

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12				Supplemental FY 2010-11			Budget Amendment FY 2011-12		
Request Title:		Request for Medical Services Premiums				Dept. Approval by: John Bartholomew			Date: November 1, 2010		
Department:		Health Care Policy and Financing				OSPb Approval:			Date: 10-28-10		
Priority Number:		DI-1, S-1									
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	2,877,822,564	3,106,858,127	189,495,298	3,296,353,425	3,101,279,542	448,586,719	3,549,866,261	0	3,549,866,261	448,586,719
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	762,936,068	700,606,422	(16,769,210)	683,837,212	1,079,820,226	12,011,909	1,091,832,135	0	1,091,832,135	37,011,909
	GFE	0	161,444,485	0	161,444,485	161,444,485	0	161,444,485	0	161,444,485	0
	CF	343,695,933	339,633,220	96,242,004	435,875,224	307,745,803	215,631,736	523,377,539	0	523,377,539	190,631,736
	CFE/RF	3,917,255	7,595,243	178,087	7,773,330	3,334,253	301,747	3,636,000	0	3,636,000	301,747
	FF	1,767,273,308	1,897,578,757	109,844,417	2,007,423,174	1,548,934,775	220,641,327	1,769,576,102	0	1,769,576,102	220,641,327
(2) Medical Services Premiums	Total	2,877,822,564	3,106,858,127	189,495,298	3,296,353,425	3,101,279,542	448,586,719	3,549,866,261	0	3,549,866,261	448,586,719
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	762,936,068	700,606,422	(16,769,210)	683,837,212	1,079,820,226	12,011,909	1,091,832,135	0	1,091,832,135	37,011,909
	GFE	0	161,444,485	0	161,444,485	161,444,485	0	161,444,485	0	161,444,485	0
	CF	343,695,933	339,633,220	96,242,004	435,875,224	307,745,803	215,631,736	523,377,539	0	523,377,539	190,631,736
	CFE/RF	3,917,255	7,595,243	178,087	7,773,330	3,334,253	301,747	3,636,000	0	3,636,000	301,747
	FF	1,767,273,308	1,897,578,757	109,844,417	2,007,423,174	1,548,934,775	220,641,327	1,769,576,102	0	1,769,576,102	220,641,327
Non-Line Item Request:	The Department requests changes to the appropriations clauses of HB 10-1005 and SB 10-169. The Department's specific requests are shown in Exhibit D.										
Letternote Revised Text:	<p>FY 2010-11 (b) Of this amount, \$439,893,393 \$226,590,518(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25 5-4-402.3 (4), C.R.S., \$69,942,964 \$76,035,348(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., \$24,012,044 \$22,848,873(H) shall be from the Medicaid Nursing Facility Cash Fund created in Section 25 5-6-203 (2) (a), C.R.S., \$13,348,299 \$11,963,425 represents public funds certified as expenditures incurred by public hospitals and agencies that are eligible for federal financial participation under the Medicaid program, \$2,543,207 \$2,595,003(H) shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25 5-5-308 (8) (a) (I), C.R.S., \$645,147 \$676,382(H) shall be from the Colorado Autism Treatment Fund created in Section 25 5-6-805 (1), C.R.S., and \$237,500 \$111,684(H) shall be from the Coordinated Care for People with Disabilities Fund created in Section 25 5-6-111 (4), C.R.S.</p> <p>FY 2011-12 (b) Of this amount, \$439,893,393 \$372,688,445(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25 5-4-402.3 (4), C.R.S., \$69,942,964 \$102,899,757(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., \$24,012,044 \$27,439,629(H) shall be from the Medicaid Nursing Facility Cash Fund created in Section 25 5-6-203 (2) (a), C.R.S., \$13,348,299 \$6,842,200 represents public funds certified as expenditures incurred by public hospitals and agencies that are eligible for federal financial participation under the Medicaid program, \$2,543,207 \$2,942,147(H) shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25 5-5-308 (8) (a) (I), C.R.S., \$645,147 \$878,625(H) shall be from the Colorado Autism Treatment Fund created in Section 25 5-6-805 (1), C.R.S., and \$237,500 \$202,500(H) shall be from the Coordinated Care for People with Disabilities Fund created in Section 25 5-6-111 (4), C.R.S. \$156,288 shall be from the Home Health Telemedicine Cash Fund created in Section 25 5-6-321(a)(2), C.R.S. \$6,327,948 shall be from the Medicaid Buy-In Fund created in Section 25 5-6-1404(3)(b), C.R.S., and \$3,000,000 shall be from the Supplemental Old Age Pension Health and Medical Care Fund pursuant to 25 5-2-101(3)(b)(IV), C.R.S.</p>										

Schedule 13												
Change Request for FY 2011-12 Budget Request Cycle												
Decision Item FY 2011-12 <input checked="" type="checkbox"/>			Base Reduction Item FY 2011-12 <input type="checkbox"/>			Supplemental FY 2010-11 <input checked="" type="checkbox"/>			Budget Amendment FY 2011-12 <input type="checkbox"/>			
Request Title:		Request for Medical Services Premiums										
Department:		Health Care Policy and Financing				Dept. Approval by:		John Bartholomew		Date:		November 1, 2010
Priority Number:		DI-1, S-1				OSPB Approval:				Date:		
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13	
Cash or Federal Fund Name and COFRS Fund Number:			CF: Hospital Provider Fee Cash Fund 24A; Medicaid Buy-In Fund; Health Care Expansion Fund 18K; Breast and Cervical Cancer Prevention and Treatment Fund 15D; Colorado Autism Treatment Fund 18A; Coordinated Care for People with Disabilities Fund 19Z; Nursing Facility Cash Fund 22X; Home Health Telemedicine Fund; Tobacco Education Program Fund 18M; Health Disparities Grant Program Fund 19F; Supplemental Old Age Pension Health and Medical Care Fund 15K; Prevention, Early Detection, and Treatment Fund 18N; Primary Care Fund 18L; FF: Title XIX									
Reappropriated Funds Source, by Department and Line Item Name:			Reappropriated Funds - Transfers from the Department of Public Health and Environment: (1) Administration and Support; (B) Special Health Programs, (1) Health Disparities Program (9) Prevention Services Division; (A) Prevention Programs, (1) Programs and Administration (9) Prevention Services Division; (B) Women's Health - Family Planning (9) Prevention Services Division; (A) Prevention Programs, (3) Chronic Disease and Cancer Prevention Grants Program									
Approval by OIT? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			N/A: <input checked="" type="checkbox"/>									
Schedule 13s from Affected Departments:			None.									

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Exhibit A - Summary of Request

Calculation of Request Including August Budget Balancing Requests

FY 2010-11						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Appropriation						
FY 2010-11 Long Bill Appropriation (HB 10-1376)	\$3,158,315,617	\$814,622,298	\$161,444,485	\$250,622,514	\$3,122,188	\$1,928,504,132
HB 10-1005 "Home Health Care"	\$123,270	\$0	\$0	\$47,348	\$0	\$75,922
HB 10-1033 "Screening Brief Intervention Referral"	\$870,155	\$334,227	\$0	\$0	\$0	\$535,928
HB 10-1146 "State-funded Public Assistance Programs"	(\$704,421)	(\$869,842)	\$0	\$0	\$0	\$165,421
HB 10-1378 "Transfers for Health Care Services"	\$0	(\$12,800,000)	\$0	\$12,800,000	\$0	\$0
HB 10-1379 "2010 Nursing Facility Rate Reductions"	(\$6,234,689)	(\$8,211,333)	\$0	\$5,806,343	\$0	(\$3,829,699)
HB 10-1380 "Use Supplemental OAP Health Fund for Medicaid"	\$0	(\$4,850,000)	\$0	\$4,850,000	\$0	\$0
HB 10-1381 "Tobacco Revenues Offset Medical Services"	\$0	(\$25,691,418)	\$0	\$21,200,983	\$4,490,435	\$0
HB 10-1382 "Repeal Delay of Public Medical Assistance Program Payments"	(\$43,121,235)	(\$14,679,904)	\$0	(\$2,023,356)	(\$17,380)	(\$26,400,595)
SB 10-167 "Medicaid Efficiency & False Claims"	(\$2,390,570)	(\$918,218)	\$0	\$0	\$0	(\$1,472,352)
SB 10-169 "Provider Fee Enhanced Match"	\$0	(\$46,329,388)	\$0	\$46,329,388	\$0	\$0
FY 2010-11 Total Spending Authority	\$3,106,858,127	\$700,606,422	\$161,444,485	\$339,633,220	\$7,595,243	\$1,897,578,757
ES-1 "Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage"	\$0	\$53,195,115	\$0	\$2,153,476	(\$839)	(\$55,347,752)
FY 2010-11 Total Spending Authority Including Early Supplementals	\$3,106,858,127	\$753,801,537	\$161,444,485	\$341,786,696	\$7,594,404	\$1,842,231,005
Total Projected FY 2010-11 Expenditures	\$3,296,353,425	\$737,032,327	\$161,444,485	\$438,028,700	\$7,772,491	\$1,952,075,422
FY 2010-11 Request	\$189,495,298	(\$16,769,210)	\$0	\$96,242,004	\$178,087	\$109,844,417
Percent Change	6.10%	5.20%	0.00%	28.97%	2.33%	2.87%

The FY 2010-11 "Total Projected FY 2010-11 Expenditures" will not match Column 4 (Total Revised Request FY 2010-11) on the Schedule 13 due to the inclusion of the Department's August 23, 2010 budget balancing request ES-1 - "Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage". See page EA-3 "Calculation of Request (excluding ES-1)" for calculations excluding the impact of ES-1.

Calculation of Request

FY 2011-12						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Appropriation Plus Special Bills						
	\$3,106,858,127	\$700,606,422	\$161,444,485	\$339,633,220	\$7,595,243	\$1,897,578,757
Bill Annualizations						
HB 10-1376 Long Bill Appropriation	(\$11,767,923)	\$280,617,376	\$0	\$60,012,189	\$229,445	(\$352,626,933)
HB 09-1293 Annualization "Health Care Affordability Act of 2009"	\$0	\$0	\$0	\$0	\$0	\$0
HB 10-1005 Annualization "Home Health Care"	\$189,306	\$0	\$0	\$108,940	\$0	\$80,366
HB 10-1033 Annualization "Screening Brief Intervention Referral"	\$360,130	\$280,916	\$0	\$0	\$0	\$79,214
HB 10-1146 Annualization "State-funded Public Assistance Programs"	\$314,470	\$143,237	\$0	\$0	\$0	\$171,233
HB 10-1324 Annualization "Medicaid Nursing Facility Per Diem Rates"	\$0	\$4,021,832	\$0	(\$4,021,832)	\$0	\$0
HB 10-1378 Annualization "Transfers for Health Care Services"	\$0	\$12,800,000	\$0	(\$12,800,000)	\$0	\$0
HB 10-1379 Annualization "2010 Nursing Facility Rate Reductions"	\$6,234,689	\$8,211,333	\$0	(\$5,806,343)	\$0	\$3,829,699
HB 10-1380 Annualization "Use Supplemental OAP Health Fund for Medicaid"	\$0	\$1,850,000	\$0	(\$1,850,000)	\$0	\$0
HB 10-1381 Annualization "Tobacco Revenues Offset Medical Services"	\$0	\$25,691,418	\$0	(\$21,200,983)	(\$4,490,435)	\$0
SB 10-167 Annualization "Medicaid Efficiency & False Claims"	(\$909,257)	(\$731,696)	\$0	\$0	\$0	(\$177,561)
SB 10-169 Annualization "Provider Fee Enhanced Match"	\$0	\$46,329,388	\$0	(\$46,329,388)	\$0	\$0
Total Annualizations	(\$5,578,585)	\$379,213,804	\$0	(\$31,887,417)	(\$4,260,990)	(\$348,643,982)
FY 2011-12 Base Amount	\$3,101,279,542	\$1,079,820,226	\$161,444,485	\$307,745,803	\$3,334,253	\$1,548,934,775
Total Projected FY 2011-12 Expenditure	\$3,549,866,261	\$1,091,832,135	\$161,444,485	\$523,377,539	\$3,636,000	\$1,769,576,102
FY 2011-12 Request	\$448,586,719	\$12,011,909	\$0	\$215,631,736	\$301,747	\$220,641,327
Percent Change from FY 2011-12 Base	14.46%	1.11%	0.00%	70.07%	9.05%	14.24%
Percent Change from FY 2010-11 Estimate	7.69%	48.14%	0.00%	19.48%	-53.22%	-9.35%

Exhibit A - Summary of Request

**Calculation of Request
Without Budget Balancing Requests**

FY 2010-11

Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Appropriation						
FY 2010-11 Long Bill Appropriation (HB 10-1376)	\$3,158,315,617	\$814,622,298	\$161,444,485	\$250,622,514	\$3,122,188	\$1,928,504,132
HB 10-1005 "Home Health Care"	\$123,270	\$0	\$0	\$47,348	\$0	\$75,922
HB 10-1033 "Screening Brief Intervention Referral"	\$870,155	\$334,227	\$0	\$0	\$0	\$535,928
HB 10-1146 "State-funded Public Assistance Programs"	(\$704,421)	(\$869,842)	\$0	\$0	\$0	\$165,421
HB 10-1378 "Transfers for Health Care Services"	\$0	(\$12,800,000)	\$0	\$12,800,000	\$0	\$0
HB 10-1379 "2010 Nursing Facility Rate Reductions"	(\$6,234,689)	(\$8,211,333)	\$0	\$5,806,343	\$0	(\$3,829,699)
HB 10-1380 "Use Supplemental OAP Health Fund for Medicaid"	\$0	(\$4,850,000)	\$0	\$4,850,000	\$0	\$0
HB 10-1381 "Tobacco Revenues Offset Medical Services"	\$0	(\$25,691,418)	\$0	\$21,200,983	\$4,490,435	\$0
HB 10-1382 "Repeal Delay of Public Medical Assistance Program Payments"	(\$43,121,235)	(\$14,679,904)	\$0	(\$2,023,356)	(\$17,380)	(\$26,400,595)
SB 10-167 "Medicaid Efficiency & False Claims"	(\$2,390,570)	(\$918,218)	\$0	\$0	\$0	(\$1,472,352)
SB 10-169 "Provider Fee Enhanced Match"	\$0	(\$46,329,388)	\$0	\$46,329,388	\$0	\$0
FY 2010-11 Total Spending Authority	\$3,106,858,127	\$700,606,422	\$161,444,485	\$339,633,220	\$7,595,243	\$1,897,578,757
FY 2010-11 Request	\$189,495,298	(\$16,769,210)	\$0	\$96,242,004	\$178,087	\$109,844,417
Total Revised Request (Column 4)	\$3,296,353,425	\$683,837,212	\$161,444,485	\$435,875,224	\$7,773,330	\$2,007,423,174
Percent Change	6.10%	-2.39%	0.00%	28.34%	2.34%	5.79%

Note: The purpose of this page is only to match the fund splits in Schedule 13, Column 4. This table excludes the Department's August 23, 2010 budget balancing request ES-1 - "Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage".

Exhibit A - Summary of Request

Calculation of Request						
Adjusted for Change to Federal Medical Assistance Percentage and FY 2009-10 Payment Delay						
FY 2010-11						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Appropriation						
FY 2010-11 Long Bill Appropriation (HB 10-1376)	\$3,158,315,617	\$814,622,298	\$161,444,485	\$250,622,514	\$3,122,188	\$1,928,504,132
HB 10-1005 "Home Health Care"	\$123,270	\$0	\$0	\$47,348	\$0	\$75,922
HB 10-1033 "Screening Brief Intervention Referral"	\$870,155	\$334,227	\$0	\$0	\$0	\$535,928
HB 10-1146 "State-funded Public Assistance Programs"	(\$704,421)	(\$869,842)	\$0	\$0	\$0	\$165,421
HB 10-1378 "Transfers for Health Care Services"	\$0	(\$12,800,000)	\$0	\$12,800,000	\$0	\$0
HB 10-1379 "2010 Nursing Facility Rate Reductions"	(\$6,234,689)	(\$8,211,333)	\$0	\$5,806,343	\$0	(\$3,829,699)
HB 10-1380 "Use Supplemental OAP Health Fund for Medicaid"	\$0	(\$4,850,000)	\$0	\$4,850,000	\$0	\$0
HB 10-1381 "Tobacco Revenues Offset Medical Services"	\$0	(\$25,691,418)	\$0	\$21,200,983	\$4,490,435	\$0
HB 10-1382 "Repeal Delay of Public Medical Assistance Program Payments"	(\$43,121,235)	(\$14,679,904)	\$0	(\$2,023,356)	(\$17,380)	(\$26,400,595)
SB 10-167 "Medicaid Efficiency & False Claims"	(\$2,390,570)	(\$918,218)	\$0	\$0	\$0	(\$1,472,352)
SB 10-169 "Provider Fee Enhanced Match"	\$0	(\$46,329,388)	\$0	\$46,329,388	\$0	\$0
FY 2010-11 Total Spending Authority	\$3,106,858,127	\$700,606,422	\$161,444,485	\$339,633,220	\$7,595,243	\$1,897,578,757
ES-1 "Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage"	\$0	\$53,195,115	\$0	\$2,153,476	(\$839)	(\$55,347,752)
ES-2 "Fee-for-Service Delay in FY 2010-11" (FY 2009-10 Payback Only) ¹	\$70,232,486	\$25,197,176	\$0	\$1,839,587	\$0	\$43,195,723
S-1 "Request for Medical Services Premiums"	\$189,495,298	(\$16,769,210)	\$0	\$96,242,004	\$178,087	\$109,844,417
FY 2010-11 Estimated Total Expenditures	\$3,366,585,911	\$762,229,503	\$161,444,485	\$439,868,287	\$7,772,491	\$1,995,271,145
Total FY 2010-11 Requests For Reference Only	\$259,727,784	\$61,623,081	\$0	\$100,235,067	\$177,248	\$97,692,388
Percent Change	8.36%	8.80%	0.00%	29.51%	2.33%	5.15%
<p>This table shows the Department's total request for FY 2010-11 incorporating policy changes which have been implemented before November 1, 2010, specifically the payback of the FY 2009-10 payment delay and the changes in FMAP, but not the continuation of the payment delay in FY 2010-11 or the managed care delay submitted in October. The FY 2010-11 Request shown on this page does not match Column 4 of the Schedule 13, and is not the Department's incremental request for S-1. The Department has officially requested a reduction due to the change in the FMAP rates in ES-1, "Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage", and requested repayment of the payment delay in ES-2, "Fee-for-Service Delay in FY 2010-11". This table reflects the Department's total need for Medical Services Premiums in FY 2010-11 prior to any new budget balancing actions.</p>						
<p>¹ These amounts reflect the total of the FY 2009-10 payment delay for Medical Services Premiums only. Totals will not match the totals in the Department's budget balancing requests, including ES-2 and BRI-2, as these requests impact multiple lines in addition to Medical Services Premiums</p>						

Exhibit A - Summary of Request

Calculation of Fund Splits							
FY 2010-11							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Acute Care Services							
Base Acute	\$1,536,666,051	\$619,122,752	\$0	\$0	\$917,543,299	59.71%	
Breast and Cervical Cancer Program	\$10,417,587	\$0	\$2,554,450	\$1,091,706	\$6,771,431	65.00%	State fund sources vary; see page Exhibit F
Prenatal Costs for Optional Legal Immigrants	\$7,480,070	\$3,740,035	\$0	\$0	\$3,740,035	50.00%	Now fully Medicaid eligible; see Exhibit F
Family Planning	\$14,952,204	\$1,304,870	\$0	\$190,350	\$13,456,984	90.00%	RF: Transfer from DPHE
Home Health Telemedicine Services	\$123,270	\$0	\$49,665	\$0	\$73,605	59.71%	CF: Home Health Telemedicine Cash Fund
Indian Health Service	\$1,758,510	\$0	\$0	\$0	\$1,758,510	100.00%	
Health Care Expansion Fund Split Adjustment	\$59,915,471	\$0	\$24,139,943	\$0	\$35,775,528	59.71%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$73,427,651	\$0	\$36,713,826	\$0	\$36,713,825	50.00%	CF: Hospital Provider Fee Cash Fund
Acute Care Services Sub-Total	\$1,704,740,814	\$624,167,657	\$63,457,884	\$1,282,056	\$1,015,833,217		
Community Based Long Term Care Services							
Base Community Based Long Term Care	\$322,691,420	\$130,012,373	\$0	\$0	\$192,679,047	59.71%	
Children with Autism Waiver Services	\$1,757,250	\$0	\$707,996	\$0	\$1,049,254	59.71%	CF: Colorado Autism Treatment Fund
Health Care Expansion Fund Split Adjustment	\$31,818	\$0	\$12,819	\$0	\$18,999	59.71%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$44,177	\$0	\$22,089	\$0	\$22,088	59.71%	CF: Hospital Provider Fee Cash Fund
Community Based Long Term Care Sub-Total	\$324,524,665	\$130,012,373	\$742,904	\$0	\$193,769,388		
Long Term Care and Insurance							
Base Long Term Care	\$558,454,592	\$225,001,355	\$0	\$0	\$333,453,237	59.71%	
Nursing Facility General Fund Cap	\$48,220,038	\$0	\$19,427,853	\$0	\$28,792,185	59.71%	CF: Medicaid Nursing Facility Cash Fund
Nursing Facility Supplemental Payments	\$25,822,635	\$0	\$10,403,940	\$0	\$15,418,695	59.71%	CF: Medicaid Nursing Facility Cash Fund
Supplemental Medicare Insurance Benefit (SMIB)	\$119,422,881	\$62,376,959	\$0	\$0	\$57,045,922	59.71%*	Approximately 80% of total is matched at 59.71% FMAP
Long Term Care and Insurance Sub-Total	\$751,920,146	\$287,378,314	\$29,831,793	\$0	\$434,710,039		
Service Management							
Base Service Management	\$33,054,444	\$16,527,222	\$0	\$0	\$16,527,222	50.00%	
Tobacco Tax Funded Disease Management	\$0	\$0	\$0	\$0	\$0	50.00%	RF: Transfer from DPHE
Coordinated Care for People with Disabilities Program	\$277,200	\$0	\$111,684	\$0	\$165,516	59.71%	CF: Coordinated Care for People with Disabilities Fund
Health Care Expansion Fund Split Adjustment	\$95,848	\$0	\$47,924	\$0	\$47,924	50.00%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$133,078	\$0	\$66,539	\$0	\$66,539	50.00%	CF: Hospital Provider Fee Cash Fund
Service Management Sub-Total	\$33,560,570	\$16,527,222	\$226,147	\$0	\$16,807,201		
Health Care Expansion Fund Allocations Split Adjustment	\$0	(\$53,152,275)	\$53,152,275	\$0	\$0		See Exhibit J
FY 2010-11 Estimate of Total Expenditures for Medical Services to Clients	\$2,814,746,195	\$1,004,933,291	\$147,411,003	\$1,282,056	\$1,661,119,845		
Financing							
Upper Payment Limit Financing	\$8,345,715	(\$12,368,394)	\$8,345,715	\$0	\$12,368,394	59.71%	CF: Certification of Public Expenditure
Denver Health Outstationing	\$3,520,253	\$0	\$1,418,310	\$0	\$2,101,943	59.71%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$455,282,340	\$0	\$187,430,522	\$0	\$267,851,818	59.71%	CF: Hospital Provider Fee Cash Fund
Physician Supplemental Payments	\$5,458,922	\$0	\$2,199,400	\$0	\$3,259,522	59.71%	CF: Certification of Public Expenditure
Medical Services Premiums Contingent Liabilities	\$9,000,000	\$3,626,100	\$0	\$0	\$5,373,900	59.71%	
Cash Funds Financing ¹	\$0	(\$97,714,185)	\$91,223,750	\$6,490,435	\$0	59.71%	CF: Various, see narrative
Total Projected FY 2010-11 Expenditures^{2,3}	\$3,296,353,425	\$898,476,812	\$438,028,700	\$7,772,491	\$1,952,075,422		

Definitions:

FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment

(1) This line adjusts for transfers from cash funds to General Fund as provided for by the special bills listed on page EA-1.

(2) Of the General Fund total, \$161,444,485 is General Fund Exempt.

(3) For FY 2010-11, the total projected expenditure is not the Total Revised Request on the Schedule 13, due to the presence of budget balancing requests submitted in August 2010. The total revised request is calculated on page EA-2

Exhibit A - Summary of Request

Calculation of Fund Splits							
FY 2011-12							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Acute Care Services							
Base Acute	\$1,614,191,832	\$807,095,916	\$0	\$0	\$807,095,916	50.00%	
Breast and Cervical Cancer Program	\$11,878,533	\$0	\$2,942,147	\$1,215,340	\$7,721,046	65.00%	State fund sources vary; see page Exhibit F
Prenatal Costs for Optional Legal Immigrants	\$8,061,271	\$4,030,635	\$0	\$0	\$4,030,636	50.00%	Now fully Medicaid eligible; see Exhibit F
Family Planning	\$17,763,376	\$1,355,678	\$0	\$420,660	\$15,987,038	90.00%	RF: Transfer from DPHE
Home Health Telemedicine Services	\$312,576	\$0	\$156,288	\$0	\$156,288	50.00%	CF: Home Health Telemedicine Cash Fund
Indian Health Service	\$2,101,176	\$0	\$0	\$0	\$2,101,176	100.00%	
Health Care Expansion Fund Split Adjustment	\$65,735,249	\$0	\$32,867,625	\$0	\$32,867,624	50.00%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$149,236,610	\$0	\$76,779,951	\$0	\$72,456,659	50.00%	CF: Hospital Provider Fee Cash Fund and Medicaid Buy-In Fund
Acute Care Services Sub-Total	\$1,869,280,623	\$812,482,229	\$112,746,011	\$1,636,000	\$942,416,383		
Community Based Long Term Care Services							
Base Community Based Long Term Care	\$344,990,499	\$172,495,249	\$0	\$0	\$172,495,250	50.00%	
Children with Autism Waiver Services	\$1,757,250	\$0	\$878,625	\$0	\$878,625	50.00%	CF: Colorado Autism Treatment Fund
Health Care Expansion Fund Split Adjustment	\$35,685	\$0	\$17,843	\$0	\$17,842	50.00%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$8,815,888	\$0	\$5,037,371	\$0	\$3,778,517	50.00%	CF: Hospital Provider Fee Cash Fund and Medicaid Buy-In Fund
Community Based Long Term Care Sub-Total	\$355,599,322	\$172,495,249	\$5,933,839	\$0	\$177,170,234		
Long Term Care and Insurance							
Base Long Term Care	\$586,208,780	\$293,104,390	\$0	\$0	\$293,104,390	50.00%	
Nursing Facility General Fund Cap	\$32,923,098	\$0	\$16,461,549	\$0	\$16,461,549	50.00%	CF: Medicaid Nursing Facility Cash Fund
Nursing Facility Supplemental Payments	\$21,956,160	\$0	\$10,978,080	\$0	\$10,978,080	50.00%	CF: Medicaid Nursing Facility Cash Fund
Supplemental Medicare Insurance Benefit (SMIB)	\$133,070,746	\$79,842,448	\$0	\$0	\$53,228,298	50.00%*	Approximately 80% of total is matched at 50% FMAP
Hospital Provider Fee Fund Split Adjustment	\$4,113,805	\$0	\$2,367,385	\$0	\$1,746,420	50.00%	CF: Hospital Provider Fee Cash Fund and Medicaid Buy-In Fund
Long Term Care and Insurance Sub-Total	\$778,272,589	\$372,946,838	\$29,807,014	\$0	\$375,518,737		
Service Management							
Base Service Management	\$44,318,126	\$22,159,063	\$0	\$0	\$22,159,063	50.00%	
Tobacco Tax Funded Disease Management	\$500,000	\$0	\$0	\$250,000	\$250,000	50.00%	RF: Transfer from DPHE
Coordinated Care for People with Disabilities Program	\$405,000	\$0	\$202,500	\$0	\$202,500	50.00%	CF: Coordinated Care for People with Disabilities Fund
Health Care Expansion Fund Split Adjustment	\$620,284	\$0	\$310,142	\$0	\$310,142	50.00%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$2,256,189	\$0	\$1,190,516	\$0	\$1,065,673	50.00%	CF: Hospital Provider Fee Cash Fund and Medicaid Buy-In Fund
Service Management Sub-Total	\$48,099,599	\$22,159,063	\$1,703,158	\$250,000	\$23,987,378		
Health Care Expansion Fund Allocations Split Adjustment	\$0	(\$69,704,147)	\$69,704,147	\$0	\$0		See Exhibit J
FY 2011-12 Estimate of Total Expenditures for Medical Services to Clients	\$3,051,252,133	\$1,310,379,232	\$219,894,169	\$1,886,000	\$1,519,092,732		
Financing							
Upper Payment Limit Financing	\$2,352,613	(\$2,352,612)	\$2,352,613	\$0	\$2,352,612	50.00%	CF: Certification of Public Expenditure
Denver Health Outstationing	\$3,520,253	\$0	\$1,760,126	\$0	\$1,760,127	50.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$487,282,340	\$0	\$243,641,170	\$0	\$243,641,170	50.00%	CF: Hospital Provider Fee Cash Fund
Hospital Provider Fee Financing	\$0	(\$50,000,000)	\$50,000,000	\$0	\$0	0.00%	CF: Hospital Provider Fee Cash Fund
Physician Supplemental Payments	\$5,458,922	\$0	\$2,729,461	\$0	\$2,729,461	50.00%	CF: Certification of Public Expenditure
Cash Funds Financing ¹	\$0	(\$4,750,000)	\$3,000,000	\$1,750,000	\$0	50.00%	CF: Various, see narrative
Total Projected FY 2011-12 Expenditures²	\$3,549,866,261	\$1,253,276,620	\$523,377,539	\$3,636,000	\$1,769,576,102		
<i>Definitions:</i>							
<i>FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment</i>							
¹ This line adjusts for transfers from cash funds to General Fund as provided for by the special bills listed on page EA-1.							
² Of the General Fund total, \$161,444,485 is General Fund Exempt.							

