

Exhibit E - Summary of Premium Request by Service Group

FY 2008-09	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$96,986,194	\$53,024,073	\$468,413,709	\$199,004,489	\$29,518,147	\$7,751,918	\$413,551,843	\$68,783,238	\$56,204,713	\$56,981,050	\$3,779,874	\$1,453,999,248
Community Based Long Term Care	\$131,324,044	\$17,409,994	\$104,125,871	\$115,301	\$10,798	\$0	\$554,847	\$5,477,758	\$0	\$0	\$497,202	\$259,515,815
Long Term Care	\$456,467,934	\$30,713,567	\$76,294,989	\$6,567	\$0	\$0	\$0	\$0	\$0	\$0	\$1,929,751	\$565,412,808
Insurance	\$50,604,950	\$2,935,729	\$27,213,692	\$166,005	\$0	\$0	\$18,768	\$1,318	\$2,450	\$0	\$15,292,775	\$96,235,687
Service Management	\$12,808,221	\$2,212,913	\$12,385,260	\$1,370,908	\$86,491	\$27,533	\$3,870,972	\$470,564	\$299,158	\$0	\$131,715	\$33,663,735
Medical Services Total	\$748,191,343	\$106,296,276	\$688,433,521	\$200,663,270	\$29,615,436	\$7,779,451	\$417,996,430	\$74,732,878	\$56,506,321	\$56,981,050	\$21,631,317	\$2,408,827,293
Eligibles	37,155	6,257	50,582	45,161	11,950	285	225,209	17,968	7,353	4,529	15,202	421,651
Medical Services Per Capita	\$20,137.03	\$16,988.38	\$13,610.25	\$4,443.29	\$2,478.28	\$27,296.32	\$1,856.04	\$4,159.22	\$7,684.80	\$12,581.38	\$1,422.93	\$5,712.85
Financing	\$5,159,257	\$732,981	\$4,747,188	\$1,383,701	\$204,217	\$53,644	\$2,882,352	\$515,331	\$389,647	\$392,921	\$149,162	\$16,610,401
Grand Total Medical Services Premiums	\$753,350,600	\$107,029,257	\$693,180,709	\$202,046,971	\$29,819,653	\$7,833,095	\$420,878,782	\$75,248,209	\$56,895,968	\$57,373,971	\$21,780,479	\$2,425,437,694
Total Per Capita	\$20,275.89	\$17,105.52	\$13,704.10	\$4,473.93	\$2,495.37	\$27,484.54	\$1,868.84	\$4,187.90	\$7,737.79	\$12,668.13	\$1,432.74	\$5,752.24
FY 2009-10	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$99,988,933	\$54,558,947	\$485,063,100	\$211,008,135	\$35,125,026	\$8,549,571	\$433,662,525	\$77,551,117	\$60,343,397	\$57,458,682	\$4,246,893	\$1,527,556,326
Community Based Long Term Care	\$135,166,214	\$17,901,977	\$109,381,623	\$118,432	\$11,934	\$0	\$529,096	\$6,099,860	\$0	\$0	\$394,859	\$269,603,995
Long Term Care	\$489,681,935	\$33,103,521	\$79,893,852	\$6,858	\$0	\$0	\$0	\$0	\$0	\$0	\$2,013,901	\$604,700,067
Insurance	\$53,278,785	\$3,100,035	\$28,672,673	\$178,157	\$0	\$0	\$19,796	\$1,390	\$2,584	\$0	\$16,902,094	\$102,155,514
Service Management	\$13,265,583	\$2,355,068	\$13,077,256	\$1,398,218	\$117,002	\$27,533	\$3,997,661	\$473,050	\$308,297	\$0	\$139,157	\$35,158,825
Medical Services Total	\$791,381,450	\$111,019,548	\$716,088,504	\$212,709,800	\$35,253,962	\$8,577,104	\$438,209,078	\$84,125,417	\$60,654,278	\$57,458,682	\$23,696,904	\$2,539,174,727
Eligibles	37,478	6,330	51,057	46,444	13,260	303	233,082	18,682	7,566	4,739	16,097	435,038
Per Capita	\$21,115.89	\$17,538.63	\$14,025.28	\$4,579.92	\$2,658.67	\$28,307.27	\$1,880.06	\$4,503.02	\$8,016.69	\$12,124.64	\$1,472.13	\$5,836.67
Financing	\$5,369,801	\$753,307	\$4,858,912	\$1,443,311	\$239,211	\$58,199	\$2,973,403	\$570,821	\$411,561	\$389,877	\$160,790	\$17,229,193
