827	\$111,551,827	\$0	
Physician Supplemental Payments	\$14,122,422	\$10,886,401	\$10,886,400	\$1	Rounding
Hospital High Volume Inpatient Payment	\$8,281,533	\$6,645,777	\$1,166,763	\$5,479,014	Flow through of identifying more qualifying expenditures
Health Care Expansion Fund Transfer Adjustment	\$0	\$0	\$0	\$0	
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,000,000	\$1,000,000	\$1,000,000	\$0	
Denver Health Ambulance Payments	\$5,877,491	\$6,355,256	\$6,355,256	\$0	
University of Colorado School of Medicine Payment	\$122,675,137	\$123,055,173	\$122,675,137	\$380,036	Flow through of error in applying FMAP to appropriation
Payment delays from implementation of interChange - Financing Impact	\$0	\$0	\$0	\$0	
Cash Funds Financing	\$0	\$0	\$0	\$0	
Total Bottom Line Financing	\$1,197,663,254	\$1,276,698,868	\$1,230,100,380	\$46,598,488	
Grand Total⁽³⁾	\$7,538,955,690	\$7,546,780,807	\$7,746,557,747	(\$199,776,940)	
Total Acute Care	\$4,089,247,108	\$3,889,712,836	\$4,134,928,356	(\$245,215,520)	
Total Community Based Long-Term Care	\$969,973,591	\$1,030,182,372	\$1,038,697,695	(\$8,515,323)	
Total Class I Nursing Facilities	\$677,214,991	\$712,649,380	\$700,973,852	\$11,675,528	
Total Class II Nursing Facilities	\$4,176,936	\$4,510,350	\$4,339,105	\$171,245	
Total Program of All-Inclusive Care for the Elderly	\$167,703,403	\$193,352,529	\$189,947,985	\$3,404,544	
Total Supplemental Medicare Insurance Benefit	\$185,840,175	\$202,043,546	\$198,595,486	\$3,448,060	
Total Health Insurance Buy-In Program	\$2,383,963	\$3,400,009	\$3,480,440	(\$80,431)	
Total Single Entry Point	\$35,046,523	\$36,775,342	\$36,235,658	\$539,684	
Total Disease Management	\$1,285,726	\$1,285,726	\$1,285,726	\$0	
Total Prepaid Inpatient Health Plan Administration	\$208,420,020	\$196,169,849	\$207,973,064	(\$11,803,215)	
Total Bottom Line Financing	\$1,197,663,254	\$1,276,698,868	\$1,230,100,380	\$46,598,488	
Rounding Adjustment	(\$4)	\$0	\$0	\$0	
Grand Total⁽³⁾	\$7,538,955,686	\$7,546,780,807	\$7,746,557,747	(\$199,776,940)	

(1) The Department has not received a FY 2018-19 appropriation as of this Budget Request. No annualizations are included.

(2) These totals include the impact of the rate increases to CBLTC, LTHH, and PDN. LTHH and PDN expenditures are calculated using average cost per unit, which includes the effect of the rate increases, therefore expenditure impacts for LTHH and PDN are estimates.

(3) 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.