Exhibit B - Medicaid Caseload Forecast

Final Request

Official Medicaid Caseload Actuals and Projection without Retroactivity from REX01/COLD (MARS) 474701 Report

Item	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
FY 1995-96 Actuals	31,321	4,261	44,736	36,690	-	-	113,439	8,376	7,223	4,100	3,937	254,083
FY 1996-97 Actuals	32,080	4,429	46,090	33,250	-	-	110,586	9,261	5,476	4,610	4,316	250,098
FY 1997-98 Actuals	32,664	4,496	46,003	27,179	-	-	103,912	10,453	4,295	5,032	4,560	238,594
Percent Change	4.29%	5.52%	2.83%	-25.92%	-	-	-8.40%	24.80%	-40.54%	22.73%	15.82%	-6.10%
FY 1998-99 Actuals	33,007	4,909	46,310	22,852	-	-	102,074	11,526	5,017	5,799	6,104	237,598
Percent Change	1.05%	9.19%	0.67%	-15.92%	-	-	-1.77%	10.26%	16.81%	15.24%	33.86%	-0.42%
FY 1999-00 Actuals	33,135	5,092	46,386	23,515	-	-	109,816	12,474	6,174	9,065	7,597	253,254
Percent Change	0.39%	3.73%	0.16%	2.90%	-	-	7.58%	8.22%	23.06%	56.32%	24.46%	6.59%
FY 2000-01 Actuals	33,649	5,157	46,046	27,081	-	-	123,221	13,076	6,561	12,451	8,157	275,399
Percent Change	1.55%	1.28%	-0.73%	15.16%	-	-	12.21%	4.83%	6.27%	37.35%	7.37%	8.74%
FY 2001-02 Actuals	33,916	5,184	46,349	33,347	-	-	143,909	13,121	7,131	4,028	8,428	295,413
Percent Change	0.79%	0.52%	0.66%	23.14%	-	-	16.79%	0.34%	8.69%	-67.65%	3.32%	7.27%
FY 2002-03 Actuals	34,704	5,431	46,647	40,798	-	47	169,311	13,967	7,823	4,084	8,988	331,800
Percent Change	2.32%	4.76%	0.64%	22.34%	-	-	17.65%	6.45%	9.70%	1.39%	6.64%	12.32%
FY 2003-04 Actuals	34,329	5,548	46,789	47,562	-	105	195,279	14,914	8,398	4,793	9,842	367,559
Percent Change	-1.08%	2.15%	0.30%	16.58%	-	123.40%	15.34%	6.78%	7.35%	17.36%	9.50%	10.78%
FY 2004-05 Actuals	35,780	6,082	47,929	57,140	-	87	222,472	15,795	5,984	5,150	9,605	406,024
Percent Change	4.23%	9.63%	2.44%	20.14%	-	-17.14%	13.93%	5.91%	-28.74%	7.45%	-2.41%	10.46%
FY 2005-06 Actuals	36,207	6,042	47,855	58,885	-	188	214,158	16,460	5,119	6,212	11,092	402,218
Percent Change	1.19%	-0.66%	-0.15%	3.05%	-	116.09%	-3.74%	4.21%	-14.46%	20.62%	15.48%	-0.94%
FY 2006-07 Actuals	35,888	6,059	48,799	50,687	5,162	228	205,390	16,724	5,182	5,201	12,908	392,228
Percent Change	-0.88%	0.28%	1.97%	-13.92%	-	21.28%	-4.09%	1.60%	1.23%	-16.27%	16.37%	-2.48%
FY 2007-08 Actuals	36,284	6,146	49,933	44,555	8,918	270	204,022	17,141	6,288	4,191	14,214	391,962
Percent Change	1.10%	1.44%	2.32%	-12.10%	72.76%	18.42%	-0.67%	2.49%	21.34%	-19.42%	10.12%	-0.07%
FY 2008-09 Actuals	37,619	6,447	51,355	49,147	12,727	317	235,129	18,033	6,976	3,987	15,075	436,812
Percent Change	3.68%	4.90%	2.85%	10.31%	42.71%	17.41%	15.25%	5.20%	10.94%	-4.87%	6.06%	11.44%
FY 2009-10 Actuals	38,487	7,049	53,264	57,661	20,416	425	275,672	18,381	7,830	3,693	15,919	498,797
Percent Change	2.31%	9.34%	3.72%	17.32%	60.41%	34.07%	17.24%	1.93%	12.24%	-7.37%	5.60%	14.19%
FY 2010-11 Projection	39,345	7,521	55,416	56,727	46,911	511	297,340	18,956	8,196	3,470	17,177	551,570
Percent Change	2.23%	6.70%	4.04%	-1.62%	129.78%	20.24%	7.86%	3.13%	4.67%	-6.04%	7.90%	10.58%
FY 2011-12 Projection	40,163	7,853	61,280	60,851	54,539	591	333,991	20,458	8,462	3,410	18,427	610,025
Percent Change	2.08%	4.41%	10.58%	7.27%	16.26%	15.66%	12.33%	7.92%	3.25%	-1.73%	7.28%	10.60%
FY 2012-13 Projection	41,119	8,177	66,930	62,871	57,023	677	384,288	23,127	8,631	3,338	19,757	675,938
Percent Change	2.38%	4.13%	9.22%	3.32%	4.55%	14.55%	15.06%	13.05%	2.00%	-2.11%	7.22%	10.80%
FY 2010-11 Appropriation	38,979	7,171	54,103	66,766	32,597	473	306,488	18,891	7,256	3,415	17,270	553,409
Difference between the Total FY 2010-11 Projection and Appropriation	366	350	1,313	(10,039)	14,314	38	(9,148)	65	940	55	(93)	(1,839)

Effective November 3, 2008, the Department has restated caseload for fiscal years FY 2002-03 through FY 2007-08. For complete information on the restatement, please see the Department's caseload narrative accompanying this Request.

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload Adjustments												
Item	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
HB 09-1293 (Health Care Affordability Act)	-	-	-	-	-	-	-	-	-	-	-	-
Prenatal State-Only Adjustment	-	-	-	-	-	-	-	-	636	-	-	636
Total FY 2010-11 Adjustments	-	-	-	-	-	-	-	-	636	-	-	636
HB 09-1293 (Health Care Affordability Act)	-	-	4,329	-	-	-	19,970	1,123	-	-	-	25,422
Prenatal State-Only Adjustment	-	-	-	-	-	-	-	-	657	-	-	657
Total FY 2011-12 Adjustments	-	-	4,329	-	-	-	19,970	1,123	657	-	-	26,079
HB 09-1293 (Health Care Affordability Act)	-	-	8,658	-	-	-	61,569	3,438	-	-	-	73,665
Prenatal State-Only Adjustment	-	-	-	-	-	-	-	-	670	-	-	670
Total FY 2012-13 Adjustments	-	-	8,658	-	-	-	61,569	3,438	670	-	-	74,335

Exhibit B - Medicaid Caseload Forecast

Prior to Adjustments - Not Official Department Request

Preliminary Medicaid Caseload without Retroactivity from REX01/COLD (MARS) 474701 Report

Prior to Adjustments for Reductions to Outreach Efforts (FY 2009-10 BA-21A)

Item	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
FY 1995-96 Actuals	31,321	4,261	44,736	36,690	-	-	113,439	8,376	7,223	4,100	3,937	254,083
FY 1996-97 Actuals	32,080	4,429	46,090	33,250	-	-	110,586	9,261	5,476	4,610	4,316	250,098
FY 1997-98 Actuals	32,664	4,496	46,003	27,179	-	-	103,912	10,453	4,295	5,032	4,560	238,594
Percent Change	4.29%	5.52%	2.83%	-25.92%	-	-	-8.40%	24.80%	-40.54%	22.73%	15.82%	-6.10%
FY 1998-99 Actuals	33,007	4,909	46,310	22,852	-	-	102,074	11,526	5,017	5,799	6,104	237,598
Percent Change	1.05%	9.19%	0.67%	-15.92%	-	-	-1.77%	10.26%	16.81%	15.24%	33.86%	-0.42%
FY 1999-00 Actuals	33,135	5,092	46,386	23,515	-	-	109,816	12,474	6,174	9,065	7,597	253,254
Percent Change	0.39%	3.73%	0.16%	2.90%	-	-	7.58%	8.22%	23.06%	56.32%	24.46%	6.59%
FY 2000-01 Actuals	33,649	5,157	46,046	27,081	-	-	123,221	13,076	6,561	12,451	8,157	275,399
Percent Change	1.55%	1.28%	-0.73%	15.16%	-	-	12.21%	4.83%	6.27%	37.35%	7.37%	8.74%
FY 2001-02 Actuals	33,916	5,184	46,349	33,347	-	-	143,909	13,121	7,131	4,028	8,428	295,413
Percent Change	0.79%	0.52%	0.66%	23.14%	-	-	16.79%	0.34%	8.69%	-67.65%	3.32%	7.27%
FY 2002-03 Actuals	34,704	5,431	46,647	40,798	-	47	169,311	13,967	7,823	4,084	8,988	331,800
Percent Change	2.32%	4.76%	0.64%	22.34%	-	-	17.65%	6.45%	9.70%	1.39%	6.64%	12.32%
FY 2003-04 Actuals	34,329	5,548	46,789	47,562	-	105	195,279	14,914	8,398	4,793	9,842	367,559
Percent Change	-1.08%	2.15%	0.30%	16.58%	-	123.40%	15.34%	6.78%	7.35%	17.36%	9.50%	10.78%
FY 2004-05 Actuals	35,780	6,082	47,929	57,140	-	87	222,472	15,795	5,984	5,150	9,605	406,024
Percent Change	4.23%	9.63%	2.44%	20.14%	-	-17.14%	13.93%	5.91%	-28.74%	7.45%	-2.41%	10.46%
FY 2005-06 Actuals	36,207	6,042	47,855	58,885	-	188	214,158	16,460	5,119	6,212	11,092	402,218
Percent Change	1.19%	-0.66%	-0.15%	3.05%	-	116.09%	-3.74%	4.21%	-14.46%	20.62%	15.48%	-0.94%
FY 2006-07 Actuals	35,888	6,059	48,799	50,687	5,162	228	205,390	16,724	5,182	5,201	12,908	392,228
Percent Change	-0.88%	0.28%	1.97%	-13.92%	-	21.28%	-4.09%	1.60%	1.23%	-16.27%	16.37%	-2.48%
FY 2007-08 Actuals	36,284	6,146	49,933	44,555	8,918	270	204,022	17,141	6,288	4,191	14,214	391,962
Percent Change	1.10%	1.44%	2.32%	-12.10%	72.76%	18.42%	-0.67%	2.49%	21.34%	-19.42%	10.12%	-0.07%
FY 2008-09 Actuals	37,619	6,447	51,355	49,147	12,727	317	235,129	18,033	6,976	3,987	15,075	436,812
Percent Change	3.68%	4.90%	2.85%	10.31%	42.71%	17.41%	15.25%	5.20%	10.94%	-4.87%	6.06%	11.44%
FY 2009-10 Actuals	38,487	7,049	53,264	57,661	20,416	425	275,672	18,381	7,830	3,693	15,919	498,797
Percent Change	2.31%	9.34%	3.72%	17.32%	60.41%	34.07%	17.24%	1.93%	12.24%	-7.37%	5.60%	14.19%
FY 2010-11 Projection	39,345	7,521	55,416	56,727	46,911	511	297,340	18,956	7,560	3,470	17,177	550,934
Percent Change	2.23%	6.70%	4.04%	-1.62%	129.78%	20.24%	7.86%	3.13%	-3.45%	-6.04%	7.90%	10.45%
FY 2011-12 Projection	40,163	7,853	56,951	60,851	54,539	591	314,021	19,335	7,805	3,410	18,427	583,946
Percent Change	2.08%	4.41%	2.77%	7.27%	16.26%	15.66%	5.61%	2.00%	3.24%	-1.73%	7.28%	5.99%
FY 2012-13 Projection	41,119	8,177	58,272	62,871	57,023	677	322,719	19,689	7,961	3,338	19,757	601,603
Percent Change	2.38%	4.13%	2.32%	3.32%	4.55%	14.55%	2.77%	1.83%	2.00%	-2.11%	7.22%	3.02%
FY 2009-10 Appropriation	38,979	7,171	54,103	66,766	32,597	473	306,488	18,891	7,256	3,415	17,270	553,409
Difference between the FY 2009-10 Base Estimate and the Appropriation	366	350	1,313	(10,039)	14,314	38	(9,148)	65	304	55	(93)	(2,475)

Medicaid Caseload forecast without adjustments.

Exhibit B - Medicaid Caseload Forecast

MEDICAID CASELOAD FY 2006-07 WITHOUT RETROACTIVITY

FY 2006-07	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	Monthly Growth	Monthly Growth Rate
July 2006	36,264	5,927	48,080	57,372	1,008	202	215,937	16,499	5,074	6,703	12,145	405,211	-	-
August 2006	36,356	5,989	48,443	56,033	2,051	211	216,226	16,574	4,852	6,364	12,316	405,415	204	0.05%
September 2006	36,113	6,032	48,576	54,433	3,051	220	214,255	16,524	4,761	6,011	12,443	402,419	(2,996)	-0.74%
October 2006	36,088	6,067	48,747	53,443	4,620	226	209,565	16,576	4,950	5,761	12,536	398,579	(3,840)	-0.95%
November 2006	35,939	6,113	48,736	50,988	5,325	232	205,572	16,554	5,002	5,226	12,693	392,380	(6,199)	-1.56%
December 2006	36,195	6,141	48,498	49,733	5,592	236	202,812	16,595	5,070	4,864	12,879	388,615	(3,765)	-0.96%
January 2007	35,947	6,102	48,829	49,624	6,124	231	202,963	16,683	5,181	4,798	12,905	389,387	772	0.20%
February 2007	35,929	6,116	48,948	48,952	6,395	228	202,656	16,761	5,353	4,690	13,060	389,088	(299)	-0.08%
March 2007	35,664	6,064	49,044	48,235	6,607	228	201,549	16,849	5,422	4,514	13,213	387,389	(1,699)	-0.44%
April 2007	35,526	6,083	48,903	47,717	7,030	241	200,833	16,962	5,526	4,547	13,547	386,915	(474)	-0.12%
May 2007	35,186	6,028	49,337	46,245	7,042	236	196,757	17,007	5,437	4,501	13,493	381,269	(5,646)	-1.46%
June 2007	35,448	6,048	49,449	45,470	7,104	246	195,549	17,100	5,561	4,437	13,669	380,081	(1,188)	-0.31%
Year-to-Date Average	35,888	6,059	48,799	50,687	5,162	228	205,390	16,724	5,182	5,201	12,908	392,228		

MEDICAID CASELOAD FY 2007-08 WITHOUT RETROACTIVITY

FY 2007-08	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	Monthly Growth	Monthly Growth Rate
July 2007	35,532	6,073	49,590	45,453	7,273	255	197,420	17,003	5,551	4,475	13,821	382,446	2,365	0.62%
August 2007	35,624	6,091	49,768	45,363	7,187	260	198,001	16,915	5,691	4,330	13,988	383,218	772	0.20%
September 2007	35,916	6,124	49,743	44,739	7,160	267	197,134	16,877	5,448	4,148	14,064	381,620	(1,598)	-0.42%
October 2007	36,104	6,141	49,853	46,590	7,110	273	201,710	16,968	5,479	4,136	14,105	388,469	6,849	1.79%
November 2007	36,059	6,127	49,889	45,100	8,364	261	201,378	16,995	5,759	4,069	14,144	388,145	(324)	-0.08%
December 2007	36,126	6,150	49,741	43,665	8,783	268	200,121	17,042	5,896	4,032	14,028	385,852	(2,293)	-0.59%
January 2008	36,329	6,158	49,785	43,491	9,268	268	201,816	17,050	6,233	4,007	14,066	388,471	2,619	0.68%
February 2008	36,418	6,128	49,891	43,344	9,755	272	203,657	17,117	6,827	4,026	14,212	391,647	3,176	0.82%
March 2008	36,702	6,145	49,989	43,723	9,949	282	206,695	17,208	7,035	4,130	14,333	396,191	4,544	1.16%
April 2008	36,771	6,188	50,237	44,037	10,395	280	210,620	17,358	7,142	4,178	14,479	401,685	5,494	1.39%
May 2008	36,897	6,203	50,358	44,349	10,775	280	213,554	17,537	7,191	4,371	14,628	406,143	4,458	1.11%
June 2008	36,932	6,227	50,351	44,802	10,995	270	216,154	17,620	7,200	4,389	14,700	409,640	3,497	0.86%
Year-to-Date Average	36,284	6,146	49,933	44,555	8,918	270	204,022	17,141	6,288	4,191	14,214	391,962		

Effective November 3, 2008, the Department has restated caseload for fiscal years FY 2002-03 through FY 2007-08. For complete information on the restatement, please see the Department's caseload narrative accompanying this Request. The number of days captured in the monthly figure is equal to the number of days in the report month.

Exhibit B - Medicaid Caseload Forecast

MEDICAID CASELOAD FY 2008-09 WITHOUT RETROACTIVITY

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	Monthly Growth	Monthly Growth Rate
July 2008	36,961	6,249	50,565	45,318	11,236	277	218,619	17,588	7,286	4,258	14,768	413,125	3,485	0.85%
August 2008	37,127	6,317	50,671	45,954	11,335	283	221,736	17,761	7,270	4,136	14,821	417,411	4,286	1.04%
September 2008	37,273	6,369	50,864	46,099	11,794	275	223,167	17,736	7,027	4,052	14,898	419,554	2,143	0.51%
October 2008	37,441	6,386	51,201	46,589	11,836	282	225,486	17,864	6,932	4,005	14,933	422,955	3,401	0.81%
November 2008	37,591	6,399	51,406	47,013	12,008	290	228,186	17,977	6,773	3,889	14,980	426,512	3,557	0.84%
December 2008	37,530	6,361	51,298	48,042	12,142	304	230,447	18,033	6,689	3,884	15,053	429,783	3,271	0.77%
January 2009	37,814	6,367	51,452	49,155	12,486	314	234,744	18,022	6,847	3,954	15,194	436,349	6,566	1.53%
February 2009	37,769	6,438	51,494	50,023	12,730	331	237,345	18,144	6,910	3,885	15,205	440,274	3,925	0.90%
March 2009	37,942	6,539	51,640	51,530	13,190	339	242,805	18,265	6,959	3,988	15,293	448,490	8,216	1.87%
April 2009	37,947	6,597	51,695	52,740	14,346	355	249,444	18,328	6,995	3,984	15,268	457,699	9,209	2.05%
May 2009	37,989	6,654	51,862	53,134	14,619	373	252,943	18,327	6,973	3,919	15,240	462,033	4,334	0.95%
June 2009	38,044	6,691	52,107	54,171	14,996	383	256,630	18,348	7,045	3,892	15,249	467,556	5,523	1.20%
Year-to-Date Average	37,619	6,447	51,355	49,147	12,727	317	235,129	18,033	6,976	3,987	15,075	436,812		

MEDICAID CASELOAD FY 2009-10 WITHOUT RETROACTIVITY

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	Monthly Growth	Monthly Growth Rate
July 2009	38,058	6,774	52,315	55,087	15,269	393	259,609	18,285	7,745	3,930	15,434	472,277	4,721	1.01%
August 2009	38,306	6,863	52,573	55,937	15,530	395	263,415	18,325	7,849	3,835	15,522	477,915	5,638	1.19%
September 2009	38,346	6,945	52,710	56,489	15,703	402	266,381	18,200	7,775	3,724	15,513	481,549	3,634	0.76%
October 2009	38,480	6,985	52,847	57,359	16,115	406	270,514	18,169	7,713	3,650	15,638	487,250	5,701	1.18%
November 2009	38,387	6,986	52,982	57,595	16,362	418	272,453	17,992	7,674	3,644	15,743	489,612	2,362	0.48%
December 2009	38,410	7,025	53,000	58,381	16,739	411	275,867	18,371	7,627	3,632	15,846	494,699	5,087	1.04%
January 2010	38,452	7,047	53,255	59,210	17,193	416	279,000	18,400	7,796	3,610	15,954	499,735	5,036	1.02%
February 2010	38,432	7,049	53,298	59,700	17,514	431	279,898	18,467	7,779	3,550	16,076	501,596	1,861	0.37%
March 2010	38,597	7,152	53,629	61,190	18,096	449	283,625	18,486	7,996	3,768	16,212	508,592	6,996	1.39%
April 2010	38,727	7,212	53,904	61,702	18,490	452	285,746	18,552	8,054	3,831	16,308	512,398	3,806	0.75%
May 2010	38,754	7,228	54,164	55,110	38,947	455	285,779	18,651	8,039	3,615	16,285	526,431	14,033	2.74%
June 2010	38,900	7,326	54,493	54,173	39,042	466	285,778	18,678	7,903	3,522	16,495	526,221	(210)	-0.04%
Year-to-Date Average	38,487	7,049	53,264	57,661	20,416	425	275,672	18,381	7,830	3,693	15,919	498,797		

Effective November 3, 2008, the Department has restated caseload for fiscal years FY 2002-03 through FY 2007-08. For complete information on the restatement, please see the Department's caseload narrative accompanying this Request. The number of days captured in the monthly figure is equal to the number of days in the report month.

Exhibit C - History and Projections of Per Capita Costs

Per Capita Costs - Cash Based												
Fiscal Year	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
FY 1995-96	\$11,438.90	\$8,020.74	\$6,216.02	\$2,612.84	\$0.00	\$0.00	\$1,253.09	\$2,391.78	\$5,922.44	\$3,364.90	\$1,544.32	\$3,901.23
FY 1996-97	\$13,535.28	\$8,388.91	\$7,164.80	\$3,174.99	\$0.00	\$0.00	\$1,233.89	\$2,413.14	\$6,856.06	\$3,872.40	\$1,520.98	\$4,509.91
FY 1997-98	\$13,297.59	\$8,457.61	\$7,186.27	\$3,036.03	\$0.00	\$0.00	\$1,375.75	\$2,177.83	\$6,743.66	\$3,687.26	\$1,369.92	\$4,631.18
Percent Change	-1.76%	0.82%	0.30%	-4.38%	0.00%	0.00%	11.50%	-9.75%	-1.64%	-4.78%	-9.93%	2.69%
FY 1998-99	\$14,049.96	\$9,886.63	\$7,796.82	\$3,129.24	\$0.00	\$0.00	\$1,466.08	\$2,023.98	\$6,272.97	\$3,576.18	\$1,013.41	\$4,950.52
Percent Change	5.66%	16.90%	8.50%	3.07%	0.00%	0.00%	6.57%	-7.06%	-6.98%	-3.01%	-26.02%	6.90%
FY 1999-00	\$15,040.64	\$10,793.96	\$8,772.23	\$3,440.54	\$0.00	\$0.00	\$1,544.54	\$2,203.23	\$5,430.89	\$3,273.65	\$917.32	\$5,166.43
Percent Change	7.05%	9.18%	12.51%	9.95%	0.00%	0.00%	5.35%	8.86%	-13.42%	-8.46%	-9.48%	4.36%
FY 2000-01	\$15,311.41	\$11,851.80	\$9,792.12	\$3,277.51	\$0.00	\$0.00	\$1,570.78	\$2,351.36	\$4,801.64	\$2,966.03	\$959.04	\$5,143.57
Percent Change	1.80%	9.80%	11.63%	-4.74%	0.00%	0.00%	1.70%	6.72%	-11.59%	-9.40%	4.55%	-0.44%
FY 2001-02	\$16,837.64	\$11,821.86	\$10,033.18	\$3,125.56	\$0.00	\$0.00	\$1,532.60	\$2,530.78	\$4,760.42	\$9,774.69	\$963.28	\$5,202.22
Percent Change	9.97%	-0.25%	2.46%	-4.64%	0.00%	0.00%	-2.43%	7.63%	-0.86%	229.55%	0.44%	1.14%
FY 2002-03	\$16,269.83	\$11,909.35	\$11,071.22	\$3,425.30	\$0.00	\$30,399.56	\$1,346.59	\$2,689.77	\$5,435.44	\$11,932.93	\$882.68	\$4,977.91
Percent Change	-3.37%	0.74%	10.35%	9.59%	0.00%	100.00%	-12.14%	6.28%	14.18%	22.08%	-8.37%	-4.31%
FY 2003-04	\$17,917.49	\$13,642.60	\$11,967.29	\$3,853.40	\$0.00	\$25,417.70	\$1,188.86	\$3,019.91	\$7,534.30	\$11,504.23	\$961.96	\$5,010.73
Percent Change	10.13%	14.55%	8.09%	12.50%	0.00%	-16.39%	-11.71%	12.27%	38.61%	-3.59%	8.98%	0.66%
FY 2004-05	\$18,024.54	\$13,297.64	\$11,432.79	\$3,224.86	\$0.00	\$28,627.25	\$1,314.92	\$2,908.66	\$6,405.47	\$8,682.52	\$1,137.99	\$4,662.42
Percent Change	0.60%	-2.53%	-4.47%	-16.31%	0.00%	12.63%	10.60%	-3.68%	-14.98%	-24.53%	18.30%	-6.95%
FY 2005-06	\$18,452.47	\$14,387.34	\$11,705.52	\$3,315.44	\$0.00	\$36,225.53	\$1,439.11	\$2,969.74	\$7,695.99	\$8,904.59	\$1,204.54	\$4,928.66
Percent Change	2.37%	8.19%	2.39%	2.81%	0.00%	26.54%	9.44%	2.10%	20.15%	2.56%	5.85%	5.71%
FY 2006-07	\$18,730.43	\$14,802.45	\$11,695.80	\$3,925.23	\$1,467.77	\$24,376.09	\$1,610.83	\$3,211.25	\$9,215.49	\$10,470.57	\$1,313.15	\$5,222.57
Percent Change	1.51%	2.89%	-0.08%	18.39%	100.00%	-32.71%	11.93%	8.13%	19.74%	17.59%	9.02%	5.96%
FY 2007-08	\$19,415.43	\$16,324.25	\$13,065.11	\$4,260.90	\$2,132.72	\$26,305.08	\$1,781.99	\$3,738.66	\$8,532.40	\$12,797.32	\$1,333.66	\$5,681.77
Percent Change	3.66%	10.28%	11.71%	8.55%	45.30%	7.91%	10.63%	16.42%	-7.41%	22.22%	1.56%	8.79%
FY 2008-09	\$20,680.18	\$17,708.89	\$14,233.44	\$4,244.04	\$2,489.04	\$22,261.37	\$1,837.39	\$3,747.29	\$8,654.00	\$14,858.01	\$1,254.95	\$5,742.83
Percent Change	6.51%	8.48%	8.94%	-0.40%	16.71%	-15.37%	3.11%	0.23%	1.43%	16.10%	-5.90%	1.07%
FY 2009-10	\$19,457.33	\$15,804.34	\$13,286.60	\$3,636.11	\$2,110.82	\$20,511.28	\$1,657.09	\$3,517.62	\$8,300.18	\$12,655.02	\$1,213.77	\$4,975.87
Percent Change	-5.91%	-10.75%	-6.65%	-14.32%	-15.20%	-7.86%	-9.81%	-6.13%	-4.09%	-14.83%	-3.28%	-13.36%
FY 2010-11 Projection	\$21,277.79	\$16,329.38	\$13,974.65	\$3,880.39	\$2,699.12	\$20,392.90	\$1,716.78	\$3,716.46	\$8,649.10	\$13,911.66	\$1,344.85	\$5,103.15
Percent Change	9.36%	3.32%	5.18%	6.72%	27.87%	-0.58%	3.60%	5.65%	4.20%	9.93%	10.80%	2.56%
FY 2011-12 Projection	\$21,618.29	\$16,704.05	\$13,892.34	\$3,958.23	\$2,798.05	\$20,141.79	\$1,697.42	\$3,820.06	\$8,860.80	\$14,455.75	\$1,398.95	\$5,001.85
Percent Change	2.92%	3.74%	3.58%	3.63%	6.34%	-0.58%	4.82%	4.40%	5.67%	-2.45%	3.01%	-1.99%
FY 2012-13 Projection	\$22,212.79	\$17,155.06	\$14,314.67	\$4,091.62	\$2,900.61	\$19,894.05	\$1,748.34	\$3,990.82	\$9,099.16	\$15,171.31	\$1,436.44	\$4,985.01
Percent Change	2.75%	2.70%	3.04%	3.37%	3.67%	-1.23%	3.00%	4.47%	2.69%	4.95%	2.68%	-0.34%

Does not include supplemental payments, outstationing payments, or upper payment limit financing.

Starting in FY 2002-03, expenditures for the Prenatal State-Only program are included in the Non-Citizens aid category. Starting in FY 2009-10 expenditure was moved to Baby Care Program - Adults.

Exhibit C - History and Projections of Per Capita Costs

Per Capita Costs - Adjusted for Payment Delays												
Fiscal Year	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
FY 1995-96	\$11,438.90	\$8,020.74	\$6,216.02	\$2,612.84	\$0.00	\$0.00	\$1,253.09	\$2,391.78	\$5,922.44	\$3,364.90	\$1,544.32	\$3,901.23
FY 1996-97	\$13,535.28	\$8,388.91	\$7,164.80	\$3,174.99	\$0.00	\$0.00	\$1,233.89	\$2,413.14	\$6,856.06	\$3,872.40	\$1,520.98	\$4,509.91
FY 1997-98	\$13,297.59	\$8,457.61	\$7,186.27	\$3,036.03	\$0.00	\$0.00	\$1,375.75	\$2,177.83	\$6,743.66	\$3,687.26	\$1,369.92	\$4,631.18
Percent Change	-1.76%	0.82%	0.30%	-4.38%	0.00%	0.00%	11.50%	-9.75%	-1.64%	-4.78%	-9.93%	2.69%
FY 1998-99	\$14,049.96	\$9,886.63	\$7,796.82	\$3,129.24	\$0.00	\$0.00	\$1,466.08	\$2,023.98	\$6,272.97	\$3,576.18	\$1,013.41	\$4,950.52
Percent Change	5.66%	16.90%	8.50%	3.07%	0.00%	0.00%	6.57%	-7.06%	-6.98%	-3.01%	-26.02%	6.90%
FY 1999-00	\$15,040.64	\$10,793.96	\$8,772.23	\$3,440.54	\$0.00	\$0.00	\$1,544.54	\$2,203.23	\$5,430.89	\$3,273.65	\$917.32	\$5,166.43
Percent Change	7.05%	9.18%	12.51%	9.95%	0.00%	0.00%	5.35%	8.86%	-13.42%	-8.46%	-9.48%	4.36%
FY 2000-01	\$15,311.41	\$11,851.80	\$9,792.12	\$3,277.51	\$0.00	\$0.00	\$1,570.78	\$2,351.36	\$4,801.64	\$2,966.03	\$959.04	\$5,143.57
Percent Change	1.80%	9.80%	11.63%	-4.74%	0.00%	0.00%	1.70%	6.72%	-11.59%	-9.40%	4.55%	-0.44%
FY 2001-02	\$16,837.64	\$11,821.86	\$10,033.18	\$3,125.56	\$0.00	\$0.00	\$1,532.60	\$2,530.78	\$4,760.42	\$9,774.69	\$963.28	\$5,202.22
Percent Change	9.97%	-0.25%	2.46%	-4.64%	0.00%	0.00%	-2.43%	7.63%	-0.86%	229.55%	0.44%	1.14%
FY 2002-03	\$16,269.83	\$11,909.35	\$11,071.22	\$3,425.30	\$0.00	\$30,399.56	\$1,346.59	\$2,689.77	\$5,435.44	\$11,932.93	\$882.68	\$4,977.91
Percent Change	-3.37%	0.74%	10.35%	9.59%	0.00%	100.00%	-12.14%	6.28%	14.18%	22.08%	-8.37%	-4.31%
FY 2003-04	\$17,917.49	\$13,642.60	\$11,967.29	\$3,853.40	\$0.00	\$25,417.70	\$1,188.86	\$3,019.91	\$7,534.30	\$11,504.23	\$961.96	\$5,010.73
Percent Change	10.13%	14.55%	8.09%	12.50%	0.00%	-16.39%	-11.71%	12.27%	38.61%	-3.59%	8.98%	0.66%
FY 2004-05	\$18,024.54	\$13,297.64	\$11,432.79	\$3,224.86	\$0.00	\$28,627.25	\$1,314.92	\$2,908.66	\$6,405.47	\$8,682.52	\$1,137.99	\$4,662.42
Percent Change	0.60%	-2.53%	-4.47%	-16.31%	0.00%	12.63%	10.60%	-3.68%	-14.98%	-24.53%	18.30%	-6.95%
FY 2005-06	\$18,452.47	\$14,387.34	\$11,705.52	\$3,315.44	\$0.00	\$36,225.53	\$1,439.11	\$2,969.74	\$7,695.99	\$8,904.59	\$1,204.54	\$4,928.66
Percent Change	2.37%	8.19%	2.39%	2.81%	0.00%	26.54%	9.44%	2.10%	20.15%	2.56%	5.85%	5.71%
FY 2006-07	\$18,730.43	\$14,802.45	\$11,695.80	\$3,925.23	\$1,467.77	\$24,376.09	\$1,610.83	\$3,211.25	\$9,215.49	\$10,470.57	\$1,313.15	\$5,222.57
Percent Change	1.51%	2.89%	-0.08%	18.39%	100.00%	-32.71%	11.93%	8.13%	19.74%	17.59%	9.02%	5.96%
FY 2007-08	\$19,415.43	\$16,324.25	\$13,065.11	\$4,260.90	\$2,132.72	\$26,305.08	\$1,781.99	\$3,738.66	\$8,532.40	\$12,797.32	\$1,333.66	\$5,681.77
Percent Change	3.66%	10.28%	11.71%	8.55%	45.30%	7.91%	10.63%	16.42%	-7.41%	22.22%	1.56%	8.79%
FY 2008-09	\$20,680.18	\$17,708.89	\$14,233.44	\$4,244.04	\$2,489.04	\$22,261.37	\$1,837.39	\$3,747.29	\$8,654.00	\$14,858.01	\$1,254.95	\$5,742.83
Percent Change	6.51%	8.48%	8.94%	-0.40%	16.71%	-15.37%	3.11%	0.23%	1.43%	16.10%	-5.90%	1.07%
FY 2009-10	\$19,769.35	\$16,244.99	\$13,686.55	\$3,788.33	\$2,198.63	\$21,192.52	\$1,715.89	\$3,651.33	\$8,602.92	\$13,125.32	\$1,225.15	\$5,116.67
Percent Change	-4.40%	-8.27%	-3.84%	-10.74%	-11.67%	-4.80%	-6.61%	-2.56%	-0.59%	-11.66%	-2.37%	-10.90%
FY 2010-11 Projection	\$21,277.79	\$16,329.38	\$13,974.65	\$3,880.39	\$2,699.12	\$20,392.90	\$1,716.78	\$3,716.46	\$8,649.10	\$13,911.66	\$1,344.85	\$5,103.15
Percent Change	7.63%	0.52%	2.10%	2.43%	22.76%	-3.77%	0.05%	1.78%	0.54%	5.99%	9.77%	-0.26%
FY 2011-12 Projection	\$21,618.29	\$16,704.05	\$13,892.34	\$3,958.23	\$2,798.05	\$20,141.79	\$1,697.42	\$3,820.06	\$8,860.80	\$14,455.75	\$1,398.95	\$5,001.85
Percent Change	1.60%	2.29%	-0.59%	2.01%	3.67%	-1.23%	-1.13%	2.79%	2.45%	3.91%	4.02%	-1.99%
FY 2012-13 Projection	\$22,212.79	\$17,155.06	\$14,314.67	\$4,091.62	\$2,900.61	\$19,894.05	\$1,748.34	\$3,990.82	\$9,099.16	\$15,171.31	\$1,436.44	\$4,985.01
Percent Change	2.75%	2.70%	3.04%	3.37%	3.67%	-1.23%	3.00%	4.47%	2.69%	4.95%	2.68%	-0.34%

Does not include supplemental payments, outstationing payments, or upper payment limit financing.