Grand Total Medical Services Premiums	\$796,751,251	\$111,772,855	\$720,947,416	\$214,153,111	\$35,493,173	\$8,635,303	\$441,182,481	\$84,696,238	\$61,065,839	\$57,848,559	\$23,857,694	\$2,556,403,920
Total Per Capita	\$21,259.17	\$17,657.64	\$14,120.44	\$4,611.00	\$2,676.71	\$28,499.35	\$1,892.82	\$4,533.57	\$8,071.09	\$12,206.91	\$1,482.12	\$5,876.28

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2008-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Caseload	381,390	421,651	40,261		
Acute Care					
Base Acute Care Per Capita Cost	\$3,474.06	\$3,379.16			Exhibit F
Base Acute Cost	\$1,324,972,952	\$1,424,826,875	\$99,853,923	Figure Setting, Page 117. Includes Non-Emergency Medical Transportation, additional caseload impacts for DD Waiver Expansion, and JBC actions after Figure Setting.	Exhibit F
Bottom Line Impacts					
SB 04-206 Pediatric Hospice Waiver	(\$750,000)	(\$1,000,000)	(\$250,000)	Figure Setting, Page 117 (Imputed)	Exhibit F
HB 07-1021 Medication Management (Annualization)	(\$750,139)	(\$750,139)	\$0	Figure Setting, Page 117 (Imputed)	Exhibit F
HB 08-1375 Provider Rate Increases (DI-6 and BA-1A)	\$38,685,267	\$38,685,267	\$0	Figure Setting, Page 124, adjusted for JBC actions after Figure Setting.	Exhibit F
HB 08-1375 Increase Managed Care Rates (DI-12, S-12)	\$843,162	\$843,162	\$0	Figure Setting, Page 124	Exhibit F
HB 08-1375 Adjust Cash Flow for MCOs (BA-1A)	\$3,928,032	\$0	(\$3,928,032)	Figure Setting, Page 119 (Department Request)	The Department has removed this impact from the Medical Services Premiums base.
HB 08-1375 Preferred Drug List (BA-3)	(\$962,456)	(\$962,456)	\$0	Figure Setting, Page 119	Exhibit F
HB 08-1375 Regional Center Conversion (BA-7)	(\$302,145)	(\$302,145)	\$0	Figure Setting, Page 119, adjusted for JBC actions after Figure Setting.	Exhibit F
HB 08-1375 Cost Avoidances (BA-9)	(\$3,875,000)	(\$3,875,000)	\$0	Figure Setting, Page 119 (Department Request)	Exhibit F
HB 08-1375 Pharmacy Pricing (BA-12)	(\$74,308)	(\$74,308)	\$0	Figure Setting, Page 119	Exhibit F
HB 08-1407 Insurance Benefit Payments	(\$277,780)	(\$277,780)	\$0	LCS Fiscal Note, July 9, 2008	Exhibit F
HB 08-1409 Medicaid Payment Recovery	(\$300,000)	(\$300,000)	\$0	LCS Fiscal Note, July 2, 2008	Exhibit F
SB 08-090 Mail Order Rx Under Medicaid	(\$279,272)	(\$279,272)	\$0	SB 08-090 Appropriations clause	Exhibit F
SB 08-099: Extending Foster Care Eligibility	\$639,427	\$0	(\$639,427)	LCS Fiscal Note, July 2, 2008 (Imputed)	Exhibit F; Note, the Department includes this impact in its caseload and does not make a separate bottom line adjustment.
SB 08-230 Hospitals to Levy Sales Tax	(\$2,285,340)	(\$2,285,340)	\$0	SB 08-230 Appropriations clause	Exhibit F
Estimated Impact of Increased PACE Enrollment	\$0	(\$106,796)	(\$106,796)	Not included	Exhibit F
Drug Rebates for Physician and Hospital-Administered Drugs	\$0	(\$142,820)	(\$142,820)	Not included	Exhibit F
Estimated Savings due to Implementation of New Federal Pharmacy Reimbursement Methodology	(\$1,000,000)	\$0	\$1,000,000	Figure Setting, Page 128	The Department does not include this impact in the Medical Services Premiums base.