Starting in FY 2002-03, expenditures for the Prenatal State-Only program are included in the Non-Citizens aid category. Starting in FY 2009-10 expenditure was moved to Baby Care Program - Adults.

**Exhibit D
Cash Funds Report**

Cash Funds Report (Including ES-1 Impacts)						
Cash Fund	FY 2010-11			FY 2011-12		
	Spending Authority	Request	Change	Base Request	Request	Change
<i>Cash Funds</i>						
Certified Funds	\$13,348,299	\$11,963,425	(\$1,384,874)	\$13,348,299	\$6,842,200	(\$6,506,099)
Hospital Provider Fee Cash Fund	\$183,865,229	\$276,605,743	\$92,740,514	\$171,705,885	\$372,688,445	\$200,982,560
Medicaid Buy-In Fund	\$0	\$0	\$0	\$0	\$6,327,948	\$6,327,948
Health Care Expansion Fund	\$71,260,577	\$77,352,961	\$6,092,384	\$88,721,925	\$102,899,757	\$14,177,832
Breast and Cervical Cancer Prevention and Treatment Fund	\$2,502,654	\$2,554,450	\$51,796	\$2,500,923	\$2,942,147	\$441,224
Colorado Autism Treatment Fund	\$676,761	\$707,996	\$31,235	\$839,312	\$878,625	\$39,313
Coordinated Care for People with Disabilities Fund	\$237,500	\$111,684	(\$125,816)	\$237,500	\$202,500	(\$35,000)
Nursing Facility Cash Fund	\$30,995,024	\$29,831,793	(\$1,163,231)	\$27,235,671	\$27,439,629	\$203,958
Home Health Telemedicine Fund	\$49,669	\$49,665	(\$4)	\$156,288	\$156,288	\$0
Tobacco Education Program Fund	\$15,521,625	\$15,521,625	\$0	\$0	\$0	\$0
Health Disparities Grant Program Fund	\$0	\$0	\$0	\$0	\$0	\$0
Supplemental Old Age Pension Health and Medical Care Fund	\$4,850,000	\$4,850,000	\$0	\$3,000,000	\$3,000,000	\$0
Prevention, Early Detection, and Treatment Fund	\$5,679,358	\$5,679,358	\$0	\$0	\$0	\$0
Primary Care Fund	\$12,800,000	\$12,800,000	\$0	\$0	\$0	\$0
Total Cash Funds	\$341,786,696	\$438,028,700	\$96,242,004	\$307,745,803	\$523,377,539	\$215,631,736
<i>Reappropriated Funds - Transfers from the Department of Public Health and Environment</i>						
(1) Administration and Support; (B) Special Health Programs, (1) Health Disparities Program	\$4,490,435	\$4,490,435	\$0	\$0	\$0	\$0
(9) Prevention Services Division; (A) Prevention Programs, (1) Programs and Administration	\$2,000,000	\$2,000,000	\$0	\$2,000,000	\$2,000,000	\$0
(9) Prevention Services Division; (B) Women's Health - Family Planning	\$190,350	\$190,350	\$0	\$420,660	\$420,660	\$0
(9) Prevention Services Division; (A) Prevention Programs, (3) Chronic Disease and Cancer Prevention Grants Program	\$913,619	\$1,091,706	\$178,087	\$913,593	\$1,215,340	\$301,747
Total Reappropriated Funds	\$7,594,404	\$7,772,491	\$178,087	\$3,334,253	\$3,636,000	\$301,747
Note: For FY 2010-11, this table shows the request for Medical Services Premiums by assuming that the early supplemental request ES-1 "Enhanced Federal Funding Adjustment" is included in the spending authority for Medical Services Premiums. The totals in the Spending Authority and Request columns do not match columns 2 and 4, respectively, on the Schedule 13 for that reason. The totals in this table are consistent with the calculations in Exhibit A, "FY 2010-11 Calculation of Fund Splits". Other budget balancing requests, submitted in October 2010, are not included.						

**Exhibit D
Cash Funds Report**

Cash Funds Report (Based on Appropriation)						
Cash Fund	FY 2010-11			FY 2011-12		
	Spending Authority	Request	Change	Base Request	Request	Change
<i>Cash Funds</i>						
Certified Funds	\$13,348,299	\$11,963,425	(\$1,384,874)	\$13,348,299	\$6,842,200	(\$6,506,099)
Hospital Provider Fee Cash Fund	\$186,222,771	\$278,963,285	\$92,740,514	\$171,705,885	\$372,688,445	\$200,982,560
Medicaid Buy-In Fund	\$0	\$0	\$0	\$0	\$6,327,948	\$6,327,948
Health Care Expansion Fund	\$67,960,161	\$74,052,545	\$6,092,384	\$88,721,925	\$102,899,757	\$14,177,832
Breast and Cervical Cancer Prevention and Treatment Fund	\$2,502,654	\$2,554,450	\$51,796	\$2,500,923	\$2,942,147	\$441,224
Colorado Autism Treatment Fund	\$645,147	\$676,382	\$31,235	\$839,312	\$878,625	\$39,313
Coordinated Care for People with Disabilities Fund	\$237,500	\$111,684	(\$125,816)	\$237,500	\$202,500	(\$35,000)
Nursing Facility Cash Fund	\$29,818,357	\$28,655,126	(\$1,163,231)	\$27,235,671	\$27,439,629	\$203,958
Home Health Telemedicine Fund	\$47,348	\$47,344	(\$4)	\$156,288	\$156,288	\$0
Comprehensive Primary and Preventive Care Fund	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Specialty Hospital Fund	\$0	\$0	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$15,521,625	\$15,521,625	\$0	\$0	\$0	\$0
Health Disparities Grant Program Fund	\$0	\$0	\$0	\$0	\$0	\$0
Supplemental Old Age Pension Health and Medical Care Fund	\$4,850,000	\$4,850,000	\$0	\$3,000,000	\$3,000,000	\$0
Prevention, Early Detection, and Treatment Fund	\$5,679,358	\$5,679,358	\$0	\$0	\$0	\$0
Primary Care Fund	\$12,800,000	\$12,800,000	\$0	\$0	\$0	\$0
Total Cash Funds	\$339,633,220	\$435,875,224	\$96,242,004	\$307,745,803	\$523,377,539	\$215,631,736
<i>Reappropriated Funds - Transfers from the Department of Public Health and Environment</i>						
(1) Administration and Support; (B) Special Health Programs, (1) Health Disparities Program	\$4,490,435	\$4,490,435	\$0	\$0	\$0	\$0
(9) Prevention Services Division; (A) Prevention Programs	\$2,000,000	\$2,000,000	\$0	\$2,000,000	\$2,000,000	\$0
(9) Prevention Services Division; (B) Women's Health - Family Planning	\$190,350	\$190,350	\$0	\$420,660	\$420,660	\$0
(9) Prevention Services Division; (3) Chronic Disease and Cancer Prevention Grants Program	\$914,458	\$1,092,545	\$178,087	\$913,593	\$1,215,340	\$301,747
Total Reappropriated Funds	\$7,595,243	\$7,773,330	\$178,087	\$3,334,253	\$3,636,000	\$301,747
Note: For FY 2010-11, this table shows the official request for Medical Services Premiums, unadjusted for the early supplemental request ES-1 "Enhanced Federal Funding Adjustment". The totals in the Request column do not reflect the actual need for Medical Services Premiums and do not match Exhibit A, "FY 2010-11 Calculation of Fund Splits". The totals in the Spending Authority and Request columns match columns 2 and 4, respectively, on the Schedule 13. Other budget balancing requests, submitted in October 2010, are also excluded.						

Exhibit D
Cash Funds Report
Cash Funds Spending Authority by Source of Authority
FY 2010-11

Spending Authority	FY 2010-11 Long Bill Appropriation (HB 10-1376)	HB 10-1005 "Home Health Care"	HB 10-1378 "Transfers for Health Care Services"	HB 10-1379 "2010 Nursing Facility Rate Reductions"	HB 10-1380 "Use Supplemental OAP Health Fund for Medicaid"	HB 10-1381 "Tobacco Revenues Offset Medical Services"	HB 10-1382 "Repeal Delay of Public Medical Assistance Program Payments"	SB 10-169 "Provider Fee Enhanced Match"	ES-1 "Enhanced Federal Funding Adjustment"	Total
Certified Funds	\$13,348,299	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,348,299
Hospital Provider Fee Cash Fund	\$139,893,383	\$0	\$0	\$0	\$0	\$0	\$0	\$46,329,388	(\$2,357,542)	\$183,865,229
Medicaid Buy-In Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Care Expansion Fund	\$69,942,964	\$0	\$0	\$0	\$0	\$0	(\$1,982,803)	\$0	\$3,300,416	\$71,260,577
Breast and Cervical Cancer Prevention and Treatment Fund	\$2,543,207	\$0	\$0	\$0	\$0	\$0	(\$40,553)	\$0	\$0	\$2,502,654
Colorado Autism Treatment Fund	\$645,147	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,614	\$676,761
Coordinated Care for People with Disabilities Fund	\$237,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$237,500
Nursing Facility Cash Fund	\$24,012,014	\$0	\$0	\$5,806,343	\$0	\$0	\$0	\$0	\$1,176,667	\$30,995,024
Home Health Telemedicine Fund	\$0	\$47,348	\$0	\$0	\$0	\$0	\$0	\$0	\$2,321	\$49,669
Comprehensive Primary and Preventive Care Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Specialty Hospital Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$0	\$0	\$0	\$0	\$0	\$15,521,625	\$0	\$0	\$0	\$15,521,625
Health Disparities Grant Program Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplemental Old Age Pension Health and Medical Care Fund	\$0	\$0	\$0	\$0	\$4,850,000	\$0	\$0	\$0	\$0	\$4,850,000
Prevention, Early Detection, and Treatment Fund	\$0	\$0	\$0	\$0	\$0	\$5,679,358	\$0	\$0	\$0	\$5,679,358
Primary Care Fund	\$0	\$0	\$12,800,000	\$0	\$0	\$0	\$0	\$0	\$0	\$12,800,000
Total Cash Funds	\$250,622,514	\$47,348	\$12,800,000	\$5,806,343	\$4,850,000	\$21,200,983	(\$2,023,356)	\$46,329,388	\$2,153,476	\$341,786,696

Note: Only bills with cash funds appropriations are shown.

Revised Totals for Letternotes and Appropriation Clauses
FY 2010-11

FY 2010-11 Request	FY 2010-11 Long Bill Appropriation (HB 10-1376)	HB 10-1005 "Home Health Care"	HB 10-1378 "Transfers for Health Care Services"	HB 10-1379 "2010 Nursing Facility Rate Reductions"	HB 10-1380 "Use Supplemental OAP Health Fund for Medicaid"	HB 10-1381 "Tobacco Revenues Offset Medical Services"	HB 10-1382 "Repeal Delay of Public Medical Assistance Program Payments"	SB 10-169 "Provider Fee Enhanced Match"	ES-1 "Enhanced Federal Funding Adjustment"	Total
Certified Funds	\$11,963,425	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,963,425
Hospital Provider Fee Cash Fund	\$226,590,518	\$0	\$0	\$0	\$0	\$0	\$0	\$52,372,767	(\$2,357,542)	\$276,605,743
Medicaid Buy-In Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Care Expansion Fund	\$76,035,348	\$0	\$0	\$0	\$0	\$0	(\$1,982,803)	\$0	\$3,300,416	\$77,352,961
Breast and Cervical Cancer Prevention and Treatment Fund	\$2,595,003	\$0	\$0	\$0	\$0	\$0	(\$40,553)	\$0	\$0	\$2,554,450
Colorado Autism Treatment Fund	\$676,382	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,614	\$707,996
Coordinated Care for People with Disabilities Fund	\$111,684	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$111,684
Nursing Facility Cash Fund	\$22,848,783	\$0	\$0	\$5,806,343	\$0	\$0	\$0	\$0	\$1,176,667	\$29,831,793
Home Health Telemedicine Fund	\$0	\$47,344	\$0	\$0	\$0	\$0	\$0	\$0	\$2,321	\$49,665
Comprehensive Primary and Preventive Care Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Specialty Hospital Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$0	\$0	\$0	\$0	\$0	\$15,521,625	\$0	\$0	\$0	\$15,521,625
Health Disparities Grant Program Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplemental Old Age Pension Health and Medical Care Fund	\$0	\$0	\$0	\$0	\$4,850,000	\$0	\$0	\$0	\$0	\$4,850,000
Prevention, Early Detection, and Treatment Fund	\$0	\$0	\$0	\$0	\$0	\$5,679,358	\$0	\$0	\$0	\$5,679,358
Primary Care Fund	\$0	\$0	\$12,800,000	\$0	\$0	\$0	\$0	\$0	\$0	\$12,800,000
Total Cash Funds	\$340,821,143	\$47,344	\$12,800,000	\$5,806,343	\$4,850,000	\$21,200,983	(\$2,023,356)	\$52,372,767	\$2,153,476	\$438,028,700

Cells in **bold and underline** font indicate a requested change from the appropriation. The font in the "Total" column is intentionally left unchanged.

Because supplemental requests are stand-alone documents, the text and figures for letternotes and appropriation clauses below do not reflect any change for ES-1, "Enhanced Federal Funding Adjustment".

**Exhibit D
Cash Funds Report**

Requested Changes to Letternotes and Appropriations Clauses

Non-Line Item Requests: Requested changes to appropriation clauses of bills

HB 10-1005, Section 2: Of said sum, ~~forty-seven thousand three hundred forty-eight dollars (\$47,348)~~ **forty seven thousand three hundred forty four dollars (\$47,344)** shall be from the home health telemedicine cash fund created in section 25.5-5-321 (1) (c), Colorado Revised Statutes, and ~~seventy-five thousand nine hundred twenty-two dollars (\$75,922)~~ **seventy-five thousand nine hundred twenty-six dollars (\$75,926)** shall be from federal funds.

SB 10-169, Section 2:

(1) The general fund appropriation is decreased by ~~forty-six million three hundred twenty-nine thousand three hundred eighty-eight dollars (\$46,329,388)~~ **fifty two million three hundred seventy two thousand seven hundred sixty seven (\$52,372,767)**.

(2) The cash fund appropriation is increased by ~~forty-six million three hundred twenty-nine thousand three hundred eighty-eight dollars (\$46,329,388)~~ **fifty two million three hundred seventy two thousand seven hundred sixty seven (\$52,372,767)**. Said sum shall be from the hospital provider fee cash fund created in section 25.5-4-402.3 (4), Colorado Revised Statutes.

Revised Letternote Text (HB 10-1376)

FY 2010-11

(b) Of this amount, ~~\$139,893,383~~ **\$226,590,518**(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S., ~~\$69,942,964~~ **\$76,035,348**(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., ~~\$24,012,014~~ **\$22,848,873**(H) shall be from the Medicaid Nursing Facility Cash Fund created in Section 25.5-6-203 (2) (a), C.R.S., ~~\$13,348,299~~ **\$11,963,425** represents public funds certified as expenditures incurred by public hospitals and agencies that are eligible for federal financial participation under the Medicaid program, ~~\$2,543,207~~ **\$2,595,003**(H) shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (8) (a) (I), C.R.S., ~~\$645,147~~ **\$676,382**(H) shall be from the Colorado Autism Treatment Fund created in Section 25.5-6-805 (1), C.R.S., and ~~\$237,500~~ **\$111,684**(H) shall be from the Coordinated Care for People with Disabilities Fund created in Section 25.5-6-111 (4), C.R.S.

FY 2011-12

(b) Of this amount, ~~\$139,893,383~~ **\$372,688,445**(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S., ~~\$69,942,964~~ **\$102,899,757**(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., ~~\$24,012,014~~ **\$27,439,629**(H) shall be from the Medicaid Nursing Facility Cash Fund created in Section 25.5-6-203 (2) (a), C.R.S., ~~\$13,348,299~~ **\$6,842,200** represents public funds certified as expenditures incurred by public hospitals and agencies that are eligible for federal financial participation under the Medicaid program, ~~\$2,543,207~~ **\$2,942,147**(H) shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (8) (a) (I), C.R.S., ~~\$645,147~~ **\$878,625**(H) shall be from the Colorado Autism Treatment Fund created in Section 25.5-6-805 (1), C.R.S., and ~~\$237,500~~ **\$202,500**(H) shall be from the Coordinated Care for People with Disabilities Fund created in Section 25.5-6-111 (4), C.R.S., **\$156,288 shall be from the Home Health Telemedicine Cash Fund created in Section 25.5-5-321(a)(2), C.R.S., \$6,327,948 shall be from the Medicaid Buy-In Fund created in Section 25.5-6-1404(3)(b), and \$3,000,000 shall be from the Supplemental Old Age Pension Health and Medical Care Fund pursuant to 25.5-2-101(3)(b)(IV), C.R.S.**

Exhibit E - Summary of Premium Request by Service Group

FY 2010-11	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	\$96,371,456	\$58,437,550	\$504,540,267	\$218,314,448	\$126,313,330	\$10,417,587	\$505,227,113	\$62,546,127	\$70,706,924	\$48,213,066	\$3,652,946	\$1,704,740,814
Community Based Long Term Care	\$149,241,338	\$23,048,204	\$143,280,069	\$190,426	\$75,843	\$0	\$995,103	\$7,483,004	(\$11)	\$1,184	\$209,505	\$324,524,665
Long Term Care	\$516,504,083	\$35,204,039	\$79,277,295	\$5,367	\$0	\$0	\$0	\$0	\$0	\$0	\$63,657	\$631,054,441
Insurance	\$62,761,717	\$3,828,263	\$34,781,080	\$232,765	\$0	\$0	\$82,614	\$210	\$11,405	\$0	\$19,167,651	\$120,865,705
Service Management	\$12,295,953	\$2,295,178	\$12,540,649	\$1,379,648	\$229,057	\$3,185	\$4,161,447	\$419,835	\$169,673	\$59,221	\$6,724	\$33,560,570
Medical Services Total	\$837,174,547	\$122,813,234	\$774,419,360	\$220,122,654	\$126,618,230	\$10,420,772	\$510,466,277	\$70,449,176	\$70,887,991	\$48,273,471	\$23,100,483	\$2,814,746,195
Eligibles	39,345	7,521	55,416	56,727	46,911	511	297,340	18,956	8,196	3,470	17,177	551,570
Medical Services Per Capita	\$21,277.79	\$16,329.38	\$13,974.65	\$3,880.39	\$2,699.12	\$20,392.90	\$1,716.78	\$3,716.46	\$8,649.10	\$13,911.66	\$1,344.85	\$5,103.15
Financing	\$143,241,801	\$21,013,526	\$132,504,296	\$37,663,311	\$21,664,566	\$1,783,009	\$87,341,534	\$12,053,958	\$12,129,040	\$8,259,662	\$3,952,527	\$481,607,230
Grand Total Medical Services Premiums	\$980,416,348	\$143,826,760	\$906,923,656	\$257,785,965	\$148,282,796	\$12,203,781	\$597,807,811	\$82,503,134	\$83,017,031	\$56,533,133	\$27,053,010	\$3,296,353,425
Total Per Capita	\$24,918.45	\$19,123.36	\$16,365.74	\$4,544.33	\$3,160.94	\$23,882.15	\$2,010.52	\$4,352.35	\$10,128.97	\$16,291.97	\$1,574.96	\$5,976
FY 2011-12	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	\$100,521,369	\$62,862,163	\$554,443,421	\$236,056,532	\$150,898,556	\$11,878,533	\$556,984,823	\$67,944,730	\$74,407,535	\$49,230,293	\$4,052,668	\$1,869,280,623
Community Based Long Term Care	\$158,177,189	\$25,379,422	\$161,442,132	\$207,828	\$92,591	\$0	\$1,194,069	\$8,880,430	\$0	\$1,158	\$224,503	\$355,599,322
Long Term Care	\$527,500,186	\$35,885,535	\$79,635,714	\$5,369	\$0	\$0	\$0	\$0	\$0	\$0	\$63,676	\$643,090,480
Insurance	\$69,200,635	\$4,222,572	\$39,790,822	\$307,809	\$0	\$0	\$199,430	\$219	\$30,113	\$0	\$21,430,509	\$135,182,109
Service Management	\$12,856,145	\$2,827,234	\$16,010,496	\$4,284,975	\$1,611,604	\$25,266	\$8,546,253	\$1,325,378	\$542,458	\$62,673	\$7,117	\$48,099,599
Medical Services Total	\$868,255,524	\$131,176,926	\$851,322,585	\$240,862,513	\$152,602,751	\$11,903,799	\$566,924,575	\$78,150,757	\$74,980,106	\$49,294,124	\$25,778,473	\$3,051,252,133
Eligibles	40,163	7,853	61,280	60,851	54,539	591	333,991	20,458	8,462	3,410	18,427	610,025
Medical Services Per Capita	\$21,618.29	\$16,704.05	\$13,892.34	\$3,958.23	\$2,798.05	\$20,141.79	\$1,697.42	\$3,820.06	\$8,860.80	\$14,455.75	\$1,398.95	\$5,001.85
Financing	\$141,884,201	\$21,436,009	\$139,117,139	\$39,360,055	\$24,937,267	\$1,945,235	\$92,642,820	\$12,770,846	\$12,252,721	\$8,055,298	\$4,212,537	\$498,614,128
Grand Total Medical Services Premiums	\$1,010,139,725	\$152,612,935	\$990,439,724	\$280,222,568	\$177,540,018	\$13,849,034	\$659,567,395	\$90,921,603	\$87,232,827	\$57,349,422	\$29,991,010	\$3,549,866,261
Total Per Capita	\$25,151.00	\$19,433.71	\$16,162.53	\$4,605.06	\$3,255.29	\$23,433.22	\$1,974.81	\$4,444.31	\$10,308.77	\$16,818.01	\$1,627.56	\$5,819.21

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2010-11**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Caseload	553,409	551,570	(1,839)		
Acute Care					
Base Acute Cost	\$1,724,360,121	\$1,748,849,881	\$24,489,760	Figure Setting, Page 89	Exhibit F
<i>Bottom Line Impacts</i>					
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2010	(\$8,045,186)	(\$8,045,186)	\$0	Figure Setting, Page 97	Exhibit F
FY 2010-11 BRI-1: Prevention and Benefits for Enhanced Value (P-BEV) and BA-12: Evidence Guided Utilization Review (EGUR)	(\$1,064,912)	(\$1,064,911)	\$1	Figure Setting, Page 97	Exhibit F
FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$2,736,825)	(\$3,205,876)	(\$469,051)	Figure Setting, Page 97 imputed	Exhibit F
FY 2010-11 BRI-3: Expansion of State Maximum Allowable Cost Pharmacy Rate Methodology	(\$1,057,450)	(\$1,057,450)	\$0	Figure Setting, Page 107	Exhibit F
FY 2010-11 BRI-6: Medicaid Program Reductions Limitation on Incontinence Products	(\$637,311)	(\$637,311)	\$0	Figure Setting, Page 109	Exhibit F
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$13,601,272)	(\$13,661,969)	(\$60,697)	Figure Setting, Page 109	Exhibit F
FY 2010-11 S-6: Accountable Care Collaborative	(\$2,243,461)	(\$2,755,976)	(\$512,515)	Figure Setting, Page 111	Exhibit F
FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$1,903,500	\$1,903,500	\$0	Figure Setting, Page 112	Exhibit F
HB 10-1005: Home Health Care - Telemedicine Changes	\$123,270	\$123,270	\$0	HB 10-1005 Appropriations Clause	Exhibit F
HB 10-1033: Add Screening, Brief Intervention, and Referral to Treatment to Optional Services	\$870,155	\$870,155	\$0	HB 10-1033 Appropriations Clause	Exhibit F
Annualization of Benefits Limits on Echocardiograms	(\$223,563)	(\$223,563)	\$0	Included in Base	Exhibit F
Enhanced Savings from PACE Enrollment	(\$474,011)	(\$465,840)	\$8,171	Imputed from JBC Staff Background Documentation	Exhibit F
SB 10-167: Colorado False Claims Act	(\$2,771,371)	(\$2,771,371)	\$0	SB 10-167 Appropriations Clause	Exhibit F
Annualization of Remove Manual Pricing of DME, Injectibles and Medical Services	(\$1,435,095)	(\$1,435,095)	\$0	Included in Base	Exhibit F
Annualization of Colorado Access CRICC Contract	\$1,605,504	\$1,605,504	\$0	Included in Base	Exhibit F
Annualization of Average Wholesale Pricing Reductions	(\$1,753,058)	(\$1,753,058)	\$0	Included in Base	Exhibit F
Annualization of FY 2009-10 ES-2: 1.5% Rate Reduction Effective Sept 1, 2009	(\$6,876,307)	(\$6,876,307)	\$0	Included in Base	Exhibit F
Annualization of FY 2009-10 BA-33: Prior Authorization of Anti-convulsant Drugs	(\$960,000)	(\$960,000)	\$0	Included in Base	Exhibit F
Annualization of FY 2009-10 BA-33: Promote use of VA for Veterans	(\$8,216,992)	(\$2,738,997)	\$5,477,995	Included in Base	Exhibit F
Annualization of FY 2009-10 BRI-2: Medicaid Program Efficiencies - Fluoride Varnish	\$464,864	\$464,864	\$0	Included in Base	Exhibit F
Annualization of FY 2009-10 BRI-1: Pharmacy Efficiencies	(\$1,848,763)	(\$1,848,763)	\$0	Included in Base	Exhibit F
Annualization of NEMT Supplemental Payment	\$659,817	\$425,313	(\$234,504)	Included in Base	Exhibit F
Total Acute Care	\$1,676,041,654	\$1,704,740,814	\$28,699,160		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2010-11**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Community Based Long Term Care					
Base CBLTC Cost	\$327,765,245	\$335,044,236	\$7,278,991	Figure Setting, Page 89	Exhibit G
<i>Bottom Line Impacts</i>					
FY 2010-11 BRI-2: "Coordinated Payment and Payment	(\$502,473)	(\$421,550)	\$80,923	Figure Setting, Page 97	Exhibit G
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$2,761,480)	(\$2,773,803)	(\$12,323)	Figure Setting, Page 109	Exhibit G
FY 2009-10 BA-15 Community Transitions Services for Mental Illness Waiver Clients	(\$373,390)	(\$373,390)	\$0	Imputed from JBC Staff Background Documentation	Exhibit G
Annualization of FY 2009-10 ES-2: 1.5% Rate Reduction Effective Sept 1, 2009	(\$1,810,834)	(\$1,810,834)	\$0	Included in Base	Exhibit G
Annualization of FY 2009-10 ES-2: HCBS Waiver Transportation Limitations	(\$751,233)	(\$751,233)	\$0	Included in Base	Exhibit G
Annualization of Retroactive Increase of HB 08-1114 on FY 2008-09 Hospice Rates	(\$1,994,723)	(\$1,994,723)	\$0	Included in Base	Exhibit G
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2009	(\$1,425,537)	(\$1,425,537)	\$0	Figure Setting, Page 97	Exhibit G
Estimated Impact of Increased PACE Enrollment	(\$756,403)	(\$756,403)	\$0	Imputed from JBC Staff Background Documentation	Exhibit G
Annualization of FY 2009-10 BA-33: "Promote use of VA for Veterans"	(\$508,579)	(\$508,579)	\$0	Included in Base imputed	Exhibit G
HB 10-1146 State-funded Public Assistance Programs	\$296,481	\$296,481	\$0	HB 10-1146 appropriations clause	Exhibit G
Total Community Based Long Term Care	\$317,177,074	\$324,524,665	\$7,347,591		
Long Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$568,487,031	\$569,385,640	\$898,609	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Back Up Program	\$4,267,707	\$4,267,707	\$0	Imputed from JBC Staff Background Documentation	Exhibit H
Estate and Income Trust Recoveries	(\$6,913,239)	(\$6,913,239)	\$0	Imputed from JBC Staff Background Documentation	Exhibit H
Recoveries from Department Overpayment Reviews	(\$593,477)	(\$593,477)	\$0	Imputed from JBC Staff Background Documentation	Exhibit H
FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$360,000)	(\$360,000)	\$0	Figure Setting, Page 97	Exhibit H
HB 10-1324 Medicaid Nursing Facility Per Diem Rates	\$0	(\$8,416,927)	(\$8,416,927)	HB 10-1324 Appropriations Clause	See Exhibit H, Class I Nursing Facility Footnote 10
HB 10-1379 Nursing Facility Rate Reduction	(\$6,234,689)	(\$5,591,531)	\$643,158	HB 10-1379 Appropriations Clause	See Exhibit H, Class I Nursing Facility Footnote 10
Total Class I Nursing Facilities	\$558,653,333	\$551,778,173	(\$6,875,160)		Exhibit H

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2010-11**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities Cost	\$2,293,431	\$2,224,737	(\$68,694)	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
FY 2010-11 BRI-6: Medicaid Program Reductions	(\$21,194)	\$0	\$21,194	Figure Setting, Page 109	Not included
Total Class II Nursing Facilities	\$2,272,237	\$2,224,737	(\$47,500)		
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
FY 2010-11 Estimated Monthly Enrollment		1,753			Exhibit H
Estimated FY 2010-11 Base Cost Per Enrollee		\$44,790.60			Exhibit H
Base PACE Cost	\$77,621,951	\$78,517,916	\$895,965	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
Annualization of FY 2009-10 ES-2 Medicaid Program Reductions	(\$383,298)	(\$383,298)	\$0	Included in Base, Figure Setting Page 85	Exhibit H
Annualization of FY 2009-10 ES-6 Medicaid Provider Rate Reduction	(\$418,628)	(\$418,628)	\$0	Included in Base, Figure Setting Page 85	Exhibit H
FY 2010-11 BRI-6: Medicaid Program Reductions	(\$661,507)	(\$664,459)	(\$2,952)	Figure Setting, page 114	Exhibit H
Total PACE	\$76,158,518	\$77,051,531	\$893,013		
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB Cost	\$113,523,523	\$119,422,881	\$5,899,358	Figure Setting, Page 89 imputed	Exhibit H
Total Supplemental Medicare Insurance Benefit	\$113,523,523	\$119,422,881	\$5,899,358		
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Cost	\$801,181	\$1,062,023	\$260,842	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
SB 10-167 "Medicaid Efficiency & False Claims"	\$380,801	\$380,801	\$0	SB 10-167 Fiscal Note, imputed	Exhibit H
Total Health Insurance Buy-In Program	\$1,181,982	\$1,442,824	\$260,842		
Total Long Term Care and Insurance	\$751,789,593	\$751,920,146	\$130,553		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2010-11**

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 2010-11 Base Contracts	\$25,224,792	\$25,475,752	\$250,960	Figure Setting, Page 89	Exhibit I
<i>Bottom Line Impacts</i>					
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2009	(\$131,499)	(\$131,499)	\$0	Included in Base, Figure Setting, Page 97	Exhibit I
Annualization of FY 2009-10 ES-2 "Medicaid Program Reductions"	(\$90,613)	(\$90,613)	\$0	Imputed from JBC Staff Background Documentation	Exhibit I
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$230,052)	(\$231,079)	(\$1,027)	Figure Setting, Page 109	Exhibit I
HB 10-1146 State-funded Public Assistance Programs	(\$1,000,902)	(\$1,000,902)	\$0	HB 10-1146 Appropriations Clause	Exhibit I
Total Single Entry Points	\$23,771,726	\$24,021,659	\$249,933		Exhibit I
<i>Disease Management</i>					
Base Disease Management	\$0	\$0	\$0		Exhibit I
Total Disease Management	\$0	\$0	\$0		Exhibit I
<i>Prepaid Inpatient Health Plan Administration</i>					
Estimated FY 2010-11 Base Expenditures	\$8,251,215	\$8,595,109	\$343,894	Figure Setting, Page 89 imputed	Exhibit I
<i>Bottom Line Impacts</i>					
Estimated Contract Payment to PIHP for Cost Avoidance	\$943,802	\$943,802	\$0	Not Included	Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$9,195,017	\$9,538,911	\$343,894		
Total Service Management	\$32,966,743	\$33,560,570	\$593,827		
Bottom Line Financing					
Upper Payment Limit Financing	\$10,282,095	\$8,345,715	(\$1,936,380)	Figure Setting, Page 89 imputed	Exhibit K
Denver Health Outstationing	\$2,972,022	\$3,520,253	\$548,231	Figure Setting, Page 89 imputed	Exhibit A
Hospital Provider Fee Supplemental Payments	\$312,468,550	\$455,282,340	\$142,813,790	Figure Setting, Page 94	Exhibit J
Physician Supplemental Payments	\$3,160,395	\$5,458,922	\$2,298,527	In Base	Exhibit A
Medical Services Premiums Contingent Liabilities	\$0	\$9,000,000	\$9,000,000	Not included	Exhibit A
Cash Funds Financing	\$0	\$0	\$0	Multiple sources, Figure Setting Pages 113, 114, 115	
Total Bottom Line Financing	\$328,883,062	\$481,607,230	\$152,724,168		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2010-11**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Grand Total⁽²⁾	\$3,106,858,126	\$3,296,353,425	\$189,495,299		
Total Acute Care	\$1,676,041,654	\$1,704,740,814	\$28,699,160		
Total Community Based Long Term Care	\$317,177,074	\$324,524,665	\$7,347,591		
Total Class I Nursing Facilities	\$558,653,333	\$551,778,173	(\$6,875,160)		
Total Class II Nursing Facilities	\$2,272,237	\$2,224,737	(\$47,500)		
Total PACE	\$76,158,518	\$77,051,531	\$893,013		
Total SMIB	\$113,523,523	\$119,422,881	\$5,899,358		
Total Health Insurance Buy-In Program	\$1,181,982	\$1,442,824	\$260,842		
Total Single Entry Point	\$23,771,726	\$24,021,659	\$249,933		
Total Disease Management	\$0	\$0	\$0		
Total Prepaid Inpatient Health Plan Administration	\$9,195,017	\$9,538,911	\$343,894		
Total Bottom Line Financing	\$328,883,062	\$481,607,230	\$152,724,168		
Rounding Adjustment	\$1	\$0	(\$1)		
Grand Total⁽²⁾	\$3,106,858,127	\$3,296,353,425	\$189,495,298		
Footnotes					
(1) The Department's Figure Setting Document (March 16, 2010) 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 2011-12**

Item	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Caseload	610,025			
Acute Care				
Base Acute Cost	\$1,914,408,766			Exhibit F
<i>Bottom Line Impacts</i>				Exhibit F
Annualization of FY 2010-11 BRI-1: Prevention and Benefits for Enhanced Value (P-BEV) and BA#12: Evidence Guided Utilization Review (EGUR)	(\$116,636)			Exhibit F
Annualization of FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$3,447,290)			Exhibit F
Annualization of FY 2010-11 BRI-6: Medicaid Program Reductions DME Reductions	(\$457,965)			Exhibit F
Annualization of FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$2,698,858)			Exhibit F
Annualization of FY 2010-11 S-6: Accountable Care Collaborative	(\$19,409,659)			Exhibit F
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$2,303,100			Exhibit F
Annualization HB 10-1005: Telemedicine Changes	\$189,306			Exhibit F
Annualization of HB 10-1033: Add Screening, Brief Intervention, and Referral to Treatment to Optional Services	\$360,130			Exhibit F
Annualization of SB 10-167: Colorado False Claims Act	(\$1,518,207)			Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$654,003)			Exhibit F
HB 09-1293 Children's Continuous Eligibility Adjustment	(\$8,586,550)			Exhibit F
HB 09-1293 Disabled Buy-in Adjustment	(\$10,130,335)			Exhibit F
HB 09-1293 Foster Care Adjustment	(\$961,176)			Exhibit F
Total Acute Care	\$1,869,280,623			

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2011-12**

Item	Department Request	Difference from Department Request	Appropriation Source ⁽¹⁾	Department Source
Community Based Long Term Care				
Base CBLTC Cost	\$357,148,479			Exhibit G
<i>Bottom Line Impacts</i>				Exhibit G
Annualization of FY 2010-11 BRI#2: "Coordinated Payment and Payment Reform"	(\$405,630)			Exhibit G
Annualization of FY 2010-11 BRI#6: "Medicaid Program Reductions"	(\$441,287)			Exhibit G
Annualization of HB 10-1146 State-funded Public Assistance Programs	\$376,827			Exhibit G
Estimated Impact of Increased PACE Enrollment	(\$1,064,133)			Exhibit G
Annualization of FY 2009-10 BA-15 Community Transitions Services for Mental Illness Waiver Clients	(\$14,934)			Exhibit G
Total Community Based Long Term Care	\$355,599,322			
Long Term Care and Insurance				
<i>Class I Nursing Facilities</i>				
Base Class I Nursing Facility Cost	\$557,095,396			Exhibit H
<i>Bottom Line Impacts</i>				Exhibit H
Hospital Back Up Program	\$4,161,302			Exhibit H
Estate and Income Trust Recoveries	(\$7,265,847)			Exhibit H
Recoveries from Department Overpayment Reviews	(\$796,081)			Exhibit H
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1324	(\$641,150)			Exhibit H
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1379	(\$427,922)			Exhibit H
Annualization of FY 2010-11 BRI#2: "Coordinated Payment and Payment Reform"	(\$180,000)			Exhibit H
Total Class I Nursing Facilities	\$551,945,698			
<i>Class II Nursing Facilities</i>				
Base Class II Nursing Facilities	\$2,259,189			Exhibit H
<i>Bottom Line Impacts</i>	\$0			
Total Class II Nursing Facilities	\$2,259,189			

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2011-12**

Item	Department Request	Difference from Department Request	Appropriation Source ⁽¹⁾	Department Source
Program of All Inclusive Care for the Elderly (PACE)				
FY 2011-12 Estimated Monthly Enrollment	1,934			Exhibit H
Estimated FY 2011-12 Base Cost Per Enrollee	\$46,026.86			Exhibit H
Base PACE Cost	\$89,015,948			Exhibit H
<i>Bottom Line Impacts</i>				
Annualization of FY 2010-11 BRI#6: 1% Rate Reduction Effective July 1, 2010	(\$130,355)			Exhibit H
Total PACE	\$88,885,593			
Supplemental Medicare Insurance Benefit (SMIB)				
<i>Bottom Line Impacts</i>				
Total Supplemental Medicare Insurance Benefit	\$133,070,746			Exhibit H
Health Insurance Buy-In Program (HIBI)				
Base HIBI Per Capita	\$3.46			Exhibit H
Base HIBI Cost	\$1,502,413			Exhibit H
<i>Bottom Line Impacts</i>				
Annualization of SB 10-167 "Medicaid Efficiency & False Claims"	\$608,950			Exhibit H
Total Health Insurance Buy-In Program	\$2,111,363			Exhibit H
Total Long Term Care and Insurance	\$778,272,589			
Service Management				
Single Entry Points (SEP)				
FY 2011-12 Base Contracts	\$25,495,371			Exhibit I
<i>Bottom Line Impacts</i>				
Annualization of FY 2010-11 BRI#6: 1% Rate Reduction Effective July 1, 2010	(\$33,712)			Exhibit I
Annualization of HB 10-1146 State-funded Public Assistance Programs	(\$62,357)			Exhibit I
Total Single Entry Points	\$25,399,302			
Disease Management				
Base Disease Management	\$0			Exhibit I
Adult Medical Home	\$500,000			Exhibit I
Total Disease Management	\$500,000			

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2011-12**

Item	Department Request	Difference from Department Request	Appropriation Source ⁽¹⁾	Department Source
Prepaid Inpatient Health Plan Administration				
Estimated FY 2010-11 Base Expenditures	\$21,243,691			Exhibit I
Bottom Line Impacts				
Estimated Contract Payment to PIHP for Cost Avoidance FY 2007-08 through FY 2008-09	\$956,606			Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$22,200,297			
Total Service Management	\$48,099,599			
Bottom Line Financing				
Upper Payment Limit Financing	\$2,352,613			Exhibit K
Denver Health Outstationing	\$3,520,253			Exhibit A
Hospital Provider Fee Supplemental Payments	\$487,282,340			Exhibit A
Hospital Provider Fee Financing	\$0			Exhibit A
Physician Supplemental Payments	\$5,458,922			Exhibit A
Cash Funds Financing	\$0			Exhibit A
Total Bottom Line Financing	\$498,614,128			
Grand Total⁽²⁾				
Total Acute Care	\$1,869,280,623			
Total Community Based Long Term Care	\$355,599,322			
Total Class I Nursing Facilities	\$551,945,698			
Total Class II Nursing Facilities	\$2,259,189			
Total PACE	\$88,885,593			
Total SMIB	\$133,070,746			
Total Health Insurance Buy-In Program	\$2,111,363			
Total Single Entry Point	\$25,399,302			
Total Disease Management	\$500,000			
Total Prepaid Inpatient Health Plan Administration	\$22,200,297			
Total Bottom Line Financing	\$498,614,128			
Rounding Adjustment	\$0			
Grand Total⁽²⁾	\$3,549,866,261			
Footnotes				
(1) The Department has not received an FY 2011-12 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.				

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Cash Based Actuals												
ACUTE CARE	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
FY 2001-02	\$131,835,670	\$37,856,289	\$349,368,303	\$104,039,520	\$0	\$0	\$220,491,735	\$33,156,728	\$33,937,796	\$39,367,016	\$2,145,037	\$952,198,094
FY 2002-03	\$127,969,752	\$39,813,094	\$385,226,750	\$139,553,510	\$0	\$1,428,780	\$227,550,173	\$34,701,970	\$42,510,204	\$48,724,102	\$1,897,397	\$1,049,375,733
FY 2003-04	\$134,785,167	\$46,192,187	\$414,136,076	\$182,591,483	\$0	\$2,668,859	\$230,033,711	\$41,903,040	\$63,200,191	\$55,128,983	\$2,089,094	\$1,172,728,792
FY 2004-05	\$144,236,015	\$46,693,687	\$397,728,931	\$183,416,908	\$0	\$2,490,150	\$289,270,900	\$42,142,756	\$38,545,346	\$44,696,256	\$1,893,876	\$1,191,114,826
FY 2005-06	\$119,353,133	\$45,562,873	\$395,096,190	\$194,256,328	\$0	\$6,809,762	\$304,607,756	\$44,535,021	\$39,291,428	\$55,307,093	\$2,068,101	\$1,206,887,685
FY 2006-07	\$83,180,816	\$44,071,879	\$382,934,916	\$198,121,602	\$7,570,473	\$5,555,696	\$327,601,793	\$49,469,480	\$47,651,618	\$54,457,447	\$2,748,118	\$1,203,363,838
FY 2007-08	\$91,090,497	\$50,360,207	\$449,939,001	\$188,767,403	\$18,945,426	\$7,089,560	\$360,437,874	\$58,933,894	\$53,476,247	\$53,633,572	\$3,330,605	\$1,336,004,286
FY 2008-09	\$102,183,555	\$55,651,957	\$491,655,607	\$207,543,732	\$31,417,642	\$7,043,287	\$428,798,802	\$61,691,136	\$60,160,614	\$59,182,087	\$3,886,476	\$1,509,214,896
FY 2009-10	\$95,021,119	\$53,820,363	\$484,946,213	\$217,274,739	\$44,728,410	\$9,006,411	\$469,229,424	\$60,090,390	\$67,263,755	\$48,429,084	\$3,328,831	\$1,553,138,739
Estimated FY 2010-11	\$96,371,456	\$58,437,550	\$504,540,267	\$218,314,448	\$126,313,330	\$10,417,587	\$505,227,113	\$62,546,127	\$70,706,924	\$48,213,066	\$3,652,946	\$1,704,740,814
Estimated FY 2011-12	\$100,521,369	\$62,862,163	\$554,443,421	\$236,056,532	\$150,898,556	\$11,878,533	\$556,984,823	\$67,944,730	\$74,407,535	\$49,230,293	\$4,052,668	\$1,869,280,623
Percent Change in Cash Based Actuals												
ACUTE CARE	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
FY 2002-03	-2.93%	5.17%	10.26%	34.14%	0.00%	100.00%	3.20%	4.66%	25.26%	23.77%	-11.54%	10.21%
FY 2003-04	5.33%	16.02%	7.50%	30.84%	0.00%	86.79%	1.09%	20.75%	48.67%	13.15%	10.10%	11.75%
FY 2004-05	7.01%	1.09%	-3.96%	0.45%	0.00%	-6.70%	25.75%	0.57%	-39.01%	-18.92%	-9.34%	1.57%
FY 2005-06	-17.25%	-2.42%	-0.66%	5.91%	0.00%	173.47%	5.30%	5.68%	1.94%	23.74%	9.20%	1.32%
FY 2006-07	-30.31%	-3.27%	-3.08%	1.99%	100.00%	-18.42%	7.55%	11.08%	21.28%	-1.54%	32.88%	-0.29%
FY 2007-08	9.51%	14.27%	17.50%	-4.72%	150.25%	27.61%	10.02%	19.13%	12.22%	-1.51%	21.20%	11.02%
FY 2008-09	12.18%	10.51%	9.27%	9.95%	65.83%	9.27%	18.97%	4.68%	12.50%	10.35%	16.69%	12.96%
FY 2009-10	-7.01%	-3.29%	-1.36%	4.69%	42.37%	27.87%	9.43%	-2.59%	11.81%	-18.17%	-14.35%	2.91%
Estimated FY 2010-11	1.42%	8.58%	4.04%	0.48%	182.40%	15.67%	7.67%	4.09%	5.12%	-0.45%	9.74%	9.76%
Estimated FY 2011-12	4.31%	7.57%	9.89%	8.13%	19.46%	14.02%	10.24%	8.63%	5.23%	2.11%	10.94%	9.65%
Per Capita Cost												
ACUTE CARE	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
FY 2001-02	\$3,887.12	\$7,302.52	\$7,537.77	\$3,119.91	\$0.00	-	\$1,532.16	\$2,527.00	\$4,759.19	\$9,773.34	\$254.51	\$3,457.52
FY 2002-03	\$3,687.46	\$7,330.71	\$8,258.34	\$3,420.60	\$0.00	\$30,399.56	\$1,343.98	\$2,484.57	\$5,434.00	\$11,930.49	\$211.10	\$3,552.23
FY 2003-04	\$3,926.28	\$8,325.92	\$8,851.14	\$3,839.02	\$0.00	\$25,417.70	\$1,177.97	\$2,809.64	\$7,525.62	\$11,501.98	\$212.26	\$3,534.44
FY 2004-05	\$4,031.19	\$7,677.36	\$8,298.29	\$3,209.96	\$0.00	\$28,622.42	\$1,300.26	\$2,668.11	\$6,441.40	\$8,678.88	\$197.18	\$3,240.61
FY 2005-06	\$3,296.41	\$7,541.02	\$8,256.11	\$3,298.91	\$0.00	\$36,222.14	\$1,422.35	\$2,705.65	\$7,675.61	\$8,903.27	\$186.45	\$2,972.45
FY 2006-07	\$2,317.79	\$7,273.79	\$7,847.19	\$3,908.73	\$1,466.58	\$24,367.09	\$1,595.02	\$2,957.99	\$9,195.60	\$10,470.57	\$212.90	\$2,991.82
FY 2007-08	\$2,510.49	\$8,193.98	\$9,010.85	\$4,236.73	\$2,124.40	\$26,257.63	\$1,766.66	\$3,438.18	\$8,504.49	\$12,797.32	\$234.32	\$3,406.19
FY 2008-09	\$2,716.28	\$8,632.23	\$9,573.67	\$4,222.92	\$2,468.58	\$22,218.57	\$1,823.67	\$3,421.01	\$8,623.94	\$14,843.76	\$257.81	\$3,850.41
FY 2009-10	\$2,468.91	\$7,635.18	\$9,104.58	\$3,768.14	\$2,190.85	\$21,191.56	\$1,702.13	\$3,269.16	\$8,590.52	\$13,113.75	\$209.11	\$3,555.62
Estimated FY 2010-11	\$2,449.40	\$7,769.92	\$9,104.60	\$3,848.51	\$2,692.62	\$20,386.67	\$1,699.16	\$3,299.54	\$8,627.00	\$13,894.26	\$212.66	\$3,417.70
Estimated FY 2011-12	\$2,502.84	\$8,004.86	\$9,047.71	\$3,879.25	\$2,766.80	\$20,099.04	\$1,667.66	\$3,321.18	\$8,793.14	\$14,437.04	\$219.93	\$3,389.02
Percent Change in Per Capita Cost												
ACUTE CARE	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
FY 2002-03	-5.14%	0.39%	9.56%	9.64%	0.00%	-	-12.28%	-1.68%	14.18%	22.07%	-17.06%	2.74%
FY 2003-04	6.48%	13.58%	7.18%	12.23%	0.00%	-16.39%	-12.35%	13.08%	38.49%	-3.59%	0.55%	-0.50%
FY 2004-05	2.67%	-7.79%	-6.25%	-16.39%	0.00%	12.61%	10.38%	-5.04%	-14.41%	-24.54%	-7.10%	-8.31%
FY 2005-06	-18.23%	-1.78%	-0.51%	2.77%	0.00%	26.55%	9.39%	1.41%	19.16%	2.59%	-5.44%	-8.27%
FY 2006-07	-29.69%	-3.54%	-4.95%	18.49%	100.00%	-32.73%	12.14%	9.33%	19.80%	17.60%	14.19%	0.65%
FY 2007-08	8.31%	12.65%	14.83%	8.39%	44.85%	7.76%	10.76%	16.23%	-7.52%	22.22%	10.06%	13.85%
FY 2008-09	8.20%	5.35%	6.25%	-0.33%	16.20%	-15.38%	3.23%	-0.50%	1.40%	15.99%	10.02%	13.04%
FY 2009-10	-9.11%	-11.55%	-4.90%	-10.77%	-11.25%	-4.62%	-6.66%	-4.44%	-0.39%	-11.65%	-18.89%	-7.66%
Estimated FY 2010-11	-0.79%	1.76%	0.00%	2.13%	22.90%	-3.80%	-0.17%	0.93%	0.42%	5.95%	1.70%	-3.88%
Estimated FY 2011-12	2.18%	3.02%	-0.62%	0.80%	2.75%	-1.41%	-1.85%	0.66%	1.93%	3.91%	3.42%	-0.84%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Acute Care Cash Based Actuals without Pharmacy and Drug Rebate												
ACUTE CARE	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
FY 2001-02	\$79,476,503	\$29,764,667	\$282,361,507	\$98,318,455	\$0	\$0	\$214,145,395	\$25,962,430	\$33,125,577	\$39,368,229	\$2,154,578	\$899,838,928
FY 2002-03	\$71,559,701	\$30,639,652	\$305,177,538	\$130,668,625	\$0	\$1,428,780	\$217,497,316	\$25,703,334	\$41,396,979	\$48,642,555	\$1,899,440	\$997,016,566
FY 2003-04	\$74,708,349	\$35,532,153	\$315,213,108	\$164,847,149	\$0	\$2,668,859	\$219,325,321	\$29,674,353	\$61,354,031	\$55,043,904	\$2,048,802	\$1,120,369,625
FY 2004-05	\$89,186,128	\$35,649,879	\$308,731,349	\$164,415,555	\$0	\$2,490,150	\$267,757,843	\$29,558,032	\$37,611,017	\$44,618,667	\$1,821,982	\$1,138,755,659
FY 2005-06	\$85,954,105	\$36,989,486	\$325,490,108	\$177,712,895	\$0	\$6,808,325	\$287,054,601	\$33,114,209	\$38,557,755	\$55,276,313	\$2,050,680	\$1,154,528,518
FY 2006-07	\$78,674,970	\$36,999,369	\$321,582,428	\$178,034,565	\$6,463,316	\$5,554,944	\$304,603,105	\$36,320,168	\$46,768,497	\$54,425,834	\$2,747,998	\$1,151,004,671
FY 2007-08	\$86,015,300	\$41,712,980	\$373,809,269	\$166,606,197	\$15,741,835	\$7,088,589	\$331,291,705	\$43,207,900	\$52,219,135	\$53,581,790	\$3,330,539	\$1,283,645,119
FY 2008-09	\$97,258,052	\$48,310,885	\$428,292,036	\$188,086,776	\$27,506,671	\$7,042,242	\$400,018,398	\$48,859,903	\$58,971,122	\$59,134,360	\$3,886,247	\$1,456,855,730
FY 2009-10	\$86,961,737	\$39,743,747	\$383,522,116	\$182,346,000	\$36,109,195	\$9,005,793	\$423,043,185	\$40,728,651	\$64,997,700	\$48,429,084	\$3,328,369	\$1,500,779,572
Percent Change in Cash Based Actuals without Pharmacy and Drug Rebate												
ACUTE CARE	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
FY 2002-03	-9.96%	2.94%	8.08%	32.90%	0.00%	100.00%	1.57%	-1.00%	24.97%	23.56%	-11.84%	10.80%
FY 2003-04	4.40%	15.97%	3.29%	26.16%	0.00%	86.79%	0.84%	15.45%	48.21%	13.16%	7.86%	12.37%
FY 2004-05	19.38%	0.33%	-2.06%	-0.26%	0.00%	-6.70%	22.08%	-0.39%	-38.70%	-18.94%	-11.07%	1.64%
FY 2005-06	-3.62%	3.76%	5.43%	8.09%	0.00%	173.41%	7.21%	12.03%	2.52%	23.89%	12.55%	1.39%
FY 2006-07	-8.47%	0.03%	-1.20%	0.18%	100.00%	-18.41%	6.11%	9.68%	21.29%	-1.54%	34.00%	-0.31%
FY 2007-08	9.33%	12.74%	16.24%	-6.42%	143.56%	27.61%	8.76%	18.96%	11.65%	-1.55%	21.20%	11.52%
FY 2008-09	13.07%	15.82%	14.58%	12.89%	74.74%	-0.65%	20.75%	13.08%	12.93%	10.36%	16.69%	13.49%
FY 2009-10	-10.59%	-17.73%	-10.45%	-3.05%	31.27%	27.88%	5.76%	-16.64%	10.22%	-18.10%	-14.36%	3.01%
Per Capita Cost without Pharmacy and Drug Rebate												
ACUTE CARE	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
FY 2001-02	\$2,343.33	\$5,741.64	\$6,092.07	\$2,948.34	\$0.00	-	\$1,488.06	\$1,978.69	\$4,645.29	\$9,773.64	\$255.65	\$3,046.04
FY 2002-03	\$2,062.00	\$5,641.62	\$6,542.28	\$3,202.82	\$0.00	\$30,399.56	\$1,284.60	\$1,840.29	\$5,291.70	\$11,910.52	\$211.33	\$3,004.87
FY 2003-04	\$2,176.25	\$6,404.50	\$6,736.91	\$3,465.94	\$0.00	\$25,417.70	\$1,123.14	\$1,989.70	\$7,305.79	\$11,484.23	\$208.17	\$3,048.14
FY 2004-05	\$2,492.63	\$5,861.54	\$6,441.43	\$2,877.42	\$0.00	\$28,622.42	\$1,203.56	\$1,871.35	\$6,285.26	\$8,663.82	\$189.69	\$2,804.65
FY 2005-06	\$2,373.96	\$6,122.06	\$6,801.59	\$3,017.97	\$0.00	\$36,214.49	\$1,340.39	\$2,011.80	\$7,532.28	\$8,898.31	\$184.88	\$2,870.40
FY 2006-07	\$2,192.24	\$6,106.51	\$6,589.94	\$3,512.43	\$1,252.10	\$24,363.79	\$1,483.05	\$2,171.74	\$9,025.18	\$10,464.49	\$212.89	\$2,934.53
FY 2007-08	\$2,370.61	\$6,787.01	\$7,486.22	\$3,739.34	\$1,765.18	\$26,254.03	\$1,623.80	\$2,520.73	\$8,304.57	\$12,784.97	\$234.31	\$3,274.92
FY 2008-09	\$2,585.34	\$7,493.55	\$8,339.83	\$3,827.02	\$2,161.28	\$22,215.27	\$1,701.27	\$2,709.47	\$8,453.43	\$14,831.79	\$257.79	\$3,335.20
FY 2009-10	\$2,259.51	\$5,638.21	\$7,200.40	\$3,162.38	\$1,768.67	\$21,190.10	\$1,534.59	\$2,215.80	\$8,301.11	\$13,113.75	\$209.08	\$3,008.80
Percent Change in Per Capita Cost without Pharmacy and Drug Rebate												
ACUTE CARE	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
FY 2002-03	-12.01%	-1.74%	7.39%	8.63%	0.00%	-	-13.67%	-6.99%	13.92%	21.86%	-17.34%	-1.35%
FY 2003-04	5.54%	13.52%	2.97%	8.22%	0.00%	-16.39%	-12.57%	8.12%	38.06%	-3.58%	-1.50%	1.44%
FY 2004-05	14.54%	-8.48%	-4.39%	-16.98%	0.00%	12.61%	7.16%	-5.95%	-13.97%	-24.56%	-8.88%	-7.99%
FY 2005-06	-4.76%	4.44%	5.59%	4.88%	0.00%	26.52%	11.37%	7.51%	19.84%	2.71%	-2.54%	2.34%
FY 2006-07	-7.65%	-0.25%	-3.11%	16.38%	100.00%	-32.72%	10.64%	7.95%	19.82%	17.60%	15.15%	2.23%
FY 2007-08	8.14%	11.14%	13.60%	6.46%	40.98%	7.76%	9.49%	16.07%	-7.98%	22.17%	10.06%	11.60%
FY 2008-09	9.06%	10.41%	11.40%	2.34%	22.44%	-15.38%	4.77%	7.49%	1.79%	16.01%	10.02%	1.84%
FY 2009-10	-12.60%	-24.76%	-13.66%	-17.37%	-18.17%	-4.61%	-9.80%	-18.22%	-1.80%	-11.58%	-18.90%	-9.79%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Per Capita Trends												
Per Capita Trends	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
Actual FY 2009-10 Per Capita	\$2,468.91	\$7,635.18	\$9,104.58	\$3,768.14	\$2,190.85	\$21,191.56	\$1,702.13	\$3,269.16	\$8,590.52	\$13,113.75	\$209.11	\$3,555.62
Average of FY 2003-04 through FY 2007-08	-6.09%	2.62%	2.06%	5.10%	28.97%	-0.44%	6.06%	7.00%	11.10%	2.86%	2.45%	-0.52%
Average of FY 2004-05 through FY 2007-08	-9.24%	-0.12%	0.78%	3.32%	36.21%	3.55%	10.67%	5.48%	4.26%	4.47%	2.93%	-0.52%
Average of FY 2005-06 through FY 2007-08	-13.20%	2.44%	3.12%	9.88%	48.28%	0.53%	10.76%	8.99%	10.48%	14.14%	6.27%	2.08%
Average of FY 2006-07 through FY 2007-08	-10.69%	4.56%	4.94%	13.44%	72.43%	-12.49%	11.45%	12.78%	6.14%	19.91%	12.13%	7.25%
Average of FY 2004-05 through FY 2008-09	-5.75%	0.98%	1.87%	2.59%	32.21%	-0.24%	9.18%	4.29%	3.69%	6.77%	4.35%	2.19%
Average of FY 2005-06 through FY 2008-09	-7.85%	3.17%	3.91%	7.33%	40.26%	-3.45%	8.88%	6.62%	8.21%	14.60%	7.21%	4.82%
Average of FY 2006-07 through FY 2008-09	-4.39%	4.82%	5.38%	8.85%	53.68%	-13.45%	8.71%	8.35%	4.56%	18.60%	11.42%	9.18%
Average of FY 2007-08 through FY 2008-09	8.26%	9.00%	10.54%	4.03%	30.53%	-3.81%	7.00%	7.87%	-3.06%	19.11%	10.04%	13.45%
Average of FY 2005-06 through FY 2009-10	-8.10%	0.23%	2.14%	3.71%	29.96%	-3.68%	5.77%	4.41%	6.49%	9.35%	1.99%	2.32%
Average of FY 2006-07 through FY 2009-10	-5.57%	0.73%	2.81%	3.95%	37.45%	-11.24%	4.87%	5.16%	3.32%	11.04%	3.85%	4.97%
Average of FY 2007-08 through FY 2009-10	2.47%	2.15%	5.39%	-0.90%	16.60%	-4.08%	2.44%	3.76%	-2.17%	8.85%	0.40%	6.41%
Average of FY 2008-09 through FY 2009-10	-0.46%	-3.10%	0.68%	-5.55%	2.48%	-10.00%	-1.72%	-2.47%	0.51%	2.17%	-4.44%	2.69%
Per Capita Trends Without Pharmacy and Drug Rebate												
Per Capita Trends	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
Actual FY 2009-10 Per Capita without RX	\$2,259.51	\$5,638.21	\$7,200.40	\$3,162.38	\$1,768.67	\$21,190.10	\$1,534.59	\$2,215.80	\$8,301.11	\$13,113.75	\$209.08	\$3,008.80
Average of FY 2003-04 through FY 2007-08	3.16%	4.07%	2.93%	3.79%	28.20%	-0.44%	5.22%	6.74%	11.15%	2.87%	2.46%	1.92%
Average of FY 2004-05 through FY 2007-08	2.57%	1.71%	2.92%	2.69%	35.25%	3.54%	9.67%	6.40%	4.43%	4.48%	3.45%	2.05%
Average of FY 2005-06 through FY 2007-08	-1.42%	5.11%	5.36%	9.24%	46.99%	0.52%	10.50%	10.51%	10.56%	14.16%	7.56%	5.39%
Average of FY 2006-07 through FY 2007-08	0.25%	5.45%	5.25%	11.42%	70.49%	-12.48%	10.07%	12.01%	5.92%	19.89%	12.61%	6.92%
Average of FY 2004-05 through FY 2008-09	3.87%	3.45%	4.62%	2.62%	32.68%	-0.24%	8.69%	6.61%	3.90%	6.79%	4.76%	2.00%
Average of FY 2005-06 through FY 2008-09	1.20%	6.44%	6.87%	7.52%	40.86%	-3.46%	9.07%	9.76%	8.37%	14.62%	8.17%	4.50%
Average of FY 2006-07 through FY 2008-09	3.18%	7.10%	7.30%	8.39%	54.47%	-13.45%	8.30%	10.50%	4.54%	18.59%	11.74%	5.22%
Average of FY 2007-08 through FY 2008-09	8.60%	10.78%	12.50%	4.40%	31.71%	-3.81%	7.13%	11.78%	-3.10%	19.09%	10.04%	6.72%
Average of FY 2005-06 through FY 2009-10	-1.56%	0.20%	2.76%	2.54%	29.05%	-3.69%	5.29%	4.16%	6.33%	9.38%	2.76%	1.64%
Average of FY 2006-07 through FY 2009-10	-0.76%	-0.87%	2.06%	1.95%	36.31%	-11.24%	3.78%	3.32%	2.96%	11.05%	4.08%	1.47%
Average of FY 2007-08 through FY 2009-10	1.53%	-1.07%	3.78%	-2.86%	15.08%	-4.08%	1.49%	1.78%	-2.66%	8.87%	0.39%	1.22%
Average of FY 2008-09 through FY 2009-10	-1.77%	-7.18%	-1.13%	-7.52%	2.14%	-10.00%	-2.52%	-5.37%	0.00%	2.22%	-4.44%	-3.98%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Current Year Projection												
ACUTE CARE	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
Percentage Selected to Modify Per Capita ⁽¹⁾	3.18%	4.82%	2.81%	5.10%	24.17%	-1.71%	2.44%	3.76%	0.51%	8.85%	3.85%	
Estimated FY 2010-11 Base Per Capita	\$2,547.50	\$8,003.20	\$9,360.42	\$3,960.32	\$2,720.45	\$20,830.02	\$1,743.66	\$3,392.08	\$8,634.33	\$14,274.32	\$217.16	\$3,170.68
Estimated FY 2010-11 Eligibles	39,345	7,521	55,416	56,727	46,911	511	297,340	18,956	8,196	3,470	17,177	551,570
Estimated FY 2010-11 Base Expenditures	\$100,231,388	\$60,192,067	\$518,717,035	\$224,657,073	\$127,619,030	\$10,644,140	\$518,459,864	\$64,300,268	\$70,766,969	\$49,531,890	\$3,730,157	\$1,748,849,881
<i>Bottom Line Impacts</i>												
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2009	(\$492,206)	(\$278,787)	(\$2,511,999)	(\$1,125,473)	(\$231,691)	(\$46,653)	(\$2,430,586)	(\$311,265)	(\$348,423)	(\$250,860)	(\$17,243)	(\$8,045,186)
FY 2010-11 BRI-1: Prevention and Benefits for Enhanced Value (P-BEV) and BA-12: Evidence Guided Utilization Review (EGUR)	(\$65,152)	(\$36,902)	(\$332,504)	(\$148,975)	(\$30,668)	(\$6,175)	(\$321,728)	(\$41,201)	(\$46,119)	(\$33,205)	(\$2,282)	(\$1,064,911)
FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$196,136)	(\$111,092)	(\$1,000,991)	(\$448,483)	(\$92,325)	(\$18,590)	(\$968,549)	(\$124,034)	(\$138,841)	(\$99,964)	(\$6,871)	(\$3,205,876)
FY 2010-11 BRI-3: Expansion of State Maximum Allowable Cost Pharmacy Rate Methodology	(\$64,697)	(\$36,643)	(\$330,174)	(\$147,931)	(\$30,453)	(\$6,132)	(\$319,473)	(\$40,912)	(\$45,796)	(\$32,973)	(\$2,266)	(\$1,057,450)
FY 2010-11 BRI-6: Medicaid Program Reductions Limitation on Incontinence Products	(\$38,990)	(\$22,085)	(\$198,992)	(\$89,156)	(\$18,354)	(\$3,696)	(\$192,542)	(\$24,657)	(\$27,601)	(\$19,872)	(\$1,366)	(\$637,311)
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$835,840)	(\$473,423)	(\$4,265,762)	(\$1,911,227)	(\$393,447)	(\$79,224)	(\$4,127,511)	(\$528,577)	(\$591,676)	(\$426,000)	(\$29,282)	(\$13,661,969)
FY 2010-11 S-6: Accountable Care Collaborative	\$0	(\$105,469)	(\$950,326)	(\$425,783)	(\$87,652)	(\$17,649)	(\$919,527)	(\$117,756)	(\$131,814)	\$0	\$0	(\$2,755,976)
FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,903,500	\$0	\$0	\$1,903,500
HB 10-1005: Home Health Care - Telemedicine Changes	\$0	\$14,426	\$108,844	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123,270
HB 10-1033: Add Screening, Brief Intervention, and Referral to Treatment to Optional Services	\$53,236	\$30,153	\$271,694	\$121,729	\$25,059	\$5,046	\$262,889	\$33,666	\$37,685	\$27,133	\$1,865	\$870,155
Annualization of Benefits Limits on	(\$13,787)	(\$7,809)	(\$70,363)	(\$31,525)	(\$6,490)	\$0	(\$68,083)	(\$8,719)	(\$9,760)	(\$7,027)	\$0	(\$223,563)
Estimated Impact of Increasing PACE Enrollment	(\$354,826)	(\$75,712)	(\$35,302)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$465,840)
SB 10-167: Colorado False Claims Act	(\$169,554)	(\$96,035)	(\$865,322)	(\$387,698)	(\$79,812)	(\$16,071)	(\$837,278)	(\$107,223)	(\$120,023)	(\$86,415)	(\$5,940)	(\$2,771,371)
Annualization of Remove Manual Pricing of DME, Injectibles and Medical Services	(\$88,502)	(\$50,128)	(\$451,676)	(\$202,368)	(\$41,660)	\$0	(\$437,037)	(\$55,968)	(\$62,649)	(\$45,107)	\$0	(\$1,435,095)
Annualization of Colorado Access CRICC Contract Restructuring	\$75,940	\$192,179	\$1,337,385	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,605,504
Annualization of Average Wholesale Pricing Reductions	(\$108,112)	(\$61,234)	(\$551,750)	(\$247,206)	(\$50,890)	\$0	(\$533,868)	(\$68,368)	(\$76,530)	(\$55,100)	\$0	(\$1,753,058)
Annualization of FY 2009-10 ES-2: 1.5% Rate Reduction Effective Sept 1, 2009	(\$420,693)	(\$238,282)	(\$2,147,032)	(\$961,954)	(\$198,029)	(\$39,875)	(\$2,077,448)	(\$266,042)	(\$297,801)	(\$214,413)	(\$14,738)	(\$6,876,307)
Annualization of FY 2009-10 BA-33: Prior Authorization of Anti-convulsant Drugs	(\$59,204)	(\$33,533)	(\$302,146)	(\$135,373)	(\$27,868)	\$0	(\$292,354)	(\$37,439)	(\$41,909)	(\$30,174)	\$0	(\$960,000)
Annualization of FY 2009-10 BA-33: Promote use of VA for Veterans	(\$993,417)	(\$314,302)	(\$1,431,278)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,738,997)
Annualization of FY 2009-10 BRI-2: Medicaid Program Efficiencies - Fluoride Varnish	\$0	\$0	\$0	\$0	\$0	\$0	\$464,864	\$0	\$0	\$0	\$0	\$464,864
Annualization of FY 2009-10 BRI-1: Pharmacy Efficiencies	(\$114,013)	(\$64,577)	(\$581,872)	(\$260,701)	(\$53,668)	\$0	(\$563,014)	(\$72,101)	(\$80,708)	(\$58,109)	\$0	(\$1,848,763)
Annualization of NEMT Supplemental Payment	\$26,021	\$14,738	\$132,798	\$59,499	\$12,248	\$2,466	\$128,494	\$16,455	\$18,420	\$13,262	\$912	\$425,313
Total Bottom Line Impacts	(\$3,859,932)	(\$1,754,517)	(\$14,176,768)	(\$6,342,625)	(\$1,305,700)	(\$226,553)	(\$13,232,751)	(\$1,754,141)	(\$60,045)	(\$1,318,824)	(\$77,211)	(\$44,109,067)
Estimated FY 2010-11 Expenditure	\$96,371,456	\$58,437,550	\$504,540,267	\$218,314,448	\$126,313,330	\$10,417,587	\$505,227,113	\$62,546,127	\$70,706,924	\$48,213,066	\$3,652,946	\$1,704,740,814
Estimated FY 2010-11 Per Capita	\$2,449.40	\$7,769.92	\$9,104.60	\$3,848.51	\$2,692.62	\$20,386.67	\$1,699.16	\$3,299.54	\$8,627.00	\$13,894.26	\$212.66	\$3,090.71
% Change over FY 2009-10 Per Capita	-0.79%	1.76%	0.00%	2.13%	22.90%	-3.80%	-0.17%	0.93%	0.42%	5.95%	1.70%	-13.08%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Request Year Projection												
ACUTE CARE	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
Percentage Selected to Modify Per Capita⁽²⁾	3.18%	4.82%	2.81%	2.55%	3.33%	-1.71%	1.22%	3.76%	0.51%	4.43%	3.85%	
Estimated FY 2011-12 Base Per Capita	\$2,527.37	\$8,144.43	\$9,360.44	\$3,946.65	\$2,782.28	\$20,386.67	\$1,719.89	\$3,423.60	\$8,671.00	\$14,509.08	\$220.85	\$3,090.71
Estimated FY 2011-12 Eligibles	40,163	7,853	61,280	60,851	54,539	591	333,991	20,458	8,462	3,410	18,427	610,025
Estimated FY 2011-12 Base Expenditures	\$101,506,864	\$63,958,210	\$573,607,718	\$240,157,417	\$151,742,769	\$12,048,522	\$574,427,698	\$70,040,064	\$73,373,983	\$49,475,966	\$4,069,555	\$1,914,408,766
<i>Bottom Line Impacts</i>												
Annualization of FY 2010-11 BRI-1: Prevention and Benefits for Enhanced Value (P-BEV) and BA#12: Evidence Guided Utilization Review	(\$7,135)	(\$4,042)	(\$36,418)	(\$16,317)	(\$3,359)	(\$676)	(\$35,238)	(\$4,513)	(\$5,051)	(\$3,637)	(\$250)	(\$116,636)
Annualization of FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$210,906)	(\$119,458)	(\$1,076,369)	(\$482,255)	(\$99,278)	(\$19,990)	(\$1,041,484)	(\$133,374)	(\$149,296)	(\$107,491)	(\$7,389)	(\$3,447,290)
Annualization of FY 2010-11 BRI-6: Medicaid Program Reductions DME Reductions	(\$28,016)	(\$15,870)	(\$142,993)	(\$64,067)	(\$13,189)	(\$2,656)	(\$138,359)	(\$17,719)	(\$19,834)	(\$14,280)	(\$982)	(\$457,965)
Annualization of FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$165,116)	(\$93,523)	(\$842,681)	(\$377,554)	(\$77,724)	(\$15,650)	(\$815,371)	(\$104,418)	(\$116,883)	(\$84,154)	(\$5,784)	(\$2,698,858)
Annualization of FY 2010-11 S-6: Accountable Care Collaborative	\$0	(\$742,795)	(\$6,692,911)	(\$2,998,684)	(\$617,312)	(\$124,301)	(\$6,475,998)	(\$829,328)	(\$928,330)	\$0	\$0	(\$19,409,659)
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,303,100	\$0	\$0	\$2,303,100
Annualization HB 10-1005: Telemedicine Changes	\$0	\$20,257	\$169,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$189,306
Annualization of HB 10-1033: Add Screening, Brief Intervention, and Referral to Treatment to Optional Services	\$22,034	\$12,479	\$112,446	\$50,380	\$10,371	\$2,088	\$108,801	\$13,933	\$15,597	\$11,229	\$772	\$360,130
Annualization of SB 10-167: Colorado False Claims Act	(\$92,884)	(\$52,610)	(\$474,039)	(\$212,388)	(\$43,722)	(\$8,804)	(\$458,676)	(\$58,739)	(\$65,751)	(\$47,340)	(\$3,254)	(\$1,518,207)
Estimated Impact of Increasing PACE Enrollment	(\$503,472)	(\$100,485)	(\$50,046)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$654,003)
HB 09-1293 Children's Continuous Eligibility Adjustment	\$0	\$0	\$0	\$0	\$0	\$0	(\$8,586,550)	\$0	\$0	\$0	\$0	(\$8,586,550)
HB 09-1293 Disabled Buy-in Adjustment	\$0	\$0	(\$10,130,335)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$10,130,335)
HB 09-1293 Foster Care Adjustment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$961,176)	\$0	\$0	\$0	(\$961,176)
Total Bottom Line Impacts	(\$985,495)	(\$1,096,047)	(\$19,164,297)	(\$4,100,885)	(\$844,213)	(\$169,989)	(\$17,442,875)	(\$2,095,334)	\$1,033,552	(\$245,673)	(\$16,887)	(\$45,128,143)
Estimated FY 2011-12 Total Expenditure	\$100,521,369	\$62,862,163	\$554,443,421	\$236,056,532	\$150,898,556	\$11,878,533	\$556,984,823	\$67,944,730	\$74,407,535	\$49,230,293	\$4,052,668	\$1,869,280,623
Estimated FY 2011-12 Per Capita	\$2,502.84	\$8,004.86	\$9,047.71	\$3,879.25	\$2,766.80	\$20,099.04	\$1,667.66	\$3,321.18	\$8,793.14	\$14,437.04	\$219.93	\$3,064.27
% Change over FY 2010-11 Per Capita	2.18%	3.02%	-0.62%	0.80%	2.75%	-1.41%	-1.85%	0.66%	1.93%	3.91%	3.42%	-0.86%