Increase Dispensing Fee to \$5.60 effective April 1, 2009	\$1,000,000	\$0	(\$1,000,000)	Figure Setting, Page 128	The Department does not include this impact in the Medical Services Premiums base.
Total Acute Care	\$1,359,212,400	\$1,453,999,248	\$94,786,848		Exhibit F

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2008-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Community Based Long Term Care					
Base CBLTC Per Capita Cost	\$648.51	\$611.67			Exhibit G
Base CBLTC Cost	\$247,334,522	\$257,909,258	\$10,574,736	Figure Setting, Page 117-118 (Imputed)	Exhibit G
<i>Bottom Line Impacts</i>					
SB 04-206 Pediatric Hospice Waiver	\$375,000	\$500,000	\$125,000	Figure Setting, Page 117-118 (Imputed)	Exhibit G
HB 05-1243 Consumer Directed Care	(\$2,415,348)	(\$2,415,348)	\$0	Figure Setting, Page 117-118 (Imputed)	Exhibit G
HB 08-1375 Provider Rate Increases	\$3,678,073	\$3,678,073	\$0	Figure Setting, Page 128 (Imputed, CBLTC Only)	Exhibit G
SB 08-099: Extending Foster Care Eligibility	\$52,694	\$0	\$0	LCS Fiscal Note, July 2, 2008 (Imputed)	Exhibit G; Note, the Department includes this impact in its caseload and does not make a separate bottom line adjustment.
Estimated Impact of Increased PACE Enrollment	\$0	(\$156,168)	(\$156,168)	Not included	Exhibit G
Total Community Based Long Term Care	\$249,024,941	\$259,515,815	\$10,490,874		
Long Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$504,556,380	\$495,560,863	(\$8,995,517)	Figure Setting, Page 117-118 (Imputed)	Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Backup Program	\$5,511,121	\$5,484,836	(\$26,285)	Figure Setting, Page 117-118 (Imputed)	Exhibit H
Estate and Income Trust Recoveries	(\$6,090,171)	(\$5,810,275)	\$279,896	Figure Setting, Page 117-118 (Imputed)	Exhibit H
Recoveries from Department Overpayment Reviews	\$1,541,400	(\$1,926,901)	(\$3,468,301)	Figure Setting, Page 117-118 (Imputed)	Exhibit H
HB 08-1114 Reimbursement of Nursing Facilities Under Medicaid	\$11,854,320	\$11,854,320	\$0	LCS Fiscal Note, July 2, 2008	Exhibit H
Total Class I Nursing Facilities	\$517,373,050	\$505,162,843	(\$12,210,207)		Exhibit H
<i>Class II Nursing Facilities</i>	\$2,448,774	\$2,261,792		Figure Setting, Page 117-118 (Imputed)	Exhibit H
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
FY 2008-09 Estimated Monthly Enrollment	1,438	1,329			Exhibit H
Estimated FY 2008-09 Base Cost Per Enrollee	\$45,364.53	\$41,451.29			Exhibit H
Base PACE Cost	\$59,563,633	\$55,088,765	(\$4,474,868)	Figure Setting, Page 117-118	Exhibit H
<i>Bottom Line Impacts</i>					
HB 08-1374 Cap repeal - PACE rates	\$3,134,928	\$2,899,408	(\$235,520)	LCS Fiscal Note, July 7, 2008	Exhibit H
Total PACE	\$62,698,561	\$57,988,173	(\$4,710,388)		Exhibit H
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB Per Capita	\$247.78	\$225.85			Exhibit H
Total Supplemental Medicare Insurance Benefit	\$94,501,821	\$95,231,648	\$729,827	Figure Setting, Page 117-118	Exhibit H
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Per Capita	\$2.60	\$2.38			Exhibit H
Total Health Insurance Buy-In Program	\$990,151	\$1,004,039	\$13,888	Figure Setting, Page 117-118	Exhibit H