Footnotes						
(1) Percentage selected to modify Per Capita amounts for FY 2010-11: Where applicable, percentage selections have been bolded for clarification.	OAP-A	Average per capita change from FY 2006-07 to FY 2008-09	Exp. Adults	See page EF-6	BC Adults	Average per capita change from FY 2008-09 to FY 2009-10
	OAP-B	Average per capita change from FY 2006-07 to FY 2008-09	BCCP	See page EF-7	Non-Citizens	Average per capita change from FY 2007-08 to FY 2009-10
	AND/AB	Average per capita change from FY 2006-07 to FY 2009-10	Elig. Children	Average per capita change from FY 2007-08 to FY 2009-10	Partial Dual	Average per capita change from FY 2006-07 to FY 2009-10
	AFDC-A	Average per capita change from FY 2003-04 to FY 2007-08	Foster Care	Average per capita change from FY 2007-08 to FY 2009-10		
(2) Percentage selected to modify Per Capita amounts for FY 2011-12: Where applicable, percentage selections have been italicized for clarification.	OAP-A	Average per capita change from FY 2006-07 to FY 2008-09	Exp. Adults	See page EF-6	BC Adults	Average per capita change from FY 2008-09 to FY 2009-10
	OAP-B	Average per capita change from FY 2006-07 to FY 2008-09	BCCP	See page EF-7	Non-Citizens	Half of the estimated FY 2010-11 growth rate
	AND/AB	Average per capita change from FY 2006-07 to FY 2009-10	Elig. Children	Half of the estimated FY 2010-11 growth rate	Partial Dual	Average per capita change from FY 2006-07 to FY 2009-10
	AFDC-A	Half of the estimated FY 2010-11 growth rate	Foster Care	Average per capita change from FY 2007-08 to FY 2009-10		

Exhibit F - ACUTE CARE - Calculation of Expansion Adults Expenditure and Fund Splits

Expansion Adults Expenditure				Expansion Adults Expenditure - Percent Changes			
ACUTE CARE	Expansion Adults to 60%	Expansion Adults to 100%	Total Expansion Adults	ACUTE CARE	Expansion Adults to 60%	Expansion Adults to 100%	Total Expansion Adults
FY 2006-07	\$7,570,473	\$0	\$7,570,473	FY 2006-07	-	-	-
FY 2007-08	\$18,945,426	\$0	\$18,945,426	FY 2007-08	150.25%	0.00%	150.25%
FY 2008-09	\$31,417,642	\$0	\$31,417,642	FY 2008-09	65.83%	0.00%	65.83%
FY 2009-10	\$45,225,817	\$3,277,944	\$44,728,410	FY 2009-10	43.95%	100.00%	42.37%
Estimated FY 2010-11	\$52,885,679	\$73,427,651	\$126,313,330	Estimated FY 2010-11	16.94%	2140.05%	182.40%
Estimated FY 2011-12	\$58,077,918	\$92,820,637	\$150,898,555	Estimated FY 2011-12	9.82%	26.41%	19.46%
Expansion Adults Caseload				Expansion Adults Caseload - Percent Changes			
ACUTE CARE	Expansion Adults to 60%	Expansion Adults to 100%	Total Expansion Adults	ACUTE CARE	Expansion Adults to 60%	Expansion Adults to 100%	Total Expansion Adults
FY 2006-07	5,162	-	5,162	FY 2006-07	-	-	-
FY 2007-08	8,918	-	8,918	FY 2007-08	72.76%	0.00%	72.76%
FY 2008-09	12,727	-	12,727	FY 2008-09	42.71%	0.00%	42.71%
FY 2009-10	17,178	3,238	20,416	FY 2009-10	34.97%	100.00%	60.41%
Estimated FY 2010-11	19,641	27,270	46,911	Estimated FY 2010-11	14.34%	742.19%	129.78%
Estimated FY 2011-12	20,991	33,548	54,539	Estimated FY 2011-12	6.87%	23.02%	16.26%
Expansion Adults Per Capita Costs				Expansion Adults Per Capita Costs - Percent Changes			
ACUTE CARE	Expansion Adults to 60%	Expansion Adults to 100%	Total Expansion Adults	ACUTE CARE	Expansion Adults to 60%	Expansion Adults to 100%	Total Expansion Adults
FY 2006-07	\$1,466.58	\$0.00	\$1,466.58	FY 2006-07	-	-	-
FY 2007-08	\$2,124.40	\$0.00	\$2,124.40	FY 2007-08	44.85%	0.00%	44.85%
FY 2008-09	\$2,468.58	\$0.00	\$2,468.58	FY 2008-09	16.20%	0.00%	16.20%
FY 2009-10	\$2,632.78	\$1,012.34	\$2,190.85	FY 2009-10	6.65%	100.00%	-11.25%
Estimated FY 2010-11	\$2,692.62	\$2,692.62	\$2,692.62	Estimated FY 2010-11	2.27%	165.98%	22.90%
Estimated FY 2011-12	\$2,766.80	\$2,766.80	\$2,766.80	Estimated FY 2011-12	2.75%	2.75%	2.75%
Current Year Projection				Request Year Projection			
ACUTE CARE	Expansion Adults to 60%	Expansion Adults to 100%	Total Expansion Adults	ACUTE CARE	Expansion Adults to 60%	Expansion Adults to 100%	Total Expansion Adults
FY 2009-10 Per Capita	\$2,632.78	\$1,012.34	\$2,190.85	Estimated FY 2010-11 Per Capita	\$2,692.62	\$2,692.62	\$2,692.62
Percentage Selected to Modify Per Capita ⁽¹⁾	3.33%	-	-	Percentage Selected to Modify Per Capita ⁽¹⁾	3.33%	3.33%	-
Estimated FY 2010-11 Base Per Capita	\$2,720.45	\$2,720.45	\$2,720.45	Estimated FY 2011-12 Base Per Capita	\$2,782.28	\$2,782.28	\$2,782.28
Estimated FY 2010-11 Caseload	19,641	27,270	46,911	Estimated FY 2011-12 Caseload	20,991	33,548	54,539
Estimated FY 2010-11 Base Expenditures	\$53,432,358	\$74,186,672	\$127,619,030	Estimated FY 2011-12 Base Expenditures	\$58,402,839	\$93,339,929	\$151,742,769
Total Bottom Line Impacts⁽²⁾	(\$546,679)	(\$759,021)	(\$1,305,700)	Total Bottom Line Impacts⁽²⁾	(\$324,921)	(\$519,292)	(\$844,213)
Estimated FY 2010-11 Expenditure	\$52,885,679	\$73,427,651	\$126,313,330	Estimated FY 2011-12 Expenditure	\$58,077,918	\$92,820,637	\$150,898,555
Estimated FY 2010-11 Per Capita	\$2,692.62	\$2,692.62	\$2,692.62	Estimated FY 2011-12 Per Capita	\$2,766.80	\$2,766.80	\$2,766.80
% Change over FY 2009-10 Per Capita	2.27%	165.98%	22.90%	% Change over FY 2010-11 Per Capita	2.75%	2.75%	2.75%
(1) Percentage selected to modify Per Capita amounts for FY 2010-11: Expansion Adults to 60%: Half of FY 2009-10 increase Expansion Adults to 100%: Half of FY 2009-10 increase in Expansion Adults to 60%				(1) Percentage selected to modify Per Capita amounts for FY 2011-12: Expansion Adults to 60%: Half of FY 2010-11 increase Expansion Adults to 100%: Half of FY 2010-11 increase in Expansion Adults to 60%			
(2) Bottom line impacts are calculated at the front of Exhibit F, and split proportionally to the categories				(2) Bottom line impacts are calculated at the front of Exhibit F, and split proportionally to the categories			

Exhibit F - ACUTE CARE - Breast and Cervical Cancer Program - Per Capita Detail and Fund Splits

Breast and Cervical Cancer Program Costs						
Month	Total⁽¹⁾	Caseload	Monthly Per Capita	Rolling 3-Month Per Capita	Percent Change	Breast and Cervical Cancer Program Costs Footnotes: (1) Totals taken from the Department's monthly report to the Joint Budget Committee on the Health Care Policy and Financing Medical Services Premiums Expenditures and Medicaid Caseload. Total for June 2010 includes payment delay and does not match the reported expenditure for that month. (2) The selected trend factor is the average of the rolling average percent changes from December 2009 - June 2010, annualized to adjust for a full-year effect. (3) The FY 2010-11 and FY 2011-12 totals are calculated on pages EF-4 and EF-5 and include bottom line impacts. Caseload totals are taken from Exhibit B.
April 2009	\$597,763	355	\$1,683.84	-	-	
May 2009	\$702,293	373	\$1,882.82	-	-	
June 2009	\$756,136	383	\$1,974.25	\$5,540.91	-	
July 2009	\$621,917	393	\$1,582.49	\$5,439.56	-1.83%	
August 2009	\$775,285	395	\$1,962.75	\$5,519.49	1.47%	
September 2009	\$664,515	402	\$1,653.02	\$5,198.26	-5.82%	
October 2009	\$732,139	406	\$1,803.30	\$5,419.07	4.25%	
November 2009	\$833,695	418	\$1,994.49	\$5,450.81	0.59%	
December 2009	\$589,421	411	\$1,434.11	\$5,231.90	-4.02%	
January 2010	\$651,827	416	\$1,566.89	\$4,995.49	-4.52%	
February 2010	\$790,587	431	\$1,834.31	\$4,835.31	-3.21%	
March 2010	\$993,915	449	\$2,213.62	\$5,614.82	16.12%	
April 2010	\$746,629	452	\$1,651.83	\$5,699.76	1.51%	
May 2010	\$798,572	455	\$1,755.10	\$5,620.55	-1.39%	
June 2010	\$834,898	466	\$1,791.63	\$5,198.56	-7.51%	
Selected Trend Factor⁽²⁾					-1.71%	
FY 2010-11 Totals⁽³⁾	\$10,417,587	511	\$20,386.67			
FY 2011-12 Totals⁽³⁾	\$11,878,533	591	\$20,099.04			

Breast and Cervical Cancer Program Fund Splits									
FY 2010-11 Fund Splits		Per Capita	Allocation	Caseload	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Medicaid Breast and Cervical Cancer Program Clients ⁽⁴⁾			70%	358	\$7,298,428	\$0	\$2,554,450	\$0	\$4,743,978
Health Care Expansion Breast and Cervical Cancer Program Clients ⁽⁵⁾			30%	153	\$3,119,159	\$0	\$0	\$1,091,706	\$2,027,453
Total		\$20,386.67	100.00%	511	\$10,417,587	\$0	\$2,554,450	\$1,091,706	\$6,771,431
FY 2011-12 Fund Splits⁽⁴⁾		Per Capita	Allocation	Caseload	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Medicaid Breast and Cervical Cancer Program Clients ⁽⁵⁾			70.77%	418	\$8,406,133	\$0	\$2,942,147	\$0	\$5,463,986
Health Care Expansion Breast and Cervical Cancer Program Clients ⁽⁶⁾			29.23%	173	\$3,472,400	\$0	\$0	\$1,215,340	\$2,257,060
Total		\$20,099.04	100.00%	591	\$11,878,533	\$0	\$2,942,147	\$1,215,340	\$7,721,046

(4) The fund split allocation for Health Care Expansion Breast and Cervical Cancer Program Clients in FY 2011-12 is reduced to 29.23% in order to avoid overspending the amount appropriated to the Department of Public Health and Environment for transfer to the Department for Breast and Cervical Cancer Treatment. Expenditure from reappropriated funds for physical and mental health services for Health Care Expansion Breast and Cervical Cancer Program Clients cannot exceed \$1,215,340.

(5) 25.5-5-308 (9) (e), C.R.S. (2010). 35% Cash Funds from the Breast and Cervical Cancer Prevention and Treatment Fund, 65% FFP.

(6) 24-22-117 (2) (d) (II), C.R.S. (2010). 35% RF from the Prevention, Early Detection, and Treatment fund, 65% FFP.

Exhibit F - ACUTE CARE - Antipsychotic Drug Expenditure (Reference)

Cash Based Actuals												
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	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
FY 2002-03	\$4,664,387	\$916,979	\$17,700,825	\$519,527	\$0	\$2,839	\$783,549	\$3,789,992	\$11,356	\$0	\$0	\$28,389,454
FY 2003-04	\$6,372,432	\$1,298,597	\$25,500,975	\$1,057,440	\$0	\$3,389	\$1,296,760	\$5,340,219	\$29,882	\$0	\$0	\$40,899,694
FY 2004-05	\$6,629,621	\$1,760,042	\$28,042,949	\$1,378,076	\$0	\$3,654	\$1,795,300	\$6,321,954	\$22,953	\$0	\$0	\$45,954,548
FY 2005-06	\$4,033,428	\$1,685,933	\$24,178,645	\$1,633,973	\$0	\$326	\$1,935,729	\$7,189,609	\$22,633	\$0	\$0	\$40,680,277
FY 2006-07	\$479,529	\$1,222,769	\$19,965,507	\$2,000,023	\$110,237	\$183	\$2,688,319	\$7,814,333	\$13,828	\$0	\$0	\$34,294,729
FY 2007-08	\$476,587	\$1,416,439	\$22,587,953	\$2,257,237	\$326,303	\$7,201	\$3,116,761	\$8,901,950	\$23,191	\$0	\$0	\$39,113,622
FY 2008-09	\$574,003	\$1,594,319	\$22,596,632	\$3,156,992	\$432,485	\$13,539	\$3,477,458	\$8,956,851	\$50,359	\$0	\$0	\$40,852,638
FY 2009-10 ⁽¹⁾	\$624,336	\$1,845,804	\$23,477,770	\$3,457,524	\$853,198	\$31,055	\$3,652,240	\$8,663,502	\$61,246	\$0	\$0	\$42,666,675
Percent Change in Cash Based Actuals												
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	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
FY 2003-04	36.62%	41.62%	44.07%	103.54%	0.00%	19.36%	65.50%	40.90%	163.14%	0.00%	0.00%	44.07%
FY 2004-05	4.04%	35.53%	9.97%	30.32%	0.00%	7.85%	38.44%	18.38%	-23.19%	0.00%	0.00%	12.36%
FY 2005-06	-39.16%	-4.21%	-13.78%	18.57%	0.00%	-91.07%	7.82%	13.72%	-1.39%	0.00%	0.00%	-11.48%
FY 2006-07	-88.11%	-27.47%	-17.43%	22.40%	100.00%	-44.00%	38.88%	8.69%	-38.90%	0.00%	0.00%	-15.70%
FY 2007-08	-0.61%	15.84%	13.13%	12.86%	196.00%	3839.28%	15.94%	13.92%	67.71%	0.00%	0.00%	14.05%
FY 2008-09	20.44%	12.56%	0.04%	39.86%	32.54%	88.02%	11.57%	0.62%	117.15%	0.00%	0.00%	4.45%
FY 2009-10	8.77%	15.77%	3.90%	9.52%	97.28%	129.37%	5.03%	-3.28%	21.62%	0.00%	0.00%	4.44%
Per Capita Cost												
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	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
FY 2002-03	\$134.40	\$168.84	\$379.46	\$12.73	\$0.00	\$60.40	\$4.63	\$271.35	\$1.45	\$0.00	\$0.00	\$85.56
FY 2003-04	\$185.63	\$234.07	\$545.02	\$22.23	\$0.00	\$32.27	\$6.64	\$358.07	\$3.56	\$0.00	\$0.00	\$111.27
FY 2004-05	\$185.29	\$289.39	\$585.09	\$24.12	\$0.00	\$42.01	\$8.07	\$400.25	\$3.84	\$0.00	\$0.00	\$113.18
FY 2005-06	\$111.40	\$279.04	\$505.25	\$27.75	\$0.00	\$1.74	\$9.04	\$436.79	\$4.42	\$0.00	\$0.00	\$101.14
FY 2006-07	\$13.36	\$201.81	\$409.14	\$39.46	\$21.36	\$0.80	\$13.09	\$467.25	\$2.67	\$0.00	\$0.00	\$87.44
FY 2007-08	\$13.13	\$230.47	\$452.37	\$50.66	\$36.59	\$26.67	\$15.28	\$519.34	\$3.69	\$0.00	\$0.00	\$99.79
FY 2008-09	\$15.26	\$247.30	\$440.01	\$64.24	\$33.98	\$42.71	\$14.79	\$496.69	\$7.22	\$0.00	\$0.00	\$93.52
FY 2009-10	\$16.22	\$261.85	\$440.78	\$59.96	\$41.79	\$73.07	\$13.25	\$471.33	\$7.82	\$0.00	\$0.00	\$85.54
Percent Change in Per Capita Cost												
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	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
FY 2003-04	38.12%	38.63%	43.63%	74.63%	0.00%	-46.57%	43.41%	31.96%	145.52%	0.00%	0.00%	30.05%
FY 2004-05	-0.18%	23.63%	7.35%	8.50%	0.00%	30.18%	21.54%	11.78%	7.87%	0.00%	0.00%	1.72%
FY 2005-06	-39.88%	-3.58%	-13.65%	15.05%	0.00%	-95.86%	12.02%	9.13%	15.10%	0.00%	0.00%	-10.64%
FY 2006-07	-88.01%	-27.68%	-19.02%	42.20%	100.00%	-54.02%	44.80%	6.97%	-39.59%	0.00%	0.00%	-13.55%
FY 2007-08	-1.72%	14.20%	10.57%	28.38%	71.30%	3233.75%	16.73%	11.15%	38.20%	0.00%	0.00%	14.12%
FY 2008-09	16.22%	7.30%	-2.73%	26.81%	-7.13%	60.14%	-3.21%	-4.36%	95.66%	0.00%	0.00%	-6.28%
FY 2009-10	6.29%	5.88%	0.17%	-6.66%	22.98%	71.08%	-10.41%	-5.11%	8.31%	0.00%	0.00%	-8.53%

Exhibit F - ACUTE CARE - Antipsychotic Drug Expenditure (Reference)

Cash Based Actuals												
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	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
FY 2002-03	\$4,044,651	\$795,144	\$15,348,995	\$450,500	\$0	\$2,462	\$679,442	\$3,286,433	\$9,847	\$0	\$0	\$24,617,473
FY 2003-04	\$5,090,144	\$1,037,288	\$20,369,563	\$844,658	\$0	\$2,707	\$1,035,821	\$4,265,638	\$23,869	\$0	\$0	\$32,669,688
FY 2004-05	\$4,938,612	\$1,311,110	\$20,890,071	\$1,026,572	\$0	\$2,722	\$1,337,375	\$4,709,421	\$17,098	\$0	\$0	\$34,232,982
FY 2005-06	\$2,687,488	\$1,123,343	\$16,110,320	\$1,088,722	\$0	\$217	\$1,289,783	\$4,790,463	\$15,081	\$0	\$0	\$27,105,418
FY 2006-07	\$331,389	\$845,022	\$13,797,610	\$1,382,161	\$76,182	\$126	\$1,857,823	\$5,400,269	\$9,556	\$0	\$0	\$23,700,138
FY 2007-08	\$354,695	\$1,054,171	\$16,810,867	\$1,679,927	\$242,848	\$5,359	\$2,319,619	\$6,625,191	\$17,260	\$0	\$0	\$29,109,937
FY 2008-09	\$358,015	\$994,403	\$14,093,890	\$1,969,068	\$269,748	\$8,444	\$2,168,948	\$5,586,535	\$31,410	\$0	\$0	\$25,480,461
FY 2009-10	\$359,915	\$1,064,063	\$13,534,393	\$1,993,183	\$491,849	\$17,902	\$2,105,432	\$4,994,309	\$35,307	\$0	\$0	\$24,596,354
Percent Change in Cash Based Actuals												
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	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
FY 2003-04	25.85%	30.45%	32.71%	87.49%	0.00%	9.95%	52.45%	29.80%	142.40%	0.00%	0.00%	32.71%
FY 2004-05	-2.98%	26.40%	2.56%	21.54%	0.00%	0.55%	29.11%	10.40%	-28.37%	0.00%	0.00%	4.79%
FY 2005-06	-45.58%	-14.32%	-22.88%	6.05%	0.00%	-92.03%	-3.56%	1.72%	-11.80%	0.00%	0.00%	-20.82%
FY 2006-07	-87.67%	-24.78%	-14.36%	26.95%	100.00%	-41.94%	44.04%	12.73%	-36.64%	0.00%	0.00%	-12.56%
FY 2007-08	7.03%	24.75%	21.84%	21.54%	218.77%	4153.17%	24.86%	22.68%	80.62%	0.00%	0.00%	22.83%
FY 2008-09	0.94%	-5.67%	-16.16%	17.21%	11.08%	57.57%	-6.50%	-15.68%	81.98%	0.00%	0.00%	-12.47%
FY 2009-10	0.53%	7.01%	-3.97%	1.22%	82.34%	112.01%	-2.93%	-10.60%	12.41%	0.00%	0.00%	-3.47%
Per Capita Cost												
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	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
FY 2002-03	\$116.55	\$146.41	\$329.05	\$11.04	\$0.00	\$52.38	\$4.01	\$235.30	\$1.26	\$0.00	\$0.00	\$74.19
FY 2003-04	\$148.28	\$186.97	\$435.35	\$17.76	\$0.00	\$25.78	\$5.30	\$286.02	\$2.84	\$0.00	\$0.00	\$88.88
FY 2004-05	\$138.03	\$215.57	\$435.85	\$17.97	\$0.00	\$31.29	\$6.01	\$298.16	\$2.86	\$0.00	\$0.00	\$84.31
FY 2005-06	\$74.23	\$185.92	\$336.65	\$18.49	\$0.00	\$1.15	\$6.02	\$291.04	\$2.95	\$0.00	\$0.00	\$67.39
FY 2006-07	\$9.23	\$139.47	\$282.74	\$27.27	\$14.76	\$0.55	\$9.05	\$322.91	\$1.84	\$0.00	\$0.00	\$60.42
FY 2007-08	\$9.78	\$171.52	\$336.67	\$37.70	\$27.23	\$19.85	\$11.37	\$386.51	\$2.74	\$0.00	\$0.00	\$74.27
FY 2008-09	\$9.52	\$154.24	\$274.44	\$40.06	\$21.19	\$26.64	\$9.22	\$309.80	\$4.50	\$0.00	\$0.00	\$58.33
FY 2009-10	\$9.35	\$150.95	\$254.10	\$34.57	\$24.09	\$42.12	\$7.64	\$271.71	\$4.51	\$0.00	\$0.00	\$49.31
Percent Change in Per Capita Cost												
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	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
FY 2003-04	27.22%	27.70%	32.31%	60.87%	0.00%	-50.78%	32.17%	21.56%	125.40%	0.00%	0.00%	19.80%
FY 2004-05	-6.91%	15.30%	0.11%	1.18%	0.00%	21.37%	13.40%	4.24%	0.70%	0.00%	0.00%	-5.14%
FY 2005-06	-46.22%	-13.75%	-22.76%	2.89%	0.00%	-96.32%	0.17%	-2.39%	3.15%	0.00%	0.00%	-20.07%
FY 2006-07	-87.57%	-24.98%	-16.01%	47.49%	100.00%	-52.17%	50.33%	10.95%	-37.63%	0.00%	0.00%	-10.34%
FY 2007-08	5.96%	22.98%	19.07%	38.25%	84.49%	3509.09%	25.64%	19.70%	48.91%	0.00%	0.00%	22.92%
FY 2008-09	-2.66%	-10.07%	-18.48%	6.26%	-22.18%	34.21%	-18.91%	-19.85%	64.23%	0.00%	0.00%	-21.46%
FY 2009-10	-1.79%	-2.13%	-7.41%	-13.70%	13.69%	58.11%	-17.14%	-12.30%	0.22%	0.00%	0.00%	-15.46%

(1) Totals for FY 2009-10 include expenditures for which payment was delayed until July 2, 2010.

Exhibit F - ACUTE CARE - Prenatal Costs for Optional Legal Immigrants

Prenatal Costs for Optional Legal Immigrants					
Fiscal Year	Total Expenditures	Estimated General Fund	Estimated Federal Funds	Change in Total Expenditures	% Change in Total Expenditures
FY 2002-03	\$6,357,416	\$4,394,680	\$1,962,736	\$2,700,293	73.84%
FY 2003-04	\$6,132,608	\$4,310,092	\$1,822,517	(\$224,807)	-3.54%
FY 2004-05	\$6,950,391	\$4,938,101	\$2,012,290	\$817,783	13.33%
FY 2005-06	\$4,547,550	\$3,201,582	\$1,345,968	(\$2,402,841)	-34.57%
FY 2006-07	\$4,195,975	\$2,942,883	\$1,253,092	(\$351,575)	-7.73%
FY 2007-08	\$4,829,056	\$3,453,445	\$1,375,611	\$633,081	15.09%
FY 2008-09	\$5,576,534	\$4,085,295	\$1,491,239	\$747,478	15.48%
FY 2009-10	\$6,473,449	\$3,236,725	\$3,236,725	\$896,915	16.08%
Estimated FY 2010-11	\$7,480,070	\$3,740,035	\$3,740,035	\$1,006,621	15.55%
Estimated FY 2011-12	\$8,061,271	\$4,030,636	\$4,030,636	\$581,201	7.77%
<p>Provisions in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA, Public. Law 111-3) allowed for a state to receive federal matching funds for this population. The Department filed a state plan amendment in the first quarter of FY 2009-10, and received approval from the Centers for Medicare and Medicaid Services for federal financial participation in December 2009. Therefore, the Department's request does not include any state-only funding for this population.</p>					
<p>Prior to FY 2009-10, expenditure for clients in the state-only prenatal care program is included in the Non-Citizens aid category. After federal approval, expenditure is recorded in the Baby Care Adults column.</p>					

Exhibit F - ACUTE CARE - Calculation of Enhanced Federal Match

Total Expenditure					
Fiscal Year	Total Reported Expenditures	10% GF	90% FF	Change	% Change
FY 1999-00	\$3,956,567	\$395,657	\$3,560,910		
FY 2000-01	\$2,438,198	\$243,820	\$2,194,378	(\$1,518,369)	-38.38%
FY 2001-02	\$5,111,123	\$511,112	\$4,600,011	\$2,672,926	109.63%
FY 2002-03	\$6,538,073	\$653,807	\$5,884,266	\$1,426,950	27.92%
FY 2003-04	\$6,061,856	\$606,186	\$5,455,670	(\$476,218)	-7.28%
FY 2004-05	\$8,019,717	\$801,972	\$7,217,745	\$1,957,861	32.30%
FY 2005-06	\$8,260,397	\$826,040	\$7,434,357	\$240,680	3.00%
FY 2006-07	\$8,343,188	\$834,319	\$7,508,869	\$82,791	1.00%
FY 2007-08	\$9,902,250	\$990,225	\$8,912,025	\$1,559,062	18.69%
FY 2008-09	\$13,893,561	\$1,389,356	\$12,504,205	\$3,991,311	40.31%
FY 2009-10	\$12,619,883	\$1,261,988	\$11,357,895	(\$1,273,678)	-9.17%
FY 2010-11 Estimated Total ¹	\$14,952,204	\$1,495,221	\$13,456,983	\$2,332,321	18.48%
FY 2011-12 Estimated Total ¹	\$17,763,376	\$1,776,338	\$15,987,038	\$2,811,172	18.80%

To predict expenditure in FY 2010-11 and FY 2011-12 a simple linear regression of expenditure from FY 2002-03 to FY 2006-07 was constructed to model expenditure prior to the education initiative. Expenditure was then estimated forward and the percentage change between those estimates was used to calculate expenditure for FY 2010-11 and FY 2011-12, 3.40%.

¹ In addition to estimated expenditure, \$190,350 in FY 2010-11 and an additional \$230,310 in FY 2011-12 is to be transferred from the Department of Public Health and Environment (DPHE) to the Department as reappropriated funds as requested in FY 2010-11 BA-16 "Implementation of Family Planning Waiver".

Breakdown of Total Expenditure						
Fiscal Year	Fee-for-Service Family Planning	Change in Fee-for-Service Expenditure	Percent Change in Fee-for-Service Expenditure	Managed Care Family Planning	Change in Managed Care Expenditure	Percent Change in Managed Care Expenditure
FY 1999-00	\$3,956,567			\$0		
FY 2000-01	\$2,438,198	(\$1,518,369)	-38.38%	\$0	\$0	0.00%
FY 2001-02	\$2,763,372	\$325,174	13.34%	\$2,347,751	\$2,347,751	0.00%
FY 2002-03	\$3,094,894	\$331,522	12.00%	\$3,443,179	\$1,095,428	100.00%
FY 2003-04	\$4,058,413	\$963,519	31.13%	\$2,003,442	(\$1,439,737)	-41.81%
FY 2004-05	\$6,902,883	\$2,844,470	70.09%	\$1,116,833	(\$886,609)	-44.25%
FY 2005-06	\$7,013,966	\$111,082	1.61%	\$1,246,431	\$129,598	11.60%
FY 2006-07	\$7,431,084	\$417,119	5.95%	\$912,103	(\$334,328)	-26.82%
FY 2007-08	\$9,139,367	\$1,708,282	22.99%	\$762,883	(\$149,220)	-16.36%
FY 2008-09	\$13,472,771	\$4,333,404	47.41%	\$420,790	(\$342,093)	-44.84%
FY 2009-10	\$12,533,203	(\$939,568)	-6.97%	\$86,680	(\$334,110)	-79.40%

Totals for fee-for-service and managed care are taken from the Department's quarterly report to the Centers for Medicare and Medicaid Services for total expenditure, known as the CMS-64. The sum of the fee-for-service and managed care totals by year equals the Total Reported Expenditures at the top of this page.

Exhibit F - ACUTE CARE - Expenditure by Half-Year

FY 2009-10 July-December COFRS Total Actuals												
Acute Care	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	COFRS TOTAL
Physician Services & EPSDT	\$2,392,679	\$3,000,290	\$23,134,300	\$25,358,745	\$4,107,672	\$0	\$48,934,921	\$5,069,517	\$8,626,836	\$3,682,057	\$189	\$124,307,207
Emergency Transportation	\$68,743	\$95,961	\$840,224	\$532,145	\$96,603	\$0	\$753,430	\$100,821	\$87,227	\$43,410	\$0	\$2,618,562
Non-emergency Medical Transportation	\$1,103,600	\$385,017	\$2,291,391	\$1,777,221	\$10,703	\$0	\$434,047	\$47,193	\$19,907	\$0	\$0	\$4,469,806
Dental Services	\$387,470	\$112,860	\$2,057,063	\$1,808,839	\$363,501	\$0	\$36,312,895	\$2,680,019	\$191,674	\$1,497	\$0	\$43,915,818
Family Planning	\$0	\$0	\$6,193	\$57,685	\$18,095	\$0	\$55,145	\$16,291	\$9,877	\$0	\$0	\$163,286
Health Maintenance Organizations	\$3,632,693	\$3,669,346	\$25,389,695	\$9,133,232	\$1,752,682	\$0	\$17,899,007	\$495,231	\$574,106	\$0	\$0	\$62,545,992
Inpatient Hospitals	\$7,505,035	\$5,756,482	\$49,120,460	\$27,662,804	\$3,515,566	\$0	\$40,473,445	\$3,305,285	\$15,335,196	\$21,111,222	(\$6,960)	\$173,778,536
Outpatient Hospitals	\$1,239,740	\$1,995,309	\$17,309,633	\$16,478,847	\$4,339,014	\$0	\$26,141,166	\$2,350,636	\$2,425,429	\$483,383	\$0	\$72,763,157
Lab & X-Ray	\$270,204	\$354,409	\$2,662,255	\$4,880,651	\$874,815	\$0	\$3,371,238	\$861,553	\$1,684,565	\$72,767	\$528	\$15,032,985
Durable Medical Equipment	\$9,347,796	\$2,004,590	\$20,451,734	\$1,185,786	\$328,587	\$0	\$3,863,167	\$1,915,454	\$95,495	\$561	\$1,829	\$39,194,999
Prescription Drugs	\$3,991,503	\$6,785,691	\$48,495,401	\$17,296,151	\$3,781,736	\$0	\$20,591,545	\$9,503,943	\$1,170,863	\$0	\$447	\$111,617,280
Drug Rebate	(\$1,473,387)	(\$2,504,809)	(\$17,901,154)	(\$6,384,544)	(\$1,395,956)	\$0	(\$7,600,977)	(\$3,508,199)	(\$432,202)	\$0	(\$165)	(\$41,201,393)
Rural Health Centers	\$20,784	\$75,339	\$443,773	\$608,665	\$158,045	\$0	\$2,279,509	\$257,625	\$155,257	\$11,276	\$0	\$4,010,273
Federally Qualified Health Centers	\$458,662	\$404,075	\$3,028,315	\$5,768,632	\$1,096,009	\$0	\$24,353,081	\$1,044,748	\$2,525,483	\$231,446	\$0	\$38,910,451
Co-Insurance (Title XVIII-Medicare)	\$4,085,103	\$655,391	\$2,930,726	(\$45,190)	\$167,685	\$0	\$8,109	\$8,463	\$9,886	\$0	\$1,292,922	\$9,113,093
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$4,216,972	\$0	\$0	\$0	\$0	\$0	\$4,216,972
Administrative Service Organizations - Services	\$1,311,204	\$906,594	\$7,068,387	\$2,341,262	\$2,392,483	\$0	\$8,044,812	\$991,284	\$1,172,268	\$0	\$0	\$24,228,295
Other Medical Services	\$379	\$221	\$1,938	\$1,027	\$0	\$32	\$1,755	\$256	\$254	\$196	\$19	\$6,077
Home Health	\$12,505,658	\$3,262,849	\$53,454,059	\$221,078	\$45,085	\$0	\$1,728,709	\$5,473,584	\$27,579	\$0	\$65,553	\$76,784,154
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$46,847,865	\$26,959,616	\$240,784,392	\$107,083,035	\$21,652,325	\$4,217,004	\$227,645,003	\$30,613,703	\$33,679,700	\$25,638,543	\$1,354,362	\$766,475,548
Caseload	38,331	6,930	52,738	56,808	15,953	404	268,040	18,224	7,105	3,736	15,616	483,885
Half -Year Per Capita	\$1,222.19	\$3,890.28	\$4,565.67	\$1,885.00	\$1,357.26	\$10,438.13	\$849.29	\$1,679.86	\$4,740.28	\$6,862.56	\$86.73	\$1,584.00
FY 2009-10 January-June COFRS Total Actuals												
Acute Care	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	COFRS TOTAL
Physician Services & EPSDT	\$2,251,554	\$3,088,569	\$23,614,743	\$25,531,652	\$4,888,795	\$0	\$51,738,951	\$5,032,491	\$8,372,271	\$3,309,855	\$364	\$127,829,245
Emergency Transportation	\$66,932	\$123,855	\$875,104	\$539,322	\$93,862	\$0	\$850,613	\$110,103	\$102,684	\$48,717	\$0	\$2,811,192
Non-emergency Medical Transportation	\$1,146,543	\$496,626	\$2,317,657	\$1,700,086	\$11,246	\$0	\$542,853	\$56,628	\$25,429	\$516	\$0	\$4,767,584
Dental Services	\$428,005	\$132,074	\$2,295,071	\$1,938,396	\$501,700	\$0	\$40,337,164	\$2,830,322	\$178,753	\$1,227	\$43	\$48,642,755
Family Planning	\$0	\$24	\$6,227	\$56,451	\$27,901	\$0	\$58,864	\$14,605	\$7,557	\$0	\$0	\$171,630
Health Maintenance Organizations	\$3,057,542	\$3,139,522	\$20,298,152	\$8,546,023	\$1,925,792	\$0	\$17,173,624	\$407,514	\$557,588	\$0	\$0	\$55,105,758
Inpatient Hospitals	\$8,317,949	\$5,869,884	\$49,913,743	\$28,610,180	\$3,180,702	\$0	\$45,429,404	\$2,901,666	\$15,293,870	\$18,507,436	\$6,127	\$178,030,962
Outpatient Hospitals	\$1,346,475	\$2,066,267	\$18,566,624	\$17,669,742	\$6,570,904	\$0	\$27,976,791	\$2,510,126	\$2,604,021	\$583,198	\$521	\$79,894,669
Lab & X-Ray	\$294,554	\$378,823	\$2,950,802	\$5,391,311	\$1,083,214	\$0	\$3,481,638	\$831,782	\$1,904,706	\$79,369	\$109	\$16,396,308
Durable Medical Equipment	\$9,499,539	\$2,151,395	\$21,829,331	\$1,266,338	\$405,307	\$0	\$4,593,086	\$2,124,765	\$89,756	(\$1)	\$1,078	\$41,960,593
Prescription Drugs	\$4,067,878	\$7,290,924	\$52,928,696	\$17,632,588	\$4,837,480	\$618	\$25,594,695	\$9,857,796	\$1,095,192	\$0	\$15	\$123,305,882
Drug Rebate	(\$1,945,321)	(\$3,476,834)	(\$25,206,006)	(\$8,401,705)	(\$2,251,295)	(\$273)	(\$12,104,802)	(\$4,733,093)	(\$534,565)	\$0	(\$39)	(\$58,653,935)
Rural Health Centers	\$21,862	\$77,015	\$502,129	\$705,891	\$212,733	\$0	\$2,431,965	\$160,878	\$153,201	\$18,090	\$142	\$4,283,907
Federally Qualified Health Centers	\$484,389	\$425,785	\$3,277,307	\$6,268,458	\$1,367,117	\$0	\$24,311,094	\$984,508	\$2,750,714	\$240,841	\$154	\$40,110,367
Co-Insurance (Title XVIII-Medicare)	\$6,078,970	\$891,145	\$4,083,705	(\$14,183)	\$189,917	\$0	\$14,175	\$9,988	\$15,068	\$32	\$1,814,132	\$13,082,949
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$4,788,822	\$0	\$0	\$0	\$0	\$0	\$4,788,822
Administrative Service Organizations - Services	\$1,106,102	\$737,214	\$5,778,066	\$4,075,615	(\$19,829)	\$0	\$7,071,481	\$783,654	\$943,220	\$0	\$0	\$20,475,524
Other Medical Services	\$2,654	\$1,541	\$13,680	\$7,327	\$0	\$239	\$12,702	\$1,766	\$1,755	\$1,261	\$140	\$43,063
Home Health	\$11,947,626	\$3,466,919	\$60,116,791	\$198,213	\$50,538	\$0	\$2,070,124	\$5,591,188	\$22,835	\$0	\$151,683	\$83,615,916
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$48,173,254	\$26,860,747	\$244,161,820	\$110,191,704	\$23,076,086	\$4,789,407	\$241,584,422	\$29,476,686	\$33,584,055	\$22,790,541	\$1,974,469	\$786,663,190
Caseload	38,644	7,169	53,791	58,514	24,880	445	283,304	18,539	7,928	3,649	16,222	513,085
Half -Year Per Capita	\$1,246.59	\$3,746.79	\$4,539.08	\$1,883.17	\$927.50	\$10,762.71	\$852.74	\$1,589.98	\$4,236.13	\$6,245.69	\$121.72	\$1,533.20

Exhibit G - COMMUNITY BASED LONG TERM CARE - Cash-Based Actuals and Projections

Cash Based Actuals												
COMMUNITY BASED LONG TERM CARE	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
FY 2001-02	\$85,928,541	\$7,399,415	\$42,961,368	\$84,265	\$0	\$0	\$21,694	\$36,905	\$0	\$0	\$44	\$136,432,232
FY 2002-03	\$78,719,107	\$7,549,034	\$56,806,389	\$70,931	\$0	\$0	\$389,329	\$2,854,975	\$109	\$0	\$0	\$146,389,874
FY 2003-04	\$85,726,658	\$8,298,496	\$61,272,991	\$167,620	\$0	\$0	\$213,385	\$3,044,165	\$0	\$0	\$1	\$158,723,316
FY 2004-05	\$86,505,276	\$8,689,937	\$61,264,884	\$126,591	\$0	\$0	\$689,933	\$3,665,603	\$2,461	\$0	\$224	\$160,944,908
FY 2005-06	\$95,295,727	\$12,130,404	\$71,302,410	\$150,551	\$0	\$0	\$529,206	\$4,121,260	\$0	\$0	\$41,208	\$183,570,766
FY 2006-07	\$112,939,443	\$14,106,731	\$82,896,656	\$88,469	\$5,134	\$0	\$704,094	\$3,990,308	\$0	\$0	\$395,653	\$215,126,488
FY 2007-08	\$124,223,595	\$16,355,185	\$94,673,897	\$113,310	\$8,054	\$0	\$590,675	\$4,856,636	\$0	\$0	\$920,662	\$241,742,014
FY 2008-09	\$135,681,964	\$18,792,943	\$119,790,925	\$52,885	\$8,935	\$0	\$328,265	\$5,552,618	\$2,017	\$0	\$302,145	\$280,512,697
FY 2009-10	\$143,987,940	\$21,115,178	\$126,535,468	\$192,432	\$30,774	\$0	\$836,398	\$6,789,088	\$0	\$1,279	\$201,179	\$299,689,736
Estimated FY 2010-11	\$149,241,338	\$23,048,204	\$143,280,069	\$190,426	\$75,843	\$0	\$995,103	\$7,483,004	(\$11)	\$1,184	\$209,505	\$324,524,665
Estimated FY 2011-12	\$158,177,189	\$25,379,422	\$161,442,132	\$207,828	\$92,591	\$0	\$1,194,069	\$8,880,430	\$0	\$1,158	\$224,503	\$355,599,322
Percent Change in Cash Based Actuals												
COMMUNITY BASED LONG TERM CARE	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
FY 2002-03	-8.39%	2.02%	32.23%	-15.82%	0.00%	0.00%	1694.63%	7635.95%	100.00%	0.00%	-100.00%	7.30%
FY 2003-04	8.90%	9.93%	7.86%	136.32%	0.00%	0.00%	-45.19%	6.63%	-100.00%	0.00%	100.00%	8.43%
FY 2004-05	0.91%	4.72%	-0.01%	-24.48%	0.00%	0.00%	223.33%	20.41%	100.00%	0.00%	32623.62%	1.40%
FY 2005-06	10.16%	39.59%	16.38%	18.93%	0.00%	0.00%	-23.30%	12.43%	-100.00%	0.00%	18323.90%	14.06%
FY 2006-07	18.51%	16.29%	16.26%	-41.24%	100.00%	0.00%	33.05%	-3.18%	0.00%	0.00%	860.14%	17.19%
FY 2007-08	9.99%	15.94%	14.21%	28.08%	56.87%	0.00%	-16.11%	21.71%	0.00%	0.00%	132.69%	12.37%
FY 2008-09	9.22%	14.91%	26.53%	-53.33%	10.95%	0.00%	-44.43%	14.33%	100.00%	0.00%	-67.18%	16.04%
FY 2009-10	6.12%	12.36%	5.63%	263.87%	244.41%	0.00%	154.79%	22.27%	-100.00%	100.00%	-33.42%	6.84%
Estimated FY 2010-11	3.65%	9.15%	13.23%	-1.04%	146.45%	0.00%	18.97%	10.22%	100.00%	-7.43%	4.14%	8.29%
Estimated FY 2011-12	5.99%	10.11%	12.68%	9.14%	22.08%	0.00%	19.99%	18.67%	-100.00%	-2.20%	7.16%	9.58%
Per Capita Cost												
COMMUNITY BASED LONG TERM CARE	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
FY 2001-02	\$2,533.57	\$1,427.36	\$926.91	\$2.53	\$0.00	\$0.00	\$0.15	\$2.81	\$0.00	\$0.00	\$0.01	\$461.84
FY 2002-03	\$2,268.30	\$1,389.99	\$1,217.79	\$1.74	\$0.00	\$0.00	\$2.30	\$204.41	\$0.01	\$0.00	\$0.00	\$441.20
FY 2003-04	\$2,497.21	\$1,495.76	\$1,309.56	\$3.52	\$0.00	\$0.00	\$1.09	\$204.11	\$0.00	\$0.00	\$0.00	\$431.83
FY 2004-05	\$2,417.70	\$1,428.80	\$1,278.24	\$2.22	\$0.00	\$0.00	\$3.10	\$232.07	\$0.41	\$0.00	\$0.02	\$396.39
FY 2005-06	\$2,631.97	\$2,007.68	\$1,489.97	\$2.56	\$0.00	\$0.00	\$2.47	\$250.38	\$0.00	\$0.00	\$3.72	\$456.40
FY 2006-07	\$3,147.00	\$2,328.23	\$1,698.74	\$1.75	\$0.99	\$0.00	\$3.43	\$238.60	\$0.00	\$0.00	\$30.65	\$548.47
FY 2007-08	\$3,423.65	\$2,661.11	\$1,896.02	\$2.54	\$0.90	\$0.00	\$2.90	\$283.33	\$0.00	\$0.00	\$64.77	\$616.75
FY 2008-09	\$3,606.74	\$2,914.99	\$2,332.60	\$1.08	\$0.70	\$0.00	\$1.40	\$307.91	\$0.29	\$0.00	\$20.04	\$642.18
FY 2009-10	\$3,741.21	\$2,995.49	\$2,375.63	\$3.34	\$1.51	\$0.00	\$3.03	\$369.35	\$0.00	\$0.35	\$12.64	\$600.83
Estimated FY 2010-11	\$3,793.15	\$3,064.51	\$2,585.54	\$3.36	\$1.62	\$0.00	\$3.35	\$394.76	\$0.00	\$0.34	\$12.20	\$588.37
Estimated FY 2011-12	\$3,938.38	\$3,231.81	\$2,634.50	\$3.42	\$1.70	\$0.00	\$3.58	\$434.08	\$0.00	\$0.34	\$12.18	\$582.93
Percent Change in Per Capita Cost												
COMMUNITY BASED LONG TERM CARE	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
FY 2002-03	-10.47%	-2.62%	31.38%	-31.23%	0.00%	0.00%	1433.33%	7174.38%	100.00%	0.00%	-100.00%	-4.47%
FY 2003-04	10.09%	7.61%	7.54%	102.30%	0.00%	0.00%	-52.61%	-0.15%	-100.00%	0.00%	0.00%	-2.12%
FY 2004-05	-3.18%	-4.48%	-2.39%	-36.93%	0.00%	0.00%	184.40%	13.70%	100.00%	0.00%	100.00%	-8.21%
FY 2005-06	8.86%	40.52%	16.56%	15.32%	0.00%	0.00%	-20.32%	7.89%	-100.00%	0.00%	18500.00%	15.14%
FY 2006-07	19.57%	15.97%	14.01%	-31.64%	100.00%	0.00%	38.87%	-4.70%	0.00%	0.00%	723.92%	20.17%
FY 2007-08	8.79%	14.30%	11.61%	45.14%	-9.09%	0.00%	-15.45%	18.75%	0.00%	0.00%	111.32%	12.45%
FY 2008-09	5.35%	9.54%	23.03%	-57.48%	-22.22%	0.00%	-51.72%	8.68%	100.00%	0.00%	-69.06%	4.12%
FY 2009-10	3.73%	2.76%	1.84%	209.26%	115.71%	0.00%	116.43%	19.95%	-100.00%	100.00%	-36.93%	-6.44%
Estimated FY 2010-11	1.39%	2.30%	8.84%	0.60%	7.28%	0.00%	10.56%	6.88%	0.00%	-2.86%	-3.48%	-2.07%
Estimated FY 2011-12	3.83%	5.46%	1.89%	1.79%	4.94%	0.00%	6.87%	9.96%	0.00%	0.00%	-0.16%	-0.92%