Total Long Term Care and Insurance	\$678,012,357	\$661,648,495	(\$16,363,862)		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2008-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Service Management					
<i>Single Entry Points (SEP)</i>					
FY 08-09 Base Contracts	\$23,355,985	\$23,355,985	\$0	Figure Setting, Page 117-118 (Imputed)	Exhibit I
<i>Bottom Line Impacts</i>					
SB 04-206: Pediatric Hospice Waiver	\$79,013	\$79,013	\$0	Figure Setting, Page 117-118 (Imputed)	Exhibit I
HB 05-1243 - Consumer Directed Care	\$504,188	\$504,188	\$0	Figure Setting, Page 117-118 (Imputed)	Exhibit I
Total Single Entry Points	\$23,939,186	\$23,939,186	\$0	Figure Setting, Page 117-118	Exhibit I
Disease Management					
Base Disease Management	\$1,008,706	\$1,008,706	\$0	Figure Setting, Page 117-118	Exhibit I
<i>Bottom Line Impacts</i>					
SB 08-118 Money Transfer for Medicaid Programs FY 2008-09 Appropriation	\$4,000,000	\$4,000,000	\$0	Figure Setting, Page 117-118	Exhibit I
Total Disease Management	\$5,008,706	\$5,008,706	\$0	Figure Setting, Page 117-118	Exhibit I
Prepaid Inpatient Health Plan Administration					
Estimated FY 2008-09 Base Expenditures	\$3,656,364	\$3,772,041	\$115,677	Figure Setting, Page 117-118 (Imputed)	Exhibit I
<i>Bottom Line Impacts</i>					
Estimated Contract Payment to PIHP for Cost Avoidance in FY 2005-06 and FY 2006-07	\$943,802	\$943,802	\$0	Figure Setting, Page 117-118 (Imputed)	Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$4,600,166	\$4,715,843	\$115,677	Figure Setting, Page 117-118	Exhibit I
Total Service Management	\$33,548,058	\$33,663,735	\$115,677		
Bottom Line Financing					
Upper Payment Limit Financing	\$13,531,089	\$13,690,099	\$159,010	JBC Staff Comeback Memo, March 13, 2008	Exhibit K
Denver Health Outstationing	\$623,073	\$2,920,302	\$2,297,229	Figure Setting, Page 118	Exhibit A
Total Bottom Line Financing	\$14,154,162	\$16,610,401	\$2,456,239		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2008-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Grand Total⁽²⁾	\$2,333,951,918	\$2,425,437,694			
Total Acute Care	\$1,359,212,400	\$1,453,999,248	\$94,786,848		
Total Community Based Long Term Care	\$249,024,941	\$259,515,815	\$10,490,874		
Total Class I Nursing Facilities	\$517,373,050	\$505,162,843	(\$12,210,207)		
Total Class II Nursing Facilities	\$2,448,774	\$2,261,792	(\$186,982)		
Total PACE	\$62,698,561	\$57,988,173	(\$4,710,388)		
Total SMIB	\$94,501,821	\$95,231,648	\$729,827		
Total Health Insurance Buy-In Program	\$990,151	\$1,004,039	\$13,888		
Total Single Entry Point	\$23,939,186	\$23,939,186	\$0		
Total Disease Management	\$5,008,706	\$5,008,706	\$0		
Total Prepaid Inpatient Health Plan Administration	\$4,600,166	\$4,715,843	\$115,677		
Total Bottom Line Financing	\$14,154,162	\$16,610,401	\$2,456,239		
Rounding Adjustment	\$1	\$0	(\$1)		
Grand Total⁽²⁾	\$2,333,951,919	\$2,425,437,694	\$91,485,775		

Footnotes
(1) The Department's Figure Setting Document (March 11, 2008) was not the final action. To the extent that the actual figures from the Long Bill are reflected in Figure Setting, they have been noted. Where figures have differed, or calculations were not presented in the Figure Setting Document, the Department has confirmed the totals with Joint Budget Committee staff.
(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.