Exhibit G - COMMUNITY BASED LONG TERM CARE - Cash-Based Actuals and Projections

Per Capita Trends												
Per Capita Trends	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
Actual FY 2009-10 Per Capita	\$3,741.21	\$2,995.49	\$2,375.63	\$3.34	\$1.51	\$0.00	\$3.03	\$369.35	\$0.00	\$0.35	\$12.64	\$600.83
Average of FY 2003-04 through FY 2007-08	8.83%	14.78%	9.47%	18.84%	18.18%	0.00%	26.98%	7.10%	-20.00%	0.00%	3887.05%	7.49%
Average of FY 2004-05 through FY 2007-08	8.51%	16.58%	9.95%	-2.03%	22.73%	0.00%	46.88%	8.91%	0.00%	0.00%	4858.81%	9.89%
Average of FY 2005-06 through FY 2007-08	12.41%	23.60%	14.06%	9.61%	30.30%	0.00%	1.03%	7.31%	-33.33%	0.00%	6445.08%	15.92%
Average of FY 2006-07 through FY 2007-08	14.18%	15.14%	12.81%	6.75%	45.46%	0.00%	11.71%	7.03%	0.00%	0.00%	417.62%	16.31%
Average of FY 2004-05 through FY 2008-09	7.88%	15.17%	12.56%	-13.12%	13.74%	0.00%	27.16%	8.86%	20.00%	0.00%	3873.24%	8.73%
Average of FY 2005-06 through FY 2008-09	10.64%	20.08%	16.30%	-7.17%	17.17%	0.00%	-12.16%	7.66%	0.00%	0.00%	4816.55%	12.97%
Average of FY 2006-07 through FY 2008-09	11.24%	13.27%	16.22%	-14.66%	22.90%	0.00%	-9.43%	7.58%	33.33%	0.00%	255.39%	12.25%
Average of FY 2007-08 through FY 2008-09	7.07%	11.92%	17.32%	-6.17%	-15.66%	0.00%	-33.59%	13.72%	50.00%	0.00%	21.13%	8.29%
Average of FY 2005-06 through FY 2009-10	9.26%	16.62%	13.41%	36.12%	36.88%	0.00%	13.56%	10.11%	-20.00%	20.00%	3845.85%	9.09%
Average of FY 2006-07 through FY 2009-10	9.36%	10.64%	12.62%	41.32%	46.10%	0.00%	22.03%	10.67%	0.00%	25.00%	182.31%	7.58%
Average of FY 2007-08 through FY 2009-10	5.96%	8.87%	12.16%	65.64%	28.13%	0.00%	16.42%	15.79%	0.00%	33.33%	1.78%	3.38%
Average of FY 2008-09 through FY 2009-10	4.54%	6.15%	12.44%	75.89%	46.75%	0.00%	32.36%	14.32%	0.00%	50.00%	-53.00%	-1.16%
Current Year Projection												
Percentage Selected to Modify Per Capita⁽¹⁾	4.54%	6.15%	12.44%	3.38%	10.00%	0.00%	13.56%	10.11%	0.00%	0.00%	0.00%	
Estimated FY 2010-11 Base Per Capita	\$3,911.06	\$3,179.71	\$2,671.16	\$3.45	\$1.66	\$0.00	\$3.44	\$406.69	\$0.00	\$0.35	\$12.64	\$607.44
Estimated FY 2010-11 Eligibles	39,345	7,521	55,416	56,727	46,911	511	297,340	18,956	8,196	3,470	17,177	551,570
Estimated FY 2010-11 Base Expenditures	\$153,880,656	\$23,914,599	\$148,025,003	\$195,708	\$77,872	\$0	\$1,022,850	\$7,709,216	\$0	\$1,215	\$217,117	\$335,044,236
<i>Bottom Line Impacts</i>												
FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	(\$193,611)	(\$30,089)	(\$186,244)	(\$246)	(\$98)	\$0	(\$1,287)	(\$9,700)	\$0	(\$2)	(\$273)	(\$421,550)
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$1,273,965)	(\$197,987)	(\$1,225,487)	(\$1,620)	(\$645)	\$0	(\$8,468)	(\$63,824)	\$0	(\$10)	(\$1,797)	(\$2,773,803)
FY 2009-10 BA-15 Community Transitions Services for Mental Illness Waiver Clients	(\$171,492)	(\$26,652)	(\$164,966)	(\$218)	(\$87)	\$0	(\$1,140)	(\$8,592)	\$0	(\$1)	(\$242)	(\$373,390)
Annualization of FY 2009-10 ES-2: 1.5% Rate Reduction Effective Sept 1, 2009	(\$831,688)	(\$129,253)	(\$800,040)	(\$1,058)	(\$421)	\$0	(\$5,528)	(\$41,666)	\$0	(\$7)	(\$1,173)	(\$1,810,834)
Annualization of FY 2009-10 ES-2: HCBS Waiver Transportation Limitations	(\$402,737)	(\$58,018)	(\$289,669)	(\$27)	(\$3)	\$0	\$0	(\$321)	\$0	\$0	(\$457)	(\$751,233)
Annualization of Retroactive Increase of HB 08-1114 on FY 2008-09 Hospice Rates	(\$916,145)	(\$142,378)	(\$881,283)	(\$1,165)	(\$464)	\$0	(\$6,090)	(\$45,898)	\$0	(\$7)	(\$1,293)	(\$1,994,723)
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2009	(\$654,727)	(\$101,751)	(\$629,813)	(\$833)	(\$331)	\$0	(\$4,352)	(\$32,801)	\$0	(\$5)	(\$924)	(\$1,425,537)
Estimated Impact of Increased PACE Enrollment	(\$611,082)	(\$99,110)	(\$46,211)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$756,403)
Annualization of FY 2009-10 BA-33: "Promote use of VA for Veterans"	\$279,960	(\$102,319)	(\$652,208)	(\$288)	(\$49)	\$0	(\$1,787)	(\$30,232)	(\$11)	\$0	(\$1,645)	(\$508,579)
HB 10-1146 State-funded Public Assistance Programs	\$136,170	\$21,162	\$130,987	\$173	\$69	\$0	\$905	\$6,822	\$0	\$1	\$192	\$296,481
Total Bottom Line Impacts	(\$4,639,318)	(\$866,395)	(\$4,744,934)	(\$5,282)	(\$2,029)	\$0	(\$27,747)	(\$226,212)	(\$11)	(\$31)	(\$7,612)	(\$10,519,571)
Estimated FY 2010-11 Expenditure	\$149,241,338	\$23,048,204	\$143,280,069	\$190,426	\$75,843	\$0	\$995,103	\$7,483,004	(\$11)	\$1,184	\$209,505	\$324,524,665
Estimated FY 2010-11 Per Capita	\$3,793.15	\$3,064.51	\$2,585.54	\$3.36	\$1.62	\$0.00	\$3.35	\$394.76	\$0.00	\$0.34	\$12.20	\$588.37
% Change over FY 2009-10 Per Capita	1.39%	2.30%	8.84%	0.60%	7.28%	0.00%	10.56%	6.88%	0.00%	-2.86%	-3.48%	-2.07%

Exhibit G - COMMUNITY BASED LONG TERM CARE - Cash-Based Actuals and Projections

Request Year Projection												
Per Capita Trends	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
Percentage Selected to Modify Per Capita⁽²⁾	4.54%	6.15%	2.07%	1.69%	5.00%	0.00%	6.78%	10.11%	0.00%	0.00%	0.00%	
Estimated FY 2011-12 Base Per Capita	\$3,965.36	\$3,252.98	\$2,639.15	\$3.42	\$1.70	\$0.00	\$3.58	\$434.67	\$0.00	\$0.34	\$12.20	\$588.37
Estimated FY 2011-12 Eligibles	40,163	7,853	61,280	60,851	54,539	591	333,991	20,458	8,462	3,410	18,427	610,025
Estimated FY 2011-12 Base Expenditures	\$159,260,754	\$25,545,652	\$161,727,112	\$208,110	\$92,716	\$0	\$1,195,688	\$8,892,479	\$0	\$1,159	\$224,809	\$357,148,479
<i>Bottom Line Impacts</i>												
Annualization of FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	(\$180,881)	(\$29,013)	(\$183,681)	(\$236)	(\$105)	\$0	(\$1,358)	(\$10,100)	\$0	(\$1)	(\$255)	(\$405,630)
Annualization of FY 2010-11 BRI-6: "Medicaid Program Reductions"	(\$196,781)	(\$31,564)	(\$199,827)	(\$257)	(\$115)	\$0	(\$1,477)	(\$10,987)	\$0	(\$1)	(\$278)	(\$441,287)
Annualization of HB 10-1146 State-funded Public Assistance Programs	\$168,036	\$26,953	\$170,638	\$220	\$98	\$0	\$1,262	\$9,382	\$0	\$1	\$237	\$376,827
Estimated Impact of Increased PACE Enrollment	(\$867,080)	(\$131,540)	(\$65,513)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,064,133)
Annualization of FY 2009-10 BA-15 Community Transitions Services for Mental Illness Waiver Clients	(\$6,859)	(\$1,066)	(\$6,598)	(\$9)	(\$3)	\$0	(\$46)	(\$344)	\$0	(\$0)	(\$10)	(\$14,934)
Total Bottom Line Impacts	(\$1,083,565)	(\$166,230)	(\$284,980)	(\$282)	(\$125)	\$0	(\$1,619)	(\$12,049)	\$0	(\$1)	(\$306)	(\$1,549,157)
Estimated FY 2011-12 Total Expenditure	\$158,177,189	\$25,379,422	\$161,442,132	\$207,828	\$92,591	\$0	\$1,194,069	\$8,880,430	\$0	\$1,158	\$224,503	\$355,599,322
Estimated FY 2011-12 Per Capita	\$3,938.38	\$3,231.81	\$2,634.50	\$3.42	\$1.70	\$0.00	\$3.58	\$434.08	\$0.00	\$0.34	\$12.18	\$582.93
% Change over FY 2010-11 Per Capita	3.83%	5.46%	1.89%	1.79%	4.94%	0.00%	6.87%	9.96%	0.00%	0.00%	-0.16%	-0.92%
Footnotes												
(1) Percentage selected to modify Per Capita amounts for FY 2010-11: Where applicable, percentage selections have been bolded for clarification.	OAP-A	Average of FY 2008-09 through FY 2009-10			Exp. Adults	10.00%			BC Adults	0.00%		
	OAP-B	Average of FY 2008-09 through FY 2009-10			BCCP	0.00%			Non-Citizens	0.00%		
	AND/AB	Average of FY 2008-09 through FY 2009-10			Elig. Children	Average of FY 2005-06 through FY 2009-10			Partial Dual	0.00%		
	AFDC-A	Average of overall per capita spending between FY 2007-08 through FY 2009-10			Foster Care	Average of FY 2005-06 through FY 2009-10						
(2) Percentage selected to modify Per Capita amounts for FY 2011-12: Where applicable, percentage selections have been italicized for clarification.	OAP-A	Average of FY 2008-09 through FY 2009-10			Exp. Adults	5.00%			BC Adults	0.00%		
	OAP-B	Average of FY 2008-09 through FY 2009-10			BCCP	0.00%			Non-Citizens	0.00%		
	AND/AB	One Sixth of FY 2010-11 trend			Elig. Children	Half of FY 2010-11 trend			Partial Dual	0.00%		
	AFDC-A	Half of FY 2010-11 trend			Foster Care	Average of FY 2005-06 through FY 2009-10						

Exhibit G - COMMUNITY BASED LONG TERM CARE - Expenditure by Half-Year

FY 2009-10 July - December COFRS Total Actuals												
Community Based Long Term Care	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	\$51,722,695	\$7,183,928	\$34,682,166	\$5,088	\$4,408	\$0	\$0	\$37,918	\$0	\$0	\$90,677	\$93,726,880
HCBS - Mental Illness	\$1,752,396	\$1,143,956	\$8,621,116	\$0	\$0	\$0	\$0	\$11,904	\$0	\$0	\$21,173	\$11,550,545
HCBS - Disabled Children	\$0	\$0	\$823,157	\$0	\$0	\$0	\$0	\$471	\$0	\$0	\$0	\$823,628
HCBS - Persons Living with AIDS	\$10,761	\$16,399	\$255,196	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$282,381
HCBS - Consumer Directed Attendant Support	\$930,510	\$129,241	\$624,024	\$92	\$0	\$0	\$0	\$682	\$0	\$0	\$1,631	\$1,686,180
HCBS - Brain Injury	\$65,565	\$259,323	\$5,584,841	\$2,858	\$2,859	\$0	\$0	\$0	\$0	\$0	\$0	\$5,915,446
HCBS - Children with Autism	\$0	\$0	\$722,923	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$722,923
HCBS - Pediatric Hospice	\$0	\$0	\$39,527	\$0	\$0	\$0	\$0	\$341	\$0	\$0	\$0	\$39,868
Private Duty Nursing	\$514,224	\$126,297	\$7,533,650	\$0	\$0	\$0	\$192,856	\$3,136,873	\$0	\$0	\$0	\$11,503,900
Hospice	\$16,796,574	\$1,372,477	\$2,949,112	\$76,022	\$20,015	\$0	\$74,878	\$34,903	\$0	\$1,278	\$52,710	\$21,377,969
Total	\$71,792,725	\$10,231,621	\$61,835,712	\$84,060	\$27,282	\$0	\$267,734	\$3,223,092	\$0	\$1,278	\$166,216	\$147,629,720
Caseload	38,331	6,930	52,738	56,808	15,953	404	268,040	18,224	7,731	3,736	15,616	484,511
Half -Year Per Capita	\$1,872.97	\$1,476.42	\$1,172.51	\$1.48	\$1.71	\$0.00	\$1.00	\$176.86	\$0.00	\$0.34	\$10.64	\$304.70
FY 2009-10 January - June COFRS Total Actuals												
Community Based Long Term Care	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	\$51,663,516	\$7,442,611	\$37,159,094	\$3,466	\$423	\$0	\$0	\$41,229	\$0	\$0	\$58,683	\$96,369,022
HCBS - Mental Illness	\$1,721,061	\$1,247,083	\$8,488,863	\$80	\$0	\$0	\$0	\$11,696	\$0	\$0	\$21,286	\$11,490,069
HCBS - Disabled Children	\$0	\$0	\$1,017,385	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,017,385
HCBS - Persons Living with AIDS	\$9,775	\$12,071	\$294,315	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$316,161
HCBS - Consumer Directed Attendant Support	\$980,245	\$141,028	\$707,507	\$69	\$0	\$0	\$0	\$787	\$0	\$0	\$1,102	\$1,830,737
HCBS - Brain Injury	\$78,778	\$273,545	\$5,328,650	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,680,975
HCBS - Children with Autism	\$0	\$0	\$871,812	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$871,812
HCBS - Pediatric Hospice	\$0	\$0	\$62,198	\$0	\$0	\$0	\$0	\$144	\$0	\$0	\$0	\$62,342
Private Duty Nursing	\$521,028	\$114,244	\$7,603,429	\$0	\$0	\$0	\$411,864	\$3,512,090	\$0	\$0	\$0	\$12,162,655
Hospice	\$17,220,812	\$1,652,975	\$3,166,503	\$104,756	\$3,069	\$0	\$156,800	\$49	\$0	\$1	(\$46,107)	\$22,258,857
Total	\$72,195,215	\$10,883,557	\$64,699,756	\$108,372	\$3,492	\$0	\$568,664	\$3,565,996	\$0	\$1	\$34,963	\$152,060,016
Caseload	38,644	7,169	53,791	58,514	24,880	445	283,304	18,539	7,928	3,649	16,222	513,085
Half -Year Per Capita	\$1,868.21	\$1,518.14	\$1,202.80	\$1.85	\$0.14	\$0.00	\$2.01	\$192.35	\$0.00	\$0.00	\$2.16	\$296.36

Exhibit H - Long Term Care and Insurance Summary

FY 2010-11 Long Term Care and Insurance Request												
FY 2010-11	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
Class I Nursing Facilities	\$447,310,935	\$29,405,313	\$74,992,901	\$5,367	\$0	\$0	\$0	\$0	\$0	\$0	\$63,657	\$551,778,173
Class II Nursing Facilities	\$84,866	\$381,391	\$1,758,480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,224,737
Program for All-Inclusive Care for the Elderly	\$69,108,282	\$5,417,335	\$2,525,914	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,051,531
Subtotal Long Term Care	\$516,504,083	\$35,204,039	\$79,277,295	\$5,367	\$0	\$0	\$0	\$0	\$0	\$0	\$63,657	\$631,054,441
Supplemental Medicare Insurance Benefit	\$62,758,019	\$3,819,586	\$33,479,606	\$198,019	\$0	\$0	\$0	\$0	\$0	\$0	\$19,167,651	\$119,422,881
Health Insurance Buy-In	\$3,698	\$8,677	\$1,301,474	\$34,746	\$0	\$0	\$82,614	\$210	\$11,405	\$0	\$0	\$1,442,824
Subtotal Insurance	\$62,761,717	\$3,828,263	\$34,781,080	\$232,765	\$0	\$0	\$82,614	\$210	\$11,405	\$0	\$19,167,651	\$120,865,705
Total Long Term Care and Insurance	\$579,265,800	\$39,032,302	\$114,058,375	\$238,132	\$0	\$0	\$82,614	\$210	\$11,405	\$0	\$19,231,308	\$751,920,146
FY 2011-12 Long Term Care and Insurance Request												
FY 2011-12	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
Class I Nursing Facilities	\$447,446,743	\$29,414,241	\$75,015,669	\$5,369	\$0	\$0	\$0	\$0	\$0	\$0	\$63,676	\$551,945,698
Class II Nursing Facilities	\$84,866	\$387,531	\$1,786,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,259,189
Program for All-Inclusive Care for the Elderly	\$79,968,577	\$6,083,763	\$2,833,253	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$88,885,593
Subtotal Long Term Care	\$527,500,186	\$35,885,535	\$79,635,714	\$5,369	\$0	\$0	\$0	\$0	\$0	\$0	\$63,676	\$643,090,480
Supplemental Medicare Insurance Benefit	\$69,196,784	\$4,213,537	\$38,008,527	\$221,389	\$0	\$0	\$0	\$0	\$0	\$0	\$21,430,509	\$133,070,746
Health Insurance Buy-In	\$3,851	\$9,035	\$1,782,295	\$86,420	\$0	\$0	\$199,430	\$219	\$30,113	\$0	\$0	\$2,111,363
Subtotal Insurance	\$69,200,635	\$4,222,572	\$39,790,822	\$307,809	\$0	\$0	\$199,430	\$219	\$30,113	\$0	\$21,430,509	\$135,182,109
Total Long Term Care and Insurance	\$596,700,821	\$40,108,107	\$119,426,536	\$313,178	\$0	\$0	\$199,430	\$219	\$30,113	\$0	\$21,494,185	\$778,272,589

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES

Class I Nursing Home Calculations for FY 2010-11 and FY 2011-12		
FY 2010-11 Calculation		
<u>Service Expenditures:</u>	Core Components	Reference
Estimate of FY 2010-11 General Fund Portion of Per Diem Rate	\$180.29	Footnote 1
Estimate of FY 2010-11 Patient Payment (per day)	\$32.00	Footnote 2
Estimated FY 2010-11 Medicaid Reimbursement (per day)	\$148.29	
Estimate of Patient Days (without Hospital Back Up and out of state placement)	3,332,678	Footnote 3
Total Estimated Costs for 2010-11 Days of Service	\$494,190,197	Footnote 4
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	92.89%	Footnote 5
Estimated Expenditures for Claims Paid in Current Year with Current Year Dates of Service	\$459,058,268	
Estimated Expenditures for FY 2009-10 Dates of Service	\$36,284,699	Footnote 6
Estimated Expenditures in FY 2010-11 Prior to Adjustments	\$495,342,967	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$4,267,707	Footnote 7
Estate and Income Trust Recoveries	(\$6,913,239)	Footnote 8
Recoveries from Department Overpayment Reviews	(\$593,477)	Footnote 9
FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	(\$360,000)	Narrative
HB 10-1324 Medicaid Nursing Facility Per Diem Rates: 1.5% Reduction Effective March 1, 2010	(\$8,416,927)	Footnote 10
HB 10-1379 Nursing Facility Rate Reduction: 1% Reduction Effective July 1, 2010	(\$5,591,531)	Footnote 10
Total Bottom Line Adjustments:	(\$17,607,467)	
Total Estimated FY 2010-11 General Fund Expenditures	\$477,735,500	
<u>Supplemental Payments from Nursing Facility Provider Fund</u>		
Growth Beyond General Fund Cap	\$48,220,038	Page EH-8
Prior Year Rate Reconciliation	\$6,575,460	Page EH-8
Rate Cut Backfill	\$0	Page EH-8
Cognitive Performance Scale	\$81,245	Page EH-8
PASRR - Resident	\$198,782	Page EH-8
PASRR - Facility	\$49,344	Page EH-8
Medicaid Supplemental Payment	\$17,743,388	Page EH-8
Pay for Performance	\$1,174,416	Page EH-8
Total Estimated Supplemental Payments	\$74,042,673	
Total Estimated FY 2010-11 Expenditures	\$551,778,173	

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES

Class I Nursing Home Calculations for FY 2010-11 and FY 2011-12		
FY 2011-12 Calculation		
Service Expenditures:	Core Components	Reference
Estimate of FY 2011-12 Per Diem Allowable Medicaid Rate	\$185.69	Footnote 1
Estimate of FY 2011-12 Patient Payment (per day)	\$32.94	Footnote 2
Estimated FY 2011-12 Medicaid Reimbursement (per day)	\$152.75	
Estimate of Patient Days (without Hospital Back Up and out of state placement)	3,291,749	Footnote 3
Total Estimated Costs for FY 2011-12 Days of Service	\$502,830,367	Footnote 4
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	92.89%	Footnote 5
Estimated Expenditures for Claims Paid in Current Year with Current Year Dates of Service	\$467,084,209	
Estimated Expenditures for FY 2010-11 Dates of Service	\$35,131,929	Footnote 6
Estimated General Fund Expenditures in FY 2011-12 Prior to Adjustments	\$502,216,138	
Bottom Line Adjustments:		
Hospital Back Up Program	\$4,161,302	Footnote 7
Estate and Income Trust Recoveries	(\$7,265,847)	Footnote 8
Recoveries from Department Overpayment Reviews	(\$796,081)	Footnote 9
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1324	(\$641,150)	Footnote 10
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1379	(\$427,922)	Footnote 10
Annualization of FY 2010-11 BRI#2: "Coordinated Payment and Payment Reform"	(\$180,000)	
Total Bottom Line Adjustments:	(\$5,149,698)	
Total Estimated FY 2011-12 Expenditures	\$497,066,440	
Supplemental Payments from Nursing Facility Provider Fund		
Growth Beyond General Fund Cap	\$32,923,098	Page EH-8
Prior Year Rate Reconciliation	\$3,922,881	Page EH-8
Rate Cut Backfill	\$0	Page EH-8
Cognitive Performance Scale	\$0	Page EH-8
PASRR - Resident	\$0	Page EH-8
PASRR - Facility	\$0	Page EH-8
Medicaid Supplemental Payment	\$18,033,279	Page EH-8
Pay for Performance	\$0	Page EH-8
Total Estimated Supplemental Payments	\$54,879,258	
Total Estimated FY 2011-12 Expenditures	\$551,945,698	

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

Class I Nursing Home Calculations for FY 2010-11 and FY 2011-12 Footnotes:

- (1) In previous requests, the Department based the estimated per diem allowable Medicaid rates upon actual historical per diem rates. Per HB 08-1114 and SB 09-263, the Department implemented significant changes in the reimbursement rate methodology for nursing facilities. Beginning in FY 2008-09, instead of reimbursement based on an overall per diem rate, facilities are reimbursed based on a per diem rate for core components as well as supplemental per diem rates for eligible facilities. The core components include fair rental value; direct and indirect health care; and administrative and general costs. Supplemental payments are made for providers who have residents with moderate to severe mental health conditions, cognitive dementia, or acquired brain injury; and to providers who meet performance standards. In addition, a supplemental payment is made as a provider fee offset. The following table includes the historical per diem reimbursement rates and the estimated and projected per diem rates for FY 2002-03 through FY 2011-12.

Year	Core Components	
	Per Diem Rate	Percent Change
FY 2002-03	\$131.06	-
FY 2003-04	\$143.49	9.49%
FY 2004-05	\$150.15	4.64%
FY 2005-06	\$157.34	4.79%
FY 2006-07	\$166.30	5.69%
FY 2007-08	\$169.28	1.79%
FY 2008-09	\$182.99	8.10%
FY 2009-10	\$176.92	-3.31%
Projected FY 2010-11	\$180.29	1.90%
Projected FY 2011-12	\$185.69	3.00%

- (2) The patient payment estimate is a trended value using incurred but not reported (IBNR) adjusted data. Values for prior years differ slightly from the Department's prior Budget Requests due to the inclusion of claims paid after those Budget Requests. Hospital Back Up claims are removed from this calculation. The FY 2008-09 patient payment data was adjusted for use in calculating projections; mass adjustments to all claims caused a number of claims which were originally 100% patient paid to have a portion of the payment paid by the Department.

Fiscal Year	Patient Payment Per Day	Percent Difference
FY 1999-00	\$21.56	
FY 2000-01	\$22.85	5.98%
FY 2001-02	\$23.76	3.98%
FY 2002-03	\$24.75	4.17%
FY 2003-04	\$24.93	0.73%
FY 2004-05	\$25.89	3.85%
FY 2005-06	\$27.52	6.30%
FY 2006-07	\$28.72	4.34%
FY 2007-08	\$29.17	1.58%
Adjusted FY 2008-09	\$30.40	4.22%
FY 2009-10	\$30.74	1.12%
Estimated FY 2010-11	\$32.00	4.10%
Estimated FY 2011-12	\$32.94	2.94%

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

- (3) The patient days estimate is a trended value using incurred but not reported (IBNR) adjusted data. Values for prior years differ slightly from prior Budget Requests due to the inclusion of claims paid between those Requests and this Request. Hospital Back Up days are removed from this calculation. The estimated FY 2010-11 patients days includes 7,691 additional days as estimated by the Department of Human Services for the impact of facility closures due to recent budget reduction actions which will result in an increase in nursing facility days for Department of Health Care Policy and Financing. Similarly, the FY 2010-11 estimated patient days includes an additional 7,628 days which represents the trended impact of additional FY 2010-11 days which would not otherwise be included in the base estimate of days.

Fiscal Year	Patient Days	Percentage Change	Additional Days	Total Days
FY 2000-01	3,712,731	-	-	-
FY 2001-02	3,618,218	-2.55%	-	-
FY 2002-03	3,538,295	-2.21%	-	-
FY 2003-04	3,502,849	-1.00%	-	-
FY 2004-05	3,519,234	0.47%	-	-
FY 2005-06	3,529,589	0.29%	-	-
FY 2006-07	3,514,298	-0.43%	-	-
FY 2007-08	3,431,172	-2.37%	-	-
FY 2008-09	3,417,764	-0.39%	-	-
FY 2009-10	3,352,419	-1.91%	-	-
Estimated FY 2010-11	3,324,987	-0.82%	7,691	3,332,678
Estimated FY 2011-12	3,284,121	-1.23%	7,628	3,291,749

- (4) Estimated costs for current year dates of service is the amount the Department expects to pay for services rendered in the current fiscal year regardless of which fiscal year the payment is made.
- (5) Of the estimated costs for the current year dates of service, a portion of those claims will be paid during the same fiscal year in which they were incurred while the rest of the claims will be paid in a future period. In order to estimate how much of the total expenditure incurred in the current year will be paid in the current year, expenditure patterns must be analyzed by month. This is because, for example, a claim incurred in July 2008 has 11 more months to pay during FY 2008-09 (from August 2008 to June 2009), while a claim incurred in May 2009 only has one additional month to pay during FY 2008-09 (June 2009). Thus, more claims from May 2009 will pay in FY 2009-10 than claims from July 2008. Based on the Department's estimate of incurred but not reported (IBNR) claims, the Department estimates in the table below the portion of claims outstanding for any given fiscal year by analyzing estimated IBNR (based on 4 years of data) and averages the total to provide an estimate of the total percentage of claims that will pay in the same fiscal year that the claim was incurred.

Estimate of Claims Incurred and Paid in the Same Fiscal Year

Month Incurred	Additional Months Until End of Fiscal Year	Estimated Percent Complete at End of Fiscal Year (IBNR Factor)
July	11	100.04%
August	10	100.03%
September	9	100.11%
October	8	100.15%
November	7	100.13%
December	6	100.01%
January	5	99.72%
February	4	99.13%
March	3	98.05%
April	2	96.07%
May	1	92.32%
June	0	28.93%
Average		92.89%

The IBNR factor does not apply to Supplemental Payments since these payments are calculated and paid once per year with no retroactive adjustments.

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

- (6) As calculated in the table below, the estimated FY 2010-11 expenditure for core components with FY 2009-10 dates of service is the estimated FY 2009-10 core components per diem rate, less the estimated per diem patient payment rate, multiplied by the estimated number of patient days. This calculation is then multiplied by one minus the calculated IBNR rate.

Calculation of Expenditures From Claims in Previous Fiscal Year	FY 2010-11	Source
IBNR Factor	92.89%	Footnote (5)
Estimated Patient Days from previous fiscal year	3,352,419	Footnote (3)
Estimated Per Diem Rate for Core Components for previous fiscal year	\$182.99	Footnote (1)
Less: Estimated Patient Payment Rate for previous fiscal year	\$30.74	Footnote (2)
Estimated claims expenditures for core components from previous fiscal year to be paid in the current fiscal year	\$36,284,699	As described in Footnote (6) narrative

- (7) Hospital Back Up and out of state placements are programs where the Department pays a much higher per diem for specialized clients which can be several times the statewide average Nursing Facilities Medicaid reimbursement rate. This is an intermediate level of care in between the hospital and a skilled nursing facility. Types of clients treated under this program include ventilator, wound care, medically complex and traumatic brain injury with severe behaviors. This group is difficult to budget for due to the fluctuation in client base. FY 2007-08 expenditures to date are lower than previous years due to a facility which was placed under a "Denial of Payment for New Admissions" status for failure to comply with certain standards, although this has since been rectified. In FY 2008-09, expenditures rose sharply due to an increase in billed patient days. At the time of preparing this document, future rates are in negotiation. The Department projects the growth rate for FY 2010-11 and FY 2011-12 to be the average rate from FY 2004-05 to FY 2009-10.

Fiscal Year	Hospital Back Up	Percent Difference
FY 2003-04	\$4,907,936	--
FY 2004-05	\$5,731,131	16.8%
FY 2005-06	\$5,033,659	-12.2%
FY 2006-07	\$5,615,794	11.6%
FY 2007-08	\$5,309,178	-5.5%
FY 2008-09	\$6,920,964	30.4%
FY 2009-10	\$4,376,832	-36.8%
Estimated FY 2010-11	\$4,267,707	-2.5%
Estimated FY 2011-12	\$4,161,302	-2.5%

Effective with the February 2009 Budget Request, this table has been revised to show totals per paid fiscal year. Previous Requests have used incurred totals. This change is incorporated in both the projection of total expenditure and the projection of the General Fund cap.

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

- (8) Estate and income trust recoveries are amounts that the Department's third party liability group recovers from previous Medicaid clients after they have died. Recoveries in FY 2005-06 were unusually high due to a larger than expected number of high-value recoveries. The level in FY 2006-07 was only slightly higher than the level two years prior, in FY 2004-05. The decrease from FY 2006-07 to FY 2007-08 was primarily due to decreased estate recoveries resulting from a weak housing market. The level of estate recoveries remained relatively flat from FY 2007-08 to FY 2008-09.

In order to project future growth that excludes the effects of the unusually high recoveries as well as economic conditions which are no longer relevant, the Department uses a weighted trend to calculate the estimated growth rate in FY 2009-10 and FY 2010-11. This weighted trend includes separate trends for estate and income trust recoveries. The FY 2009-10 trend for estate recoveries is used for FY 2009-10 and FY 2010-11 but is reduced by fifty percent in FY 2010-11 and sixty-seven percent in FY 2011-12 to account for diminishing returns to enhanced recovery initiatives.

Effective with the November 1, 2007 Budget Request, the Department has restated totals for Estate Recovery to exclude payments made to contingency based contractors who perform recoveries. For the purpose of projecting the impact on total expenditure, payments to contingency contracts are not an offset to expenditure.

Fiscal Year	Estate Recovery	Income Trust Recovery	Total Nursing Home Recoveries	% Change
FY 1996-97	\$2,149,991	\$775,644	\$2,925,634	
FY 1997-98	\$2,291,305	\$780,075	\$3,071,380	5.0%
FY 1998-99	\$2,246,177	\$893,068	\$3,139,245	2.2%
FY 1999-00	\$2,920,526	\$679,796	\$3,600,322	14.7%
FY 2000-01	\$4,242,101	\$1,122,958	\$5,365,060	49.0%
FY 2001-02	\$3,323,738	\$985,794	\$4,309,532	-19.7%
FY 2002-03	\$3,348,047	\$877,556	\$4,225,602	-1.9%
FY 2003-04	\$4,283,823	\$1,449,835	\$5,733,658	35.7%
FY 2004-05	\$4,376,613	\$1,766,756	\$6,143,369	7.1%
FY 2005-06	\$5,113,029	\$3,036,907	\$8,149,936	32.7%
FY 2006-07	\$4,149,173	\$2,049,119	\$6,198,292	-23.9%
FY 2007-08	\$2,983,991	\$1,801,392	\$4,785,383	-22.8%
FY 2008-09	\$3,168,376	\$2,675,299	\$5,843,675	22.1%
FY 2009-10	\$3,682,865	\$2,800,403	\$6,483,268	10.9%
Estimated FY 2010-11	\$3,981,882	\$2,931,357	\$6,913,239	6.6%
Estimated FY 2011-12	\$4,197,411	\$3,068,436	\$7,265,847	5.1%

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

- (9) Overpayment review recoveries are amounts that the Department recovers from nursing homes. The Department contracted with a contingency based contractor to do a five year historical audit of all the facilities, and the contract expired at the end of FY 2005-06. The Department continues to do internal audits of nursing facilities, and estimates that, on average, each audit recovers approximately \$30,000. The number of audits completed annually is expected to decrease when compared to previous fiscal years as a result of an increase in nursing facilities electing to receive audits on 100% of billing records rather than using a sampling approach. When using a sampling approach, the Department utilizes statistical techniques to review a portion of billings that infer conclusions on the total billings for the facility. Thus, an audit of all billing transactions requires much more Department resources than an audit using a sampling approach. The Department completed 13 audits in FY 2009-10 and anticipates completing 20 in FY 2010-11.