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2009-10**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Caseload		435,038			
Acute Care					
Base Acute Care Per Capita Cost		\$3,523.51			Exhibit F
Base Acute Cost		\$1,532,862,480			Exhibit F
<i>Bottom Line Impacts</i>					
HB 08-1375 Provider Rate Increases (Medical Home Annualization)		\$2,108,920			Exhibit F
HB 08-1375 Preferred Drug List (BA-3)		(\$644,362)			Exhibit F
HB 08-1375 Regional Center Conversion (BA-7)		(\$239,011)			Exhibit F
HB 08-1375 Cost Avoidances (BA-9)		(\$2,475,000)			Exhibit F
HB 08-1375 Pharmacy Pricing (BA-12)		(\$858,583)			Exhibit F
HB 08-1409 Medicaid Payment Recovery		(\$100,000)			Exhibit F
SB 08-090 Mail Order Rx Under Medicaid		(\$199,480)			Exhibit F
SB 08-230 Hospitals to Levy Sales Tax		(\$5,803)			Exhibit F
Estimated Impact of Increased PACE Enrollment		(\$800,284)			Exhibit F
Drug Rebates for Physician and Hospital-Administered Drugs		(\$2,092,551)			Exhibit F
Total Acute Care		\$1,527,556,326			
Community Based Long Term Care					
Base CBLTC Per Capita Cost		\$622.40			Exhibit G
Base CBLTC Cost		\$270,769,110			Exhibit G
<i>Bottom Line Impacts</i>					
Estimated Impact of Increased PACE Enrollment		(\$1,165,115)			Exhibit G
Total Community Based Long Term Care		\$269,603,995			
Long Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost		\$515,020,759			Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Backup Program		\$5,759,078			Exhibit H
Estate and Income Trust Recoveries		(\$7,054,668)			Exhibit H
Recoveries from Department Overpayment Reviews		(\$1,540,000)			Exhibit H
HB 08-1114 Reimbursement of Nursing Facilities Under Medicaid		\$15,397,478			Exhibit H
Total Class I Nursing Facilities		\$527,582,647			
<i>Class II Nursing Facilities</i>		\$2,288,255			Exhibit H

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2009-10**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Program of All Inclusive Care for the Elderly (PACE)					
FY 2009-10 Estimated Monthly Enrollment		1,629			Exhibit H
Estimated FY 2009-10 Base Cost Per Enrollee		\$45,387.18			Exhibit H
Base PACE Cost		\$73,935,710			Exhibit H
<i>Bottom Line Impacts</i>					
HB 08-1114: Reimbursement of Nursing Facilities Under Medicaid		\$893,455			Exhibit H
Total PACE		\$74,829,165			
Supplemental Medicare Insurance Benefit (SMIB)					
Base SMIB Per Capita		\$232.39			Exhibit H
Total Supplemental Medicare Insurance Benefit		\$101,096,454			
Health Insurance Buy-In Program (HIBI)					
Base HIBI Per Capita		\$2.43			Exhibit H
Total Health Insurance Buy-In Program		\$1,059,060			
Total Long Term Care and Insurance		\$706,855,581			
Service Management					
Single Entry Points (SEP)					
FY 2009-10 Base Contracts		\$25,261,139			Exhibit I
Total Single Entry Points		\$25,261,139			
Disease Management					
Base Disease Management		\$1,008,706			Exhibit I
Estimated FY 2009-10 Tobacco-Tax Expenditures		\$4,000,000			Exhibit I
Total Disease Management		\$5,008,706			
Prepaid Inpatient Health Plan Administration					
Estimated FY 2008-09 Base Expenditures		\$3,932,293			Exhibit I
<i>Bottom Line Impacts</i>					
Estimated Contract Payment to PIHP for Cost Avoidance in FY 2005-06 and FY 2006-07		\$956,687			Exhibit I
Total Prepaid Inpatient Health Plan Administration		\$4,888,980			
Total Service Management		\$35,158,825			

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2009-10**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Bottom Line Financing					
Upper Payment Limit Financing		\$14,308,891			Exhibit K
Denver Health Outstationing		\$2,920,302			Exhibit A
Total Bottom Line Financing		\$17,229,193			
Grand Total⁽²⁾		\$2,556,403,920			
Total Acute Care		\$1,527,556,326			
Total Community Based Long Term Care		\$269,603,995			
Total Class I Nursing Facilities		\$527,582,647			
Total Class II Nursing Facilities		\$2,288,255			
Total PACE		\$74,829,165			
Total SMIB		\$101,096,454			
Total Health Insurance Buy-In Program		\$1,059,060			
Total Single Entry Point		\$25,261,139			
Total Disease Management		\$5,008,706			
Total Prepaid Inpatient Health Plan Administration		\$4,888,980			
Total Bottom Line Financing		\$17,229,193			
Rounding Adjustment		\$0			
Grand Total⁽²⁾		\$2,556,403,920			
Footnotes					
(1) The Department has not received an FY 2009-10 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.					