The FY 2009-10 and FY 2010-11 estimates are adjusted for two outliers. One facility with a large audit finding is expected to pay the Department recoveries over a three-year period. A second facility with a large audit finding completed the audit process at the end of FY 2009-10 and has yet to complete an appeals process. The collection rate is adjusted so that this outlier does not skew the overall expected collection rate.

FY 2010-11	
Estimated receivable amount in FY 2009-10 to be received in FY 2010-11 from completed internal audits (12 audits, 66.89% collection rate in FY 2009-10 outlier adjusted)	\$99,996
Estimated receivable amount in FY 2010-11 to be received in FY 2010-11 from completed internal audits (13 audits, average collection of \$56,750 per audit, 66.89 collection rate in FY 2009-10, adjusted for outlier, used to estimate FY 2010-11 collection rate)	\$493,481
Total Estimated Recoveries From Department Overpayments	\$593,477

FY 2011-12	
Estimated receivable amount in FY 2009-10 to be received in FY 2011-12	\$58,331
Estimated receivable amount in FY 2010-11 to be received in FY 2010-11 from completed internal audits (13 audits, average collection of \$56,750 per audit, 66.89% collection rate in FY 2009-10, adjusted for outlier, used to estimate FY 2010-11 collection rate)	\$244,269
Estimated receivable amount in FY 2010-11 to be received in FY 2011-12 from completed internal audits (13 audits, average collection of \$56,750 per audit, 66.89% collection rate in FY 2009-10, adjusted for outlier, used to estimate FY 2011-12 collection rate)	\$493,481
Total Estimated Recoveries From Department Overpayments	\$796,081

- (10) HB 10-1324 initiated a rate reduction of 1.5% effective March 1, 2010 and effective until June 30, 2011. HB 10-1379 initiated a rate reduction of 1% in addition to the rate reduction of HB 10-1324 for the period of July 1, 2010 to June 30, 2011. The rate reductions apply to all days incurred under the effective periods of each bill. As not all days will be reported in the fiscal year in which they are incurred, the impact of the rate cuts extends over multiple fiscal years. The tables below show the incremental impact of the two bills.

HB 10-1324 made allowances for the usage of the Nursing Facility Provider Fee Cash Fund to backfill the 1.5% rate reduction. Provider contribution to the Nursing Facility Provider Cash fund is limited to \$7.50 per Medicaid day and an adjustment for inflation. The cap effectively limits the amount of federal dollars that can be drawn to support nursing facility program add-ons and growth beyond the General Fund cap. Due to the limitations imposed by the cap, the cash fund is only able to backfill the rate reduction for FY 2009-10 incurred days. The fiscal note for HB 10-1324 calculates savings assuming backfill of both FY 2009-10 and FY 2010-11 rate reductions related to the bill. The total fund impact when backfilling the entire rate reduction with cash funds is zero; backfilling only a portion of the rate reduction results in a significant reduction in total funds. Consequently, as Exhibit E demonstrates, there is a significant deviation from appropriations and the Department's request as related to HB 10-1324.

HB 10-1324	Rate Reduction	Per Diem before Reduction	Per Diem After Reduction	Per Diem Impact of Reduction
FY 2009-10 Rates	1.50%	\$176.92	\$174.27	\$2.65
FY 2010-11 Rates	1.50%	\$180.29	\$177.58	\$2.71
FY 2010-11 Patient Days				3,332,678
Estimated FY 2009-10 Patient Days after March 1, 2010 paid in FY 2010-11				14,776
FY 2010-11 Impact				\$39,213
Estimated FY 2010-11 Days Paid in FY 2010-11				3,095,759
FY 2010-11 Impact				\$8,377,714
Total FY 2010-11 Impact				\$8,416,927
Estimated FY 2010-11 Days Paid in FY 2011-12				236,920
Total FY 2011-12 Impact				\$641,150

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

HB 10-1379	Rate Reduction	Per Diem before Reduction	Per Diem After Reduction	Per Diem Impact of Reduction
FY 2010-11 Rates	1.00%	\$180.29	\$178.48	\$1.81
FY 2010-11 Patient days				3,332,678
Estimated FY 2010-11 Days Paid in FY 2010-11				3,095,759
Total FY 2010-11 Impact				\$5,591,531
Estimated FY 2010-11 Days Paid in FY 2011-12				236,920
Total FY 2011-12 Impact				\$427,922

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Detailed Core Component and Supplemental Payment Per Diem Rates

Components of Nursing Facility Per Diem Rate											
Year	Add-on Payments (FY 2008-09) and Supplemental Payments (FY 2009-10 forward)										
	Core Components (1)	Maximum Allowable GF Growth	Growth Beyond General Fund Cap	Prior Year Rate Reconciliation	Rate Cut Backfill	Cognitive Performance Scale	PASRR - Resident⁽²⁾	PASRR - Facility⁽²⁾	Medicaid Supplemental Payment	Pay for Performance	Total Effective Add-on/ Supplemental
Estimated FY 2009-10	\$176.92	3.0%	\$31,277,211	\$0	\$2,995,689	\$958,621	\$2,713,717	\$418,432	\$12,830,094	\$2,525,948	\$53,719,712
Projected FY 2010-11	\$180.29	1.9%	\$48,220,038	\$6,575,460	\$0	\$81,245	\$198,782	\$49,344	\$17,743,388	\$1,174,416	\$74,042,673
Projected FY 2011-12	\$185.69	3.0%	\$32,923,098	\$3,922,881	\$0	\$0	\$0	\$0	\$18,033,279	\$0	\$54,879,258
Percent Change											
Projected FY 2010-11	1.90%	-	54.17%	-	-100.00%	-91.52%	-92.67%	-88.21%	38.30%	-53.51%	37.83%
Projected FY 2011-12	3.00%	-	-31.72%	-40.34%	-	-100.00%	-100.00%	-100.00%	1.63%	-100.00%	-25.88%

(1) The Core Component Rate excludes the impact of rate reductions. Rate reductions are included as bottom line impacts.
(2) PASRR: Preadmission Screening and Resident Review

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES - Cash-Based Actuals and Projections (Reference Only)

Cash Based Actuals												
CLASS I NURSING FACILITIES	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
FY 2001-02	\$309,141,654	\$13,323,547	\$54,791,472	\$10,182	\$0	\$0	\$0	\$3,748	\$0	\$0	(\$29,233)	\$377,241,370
FY 2002-03	\$310,462,191	\$14,101,811	\$55,720,354	\$20,259	\$0	\$0	\$0	\$0	\$0	\$3,078	\$47,162	\$380,354,855
FY 2003-04	\$336,650,323	\$16,720,841	\$62,600,540	\$12,286	\$0	\$0	\$0	\$0	\$0	\$0	\$27,022	\$416,011,012
FY 2004-05	\$342,142,204	\$19,699,056	\$61,974,535	\$56,072	\$0	\$0	\$0	\$0	\$0	\$0	\$6,466	\$423,878,333
FY 2005-06	\$370,539,529	\$22,631,623	\$63,039,217	(\$10,541)	\$0	\$0	\$1,810	\$0	\$0	\$0	\$318,690	\$456,520,328
FY 2006-07	\$384,275,629	\$24,171,304	\$68,903,820	\$1,596	\$0	\$0	\$0	\$0	\$0	\$0	\$951,138	\$478,303,487
FY 2007-08	\$389,399,454	\$25,395,243	\$69,952,848	\$6,325	\$0	\$0	\$0	\$0	\$0	\$0	\$1,814,628	\$486,568,498
FY 2008-09	\$423,682,370	\$29,953,087	\$77,004,135	\$22,194	\$0	\$0	\$0	\$0	\$0	\$0	\$256,886	\$530,918,672
FY 2009-10	\$393,028,828	\$28,956,277	\$73,847,716	\$5,285	\$0	\$0	\$0	\$0	\$0	\$0	\$62,685	\$543,352,203
Estimated FY 2010-11	\$447,310,935	\$29,405,313	\$74,992,901	\$5,367	\$0	\$0	\$0	\$0	\$0	\$0	\$63,657	\$551,778,173
Estimated FY 2011-12	\$447,446,743	\$29,414,241	\$75,015,669	\$5,369	\$0	\$0	\$0	\$0	\$0	\$0	\$63,676	\$551,945,698
Percent Change in Cash Based Actuals												
CLASS I NURSING FACILITIES	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
FY 2002-03	0.43%	5.84%	1.70%	98.97%	0.00%	0.00%	0.00%	-100.00%	0.00%	100.00%	-261.33%	0.83%
FY 2003-04	8.44%	18.57%	12.35%	-39.35%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-42.70%	9.37%
FY 2004-05	1.63%	17.81%	-1.00%	356.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-76.07%	1.89%
FY 2005-06	8.30%	14.89%	1.72%	-118.80%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	4828.72%	7.70%
FY 2006-07	3.71%	6.80%	9.30%	-115.14%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	198.45%	4.77%
FY 2007-08	1.33%	5.06%	1.52%	296.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	90.78%	1.73%
FY 2008-09	8.80%	17.95%	10.08%	250.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-85.84%	9.11%
FY 2009-10	-7.24%	-3.33%	-4.10%	-76.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-75.60%	2.34%
Estimated FY 2010-11	13.81%	1.55%	1.55%	1.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.55%	1.55%
Estimated FY 2011-12	0.03%	0.03%	0.03%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.03%
Per Capita Cost												
CLASS I NURSING FACILITIES	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
FY 2001-02	\$9,114.92	\$2,570.13	\$1,182.15	\$0.31	\$0.00	\$0.00	\$0.00	\$0.29	\$0.00	\$0.00	(\$3.47)	\$1,277.00
FY 2002-03	\$8,946.01	\$2,596.54	\$1,194.51	\$0.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.75	\$5.25	\$1,146.34
FY 2003-04	\$9,806.59	\$3,013.85	\$1,337.93	\$0.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.75	\$1,131.82
FY 2004-05	\$9,562.39	\$3,238.91	\$1,293.05	\$0.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.67	\$1,043.97
FY 2005-06	\$10,233.92	\$3,745.72	\$1,317.30	(\$0.18)	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$28.73	\$1,135.01
FY 2006-07	\$10,707.64	\$3,989.32	\$1,411.99	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73.69	\$1,219.45
FY 2007-08	\$10,731.99	\$4,132.00	\$1,400.93	\$0.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$127.66	\$1,241.37
FY 2008-09	\$11,262.46	\$4,646.05	\$1,499.45	\$0.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.04	\$1,215.44
FY 2009-10	\$10,211.99	\$4,107.86	\$1,386.45	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.94	\$1,089.33
Estimated FY 2010-11	\$11,368.94	\$3,909.76	\$1,353.27	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.71	\$1,000.38
Estimated FY 2011-12	\$11,140.77	\$3,745.61	\$1,224.15	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.46	\$904.79
Percent Change in Per Capita Cost												
CLASS I NURSING FACILITIES	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
FY 2002-03	-1.85%	1.03%	1.05%	61.29%	0.00%	0.00%	0.00%	-100.00%	0.00%	100.00%	-251.30%	-10.23%
FY 2003-04	9.62%	16.07%	12.01%	-48.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-47.62%	-1.27%
FY 2004-05	-2.49%	7.47%	-3.35%	276.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-75.64%	-7.76%
FY 2005-06	7.02%	15.65%	1.88%	-118.37%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	4188.06%	8.72%
FY 2006-07	4.63%	6.50%	7.19%	-116.67%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	156.49%	7.44%
FY 2007-08	0.23%	3.58%	-0.78%	366.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	73.24%	1.80%
FY 2008-09	4.94%	12.44%	7.03%	221.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-86.65%	-2.09%
FY 2009-10	-9.33%	-11.58%	-7.54%	-80.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-76.88%	-10.38%
Estimated FY 2010-11	11.33%	-4.82%	-2.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-5.84%	-8.17%
Estimated FY 2011-12	-2.01%	-4.20%	-9.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.74%	-9.56%

Exhibit H - LONG TERM CARE - CLASS II NURSING FACILITIES - Cash-Based Actuals and Projections

Cash Based Actuals												
CLASS II NURSING FACILITIES	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
FY 2001-02	\$0	\$0	\$1,012,033	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,012,033
FY 2002-03	\$0	\$0	\$1,320,373	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,320,373
FY 2003-04	\$0	\$0	\$1,104,554	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,104,554
FY 2004-05	\$0	\$0	\$1,383,445	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,383,445
FY 2005-06	\$69,154	\$0	\$1,367,696	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,436,850
FY 2006-07	\$106,064	\$27,660	\$2,100,702	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,710	\$2,270,136
FY 2007-08	\$74,970	\$191,024	\$1,924,394	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45,248	\$2,235,636
FY 2008-09	\$0	\$335,754	\$1,935,960	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,271,714
FY 2009-10 ⁽¹⁾	\$84,866	\$375,348	\$1,730,617	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,190,831
Estimated FY 2010-11	\$84,866	\$381,391	\$1,758,480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,224,737
Estimated FY 2011-12	\$84,866	\$387,531	\$1,786,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,259,189
Percent Change in Cash Based Actuals												
CLASS II NURSING FACILITIES	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
FY 2002-03	0.00%	0.00%	30.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.47%
FY 2003-04	0.00%	0.00%	-16.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-16.35%
FY 2004-05	0.00%	0.00%	25.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.25%
FY 2005-06	100.00%	0.00%	-1.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.86%
FY 2006-07	53.37%	100.00%	53.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	57.99%
FY 2007-08	-29.32%	590.61%	-8.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.71%	-1.52%
FY 2008-09	-100.00%	75.77%	0.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	1.61%
FY 2009-10	100.00%	11.79%	-10.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.56%
Estimated FY 2010-11	0.00%	1.61%	1.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.55%
Estimated FY 2011-12	0.00%	1.61%	1.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.55%
Per Capita Cost												
CLASS II NURSING FACILITIES	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
FY 2001-02	\$0.00	\$0.00	\$21.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.43
FY 2002-03	\$0.00	\$0.00	\$28.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.98
FY 2003-04	\$0.00	\$0.00	\$23.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.01
FY 2004-05	\$0.00	\$0.00	\$28.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.41
FY 2005-06	\$1.91	\$0.00	\$28.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.57
FY 2006-07	\$2.96	\$4.57	\$43.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.77	\$5.79
FY 2007-08	\$2.07	\$31.08	\$38.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.18	\$5.70
FY 2008-09	\$0.00	\$52.08	\$37.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.20
FY 2009-10	\$2.21	\$53.25	\$32.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.39
Estimated FY 2010-11	\$2.16	\$50.71	\$31.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.03
Estimated FY 2011-12	\$2.11	\$49.35	\$29.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.70
Percent Change in Per Capita Cost												
CLASS II NURSING FACILITIES	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
FY 2002-03	0.00%	0.00%	29.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.03%
FY 2003-04	0.00%	0.00%	-16.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-24.37%
FY 2004-05	0.00%	0.00%	22.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.29%
FY 2005-06	100.00%	0.00%	-0.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.69%
FY 2006-07	54.97%	100.00%	50.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	62.18%
FY 2007-08	-30.07%	580.09%	-10.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.80%	-1.55%
FY 2008-09	-100.00%	67.57%	-2.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-8.77%
FY 2009-10	100.00%	2.25%	-13.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-15.58%
Estimated FY 2010-11	-2.26%	-4.77%	-2.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-8.20%
Estimated FY 2011-12	-2.31%	-2.68%	-8.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-8.19%

Exhibit H - LONG TERM CARE - CLASS II NURSING FACILITIES - Cash-Based Actuals and Projections

CLASS II NURSING FACILITIES	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
Current Year Projection												
FY 2009-10 Expenditure	\$84,866	\$375,348	\$1,730,617	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,190,831
Percentage Selected to Modify Expenditure ⁽²⁾	0.00%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%
Estimated FY 2010-11 Base Expenditures	\$84,866	\$381,391	\$1,758,480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,224,737
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2010-11 Total Expenditure	\$84,866	\$381,391	\$1,758,480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,224,737
Estimated FY 2010-11 Per Capita	\$2.16	\$50.71	\$31.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.03
% Change over FY 2009-10 Per Capita	-2.26%	-4.77%	-2.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-8.20%
Request Year Projection												
FY 2010-11 Expenditure	\$84,866	\$381,391	\$1,758,480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,224,737
Percentage Selected to Modify Expenditure ⁽¹⁾	0.00%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%	1.61%
Estimated FY 2011-12 Base Expenditures	\$84,866	\$387,531	\$1,786,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,259,189
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2011-12 Total Expenditure	\$84,866	\$387,531	\$1,786,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,259,189
Estimated FY 2011-12 Per Capita	\$2.11	\$49.35	\$29.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.70
% Change over FY 2010-11 Per Capita	-2.31%	-2.68%	-8.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-8.19%
Footnotes												
(1) FY 2009-10 totals have been adjusted to exclude the impact of payments made to Class IV nursing facilities incorrectly categorized as Class II nursing facilities.												
(2) The percentage selected to trend expenditure for FY 2010-11 and FY 2011-12 is the percent expenditure growth from FY 2007-08 to FY 2008-09 for all eligibility categories.												

Exhibit H - LONG TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) - Cash-Based Actuals and Projections

Cash Based Actuals												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	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
FY 2001-02	\$15,769,828	\$471,289	\$343,888	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,268,587
FY 2002-03	\$18,818,222	\$943,551	\$604,368	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,585,005
FY 2003-04	\$24,097,092	\$1,864,579	\$1,067,498	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,366,142
FY 2004-05	\$31,140,652	\$2,557,598	\$1,461,755	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,029,169
FY 2005-06	\$35,666,638	\$2,962,484	\$1,841,368	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,160,005
FY 2006-07	\$37,878,793	\$3,182,900	\$1,810,588	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,470,490
FY 2007-08	\$44,272,143	\$3,549,809	\$1,596,904	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,872,281
FY 2008-09	\$54,470,714	\$4,395,937	\$2,183,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$49,418,855
FY 2009-10	\$61,924,560	\$4,986,130	\$2,345,339	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,256,028
Estimated FY 2010-11	\$69,108,282	\$5,417,335	\$2,525,914	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,051,531
Estimated FY 2011-12	\$79,968,577	\$6,083,763	\$2,833,253	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$88,885,593
Percent Change in Cash Based Actuals												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	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
FY 2002-03	19.33%	100.21%	75.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	61.51%
FY 2003-04	28.05%	97.61%	76.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.80%
FY 2004-05	29.23%	37.17%	36.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	32.72%
FY 2005-06	14.53%	15.83%	25.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.08%
FY 2006-07	6.20%	7.44%	-1.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.10%
FY 2007-08	16.88%	11.53%	-11.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.93%
FY 2008-09	23.04%	23.84%	36.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.27%
FY 2009-10	13.68%	13.43%	7.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	40.14%
Estimated FY 2010-11	11.60%	8.65%	7.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.26%
Estimated FY 2011-12	15.71%	12.30%	12.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.36%
Per Capita Cost												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	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
FY 2001-02	\$464.97	\$90.91	\$7.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34.76
FY 2002-03	\$542.25	\$173.73	\$12.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49.98
FY 2003-04	\$701.95	\$336.08	\$22.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$55.41
FY 2004-05	\$870.34	\$420.52	\$30.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$66.57
FY 2005-06	\$985.08	\$490.32	\$38.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$87.42
FY 2006-07	\$1,055.47	\$525.32	\$37.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$103.18
FY 2007-08	\$1,220.16	\$577.58	\$31.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$109.38
FY 2008-09	\$1,447.96	\$681.86	\$42.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$113.14
FY 2009-10	\$1,608.97	\$707.35	\$44.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$138.85
Estimated FY 2010-11	\$1,756.47	\$720.29	\$45.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$139.69
Estimated FY 2011-12	\$1,991.10	\$774.71	\$46.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$145.71
Percent Change in Per Capita Cost												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	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
FY 2002-03	16.62%	91.10%	74.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	43.79%
FY 2003-04	29.45%	93.45%	76.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.86%
FY 2004-05	23.99%	25.12%	33.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.14%
FY 2005-06	13.18%	16.60%	26.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	31.32%
FY 2006-07	7.15%	7.14%	-3.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.03%
FY 2007-08	15.60%	9.95%	-13.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.01%
FY 2008-09	18.67%	18.05%	32.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.44%
FY 2009-10	11.12%	3.74%	3.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.72%
Estimated FY 2010-11	9.17%	1.83%	3.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%
Estimated FY 2011-12	13.36%	7.56%	1.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.31%

Exhibit H - LONG TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) - Cash-Based Actuals and Projections

PACE Enrollment and Cost Per Enrollee												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	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
PACE Average Monthly Paid Enrollment⁽¹⁾												
FY 2002-03	560	27	16	-	-	-	-	-	-	-	-	603
FY 2003-04	717	47	25	-	-	-	-	-	-	-	-	789
FY 2004-05	845	62	31	-	-	-	-	-	-	-	-	938
FY 2005-06	943	64	40	-	-	-	-	-	-	-	-	1,047
FY 2006-07	1,020	69	40	-	-	-	-	-	-	-	-	1,129
FY 2007-08	1,121	82	37	-	-	-	-	-	-	-	-	1,240
FY 2008-09	1,273	100	48	-	-	-	-	-	-	-	-	1,421
FY 2009-10	1,439	120	60	-	-	-	-	-	-	-	-	1,619
Estimated FY 2010-11	1,558	130	65	-	-	-	-	-	-	-	-	1,753
Estimated FY 2011-12	1,719	143	72	-	-	-	-	-	-	-	-	1,934
Percent Changes in Enrollment												
FY 2003-04	28.04%	74.07%	56.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.85%
FY 2004-05	17.85%	31.91%	24.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.88%
FY 2005-06	11.60%	3.23%	29.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.62%
FY 2006-07	8.17%	7.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.83%
FY 2007-08	9.90%	18.84%	-7.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.83%
FY 2008-09	13.56%	21.95%	29.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.60%
FY 2009-10	13.04%	20.00%	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.93%
Estimated FY 2010-11	8.27%	8.33%	8.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.28%
Estimated FY 2011-12	10.33%	10.00%	10.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.33%
Average Cost Per Enrollee												
FY 2002-03	\$33,603.97	\$34,946.35	\$37,773.00	-	-	-	-	-	-	-	-	\$27,504.15
FY 2003-04	\$33,608.22	\$39,671.89	\$42,699.92	-	-	-	-	-	-	-	-	\$25,812.60
FY 2004-05	\$36,852.84	\$41,251.59	\$47,153.37	-	-	-	-	-	-	-	-	\$28,815.75
FY 2005-06	\$37,822.52	\$46,288.81	\$46,034.20	-	-	-	-	-	-	-	-	\$33,581.67
FY 2006-07	\$37,136.07	\$46,128.99	\$45,264.70	-	-	-	-	-	-	-	-	\$35,846.32
FY 2007-08	\$39,493.44	\$43,290.35	\$43,159.57	-	-	-	-	-	-	-	-	\$34,574.42
FY 2008-09	\$42,789.25	\$43,959.37	\$45,483.01	-	-	-	-	-	-	-	-	\$34,777.52
FY 2009-10	\$43,033.05	\$41,551.08	\$39,088.98	-	-	-	-	-	-	-	-	\$42,777.04
Estimated FY 2010-11	\$44,357.05	\$41,671.81	\$38,860.22	-	-	-	-	-	-	-	-	\$43,954.10
Estimated FY 2011-12	\$46,520.41	\$42,543.80	\$39,350.74	-	-	-	-	-	-	-	-	\$45,959.46
Percent Changes in Cost Per Enrollee												
FY 2003-04	0.01%	13.52%	13.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.15%
FY 2004-05	9.65%	3.98%	10.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.63%
FY 2005-06	2.63%	12.21%	-2.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.54%
FY 2006-07	-1.81%	-0.35%	-1.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.74%
FY 2007-08	6.35%	-6.15%	-4.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.55%
FY 2008-09	8.35%	1.55%	5.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.59%
FY 2009-10	0.57%	-5.48%	-14.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.00%
Estimated FY 2010-11	3.08%	0.29%	-0.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.75%
Estimated FY 2011-12	4.88%	2.09%	1.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.56%

Exhibit H - LONG TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) - Cash-Based Actuals and Projections

Current Year Projection												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	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
FY 2009-10 Average Monthly Paid Enrollment	1,439	120	60	-	-	-	-	-	-	-	-	1,619
Estimated Increase in Average Monthly Paid Enrollment Due to Additional Providers	119	10	5	-	-	-	-	-	-	-	-	134
FY 2010-11 Estimated Monthly Paid Enrollment	1,558	130	65	-	-	-	-	-	-	-	-	1,753
FY 2009-10 Cost Per Enrollee	\$43,033.05	\$41,551.08	\$39,088.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,777.04
Estimated Increase in Cost Per Enrollee ⁽³⁾	5.03%	2.25%	1.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
FY 2010-11 Estimated Base Cost Per Enrollee	\$45,197.61	\$42,485.98	\$39,644.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44,790.60
Estimated FY 2010-11 Base Expenditure	\$70,417,876	\$5,523,177	\$2,576,863	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$78,517,916
<i>Bottom Line Impacts</i>												
Annualization of FY 2009-10 ES-2 Medicaid Program Reductions	(\$341,977)	(\$27,724)	(\$13,597)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$383,298)
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2010	(\$373,498)	(\$30,280)	(\$14,850)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$418,628)
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$594,119)	(\$47,838)	(\$22,502)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$664,459)
Total Bottom Line Impacts	(\$1,309,594)	(\$105,842)	(\$50,949)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,466,385)
Estimated FY 2010-11 Total Expenditure	\$69,108,282	\$5,417,335	\$2,525,914	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,051,531
Estimated FY 2010-11 Per Capita	\$1,756.47	\$720.29	\$45.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$139.69
% Change over FY 2009-10 Per Capita	9.17%	1.83%	3.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.60%

Exhibit H - LONG TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) - Cash-Based Actuals and Projections

Request Year Projection												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	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
FY 2010-11 Average Monthly Paid Enrollment (Base Enrollment Only)	1,558	130	65	-	-	-	-	-	-	-	-	1,753
Estimated Increase in Average Monthly Paid Enrollment Due to Additional Providers	161	13	7	-	-	-	-	-	-	-	-	181
FY 2011-12 Estimated Monthly Paid Enrollment	1,719	143	72	-	-	-	-	-	-	-	-	1,934
FY 2010-11 Cost Per Enrollee ⁽⁴⁾	\$44,357.05	\$41,671.81	\$38,860.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,954.10
Estimated Increase in Cost Per Enrollee ⁽³⁾	5.03%	2.25%	1.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2011-12 Estimated Base Cost Per Enrollee	\$46,588.21	\$42,609.43	\$39,412.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46,026.86
Estimated FY 2011-12 Base Expenditure	\$80,085,133	\$6,093,148	\$2,837,667	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$89,015,948
Annualization of FY 2010-11 BRI#6: 1% Rate Reduction Effective July 1, 2010	(\$116,556)	(\$9,385)	(\$4,414)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$130,355)
Total Bottom Line Impacts	(\$116,556)	(\$9,385)	(\$4,414)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$130,355)
Estimated FY 2011-12 Total Expenditure	\$79,968,577	\$6,083,763	\$2,833,253	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$88,885,593
Estimated FY 2011-12 Per Capita	\$1,991.10	\$774.71	\$46.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$145.71
% Change over FY 2010-11 Per Capita	13.36%	7.56%	1.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.31%
Footnotes												
(1) The Average Monthly Paid Enrollment is not the actual enrollment in the Department's PACE program. This figure reflects the number of capitations paid in each month, not the distinct number of clients enrolled. For further information, please see the Budget Narrative.												
(2) Percentage selected to modify Per Capita amounts for FY 2010-11: Where applicable, percentage selections have been bolded for clarification.	Cost Per Enrollee Growth											
	OAP-A	Average from FY 2004-05 to FY 2008-09										
	OAP-B	Average from FY 2004-05 to FY 2008-09										
(3) Percentage selected to modify Per Capita amounts for FY 2011-12: Where applicable, percentage selections have been bolded for clarification.	Cost Per Enrollee Growth											
	OAP-A	FY 2010-11 trend										
	OAP-B	FY 2010-11 trend										
AND/AB	FY 2010-11 trend											
(4) The FY 2010-11 Cost Per Enrollee is the Estimated FY 2010-11 Base Expenditure plus the FY 2010-11 Bottom Line Impacts, divided by the FY 2010-11 Estimated Monthly Paid Enrollment.												

Exhibit H - INSURANCE - SUPPLEMENTAL MEDICARE INSURANCE BENEFIT - Cash-Based Actuals and Projections

Cash Based Actuals												
SUPPLEMENTAL MEDICARE INSURANCE BENEFIT	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
FY 2001-02	\$20,737,483	\$1,209,290	\$10,870,293	\$67,993	\$0	\$0	\$0	\$0	\$0	\$0	\$6,000,669	\$38,885,728
FY 2002-03	\$20,688,182	\$1,206,415	\$10,844,450	\$67,832	\$0	\$0	\$0	\$0	\$0	\$0	\$5,986,403	\$38,793,282
FY 2003-04	\$25,391,796	\$1,480,703	\$13,310,017	\$83,254	\$0	\$0	\$0	\$0	\$0	\$0	\$7,347,457	\$47,613,226
FY 2004-05	\$31,170,839	\$1,817,703	\$16,339,309	\$102,202	\$0	\$0	\$0	\$0	\$0	\$0	\$9,019,700	\$58,449,753
FY 2005-06	\$37,744,128	\$2,201,019	\$19,784,933	\$123,754	\$0	\$0	\$0	\$0	\$0	\$0	\$10,921,770	\$70,775,604
FY 2006-07	\$44,106,993	\$2,572,065	\$23,120,257	\$144,616	\$0	\$0	\$0	\$0	\$0	\$0	\$12,762,950	\$82,706,881
FY 2007-08	\$43,978,504	\$2,564,572	\$23,052,905	\$144,195	\$0	\$0	\$0	\$0	\$0	\$0	\$12,725,770	\$82,465,946
FY 2008-09	\$49,992,538	\$2,915,276	\$26,205,375	\$163,913	\$0	\$0	\$0	\$0	\$0	\$0	\$14,466,011	\$93,743,114
FY 2009-10	\$54,965,748	\$3,205,285	\$28,812,261	\$180,219	\$0	\$0	\$0	\$0	\$0	\$0	\$15,905,077	\$103,068,590
Estimated FY 2010-11	\$62,758,019	\$3,819,586	\$33,479,606	\$198,019	\$0	\$0	\$0	\$0	\$0	\$0	\$19,167,651	\$119,422,881
Estimated FY 2011-12	\$69,196,784	\$4,213,537	\$38,008,527	\$221,389	\$0	\$0	\$0	\$0	\$0	\$0	\$21,430,509	\$133,070,746
Percent Change in Cash Based Actuals												
SUPPLEMENTAL MEDICARE INSURANCE BENEFIT	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
FY 2002-03	-0.24%	-0.24%	-0.24%	-0.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.24%	-0.24%
FY 2003-04	22.74%	22.74%	22.74%	22.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.74%	22.74%
FY 2004-05	22.76%	22.76%	22.76%	22.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.76%	22.76%
FY 2005-06	21.09%	21.09%	21.09%	21.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.09%	21.09%
FY 2006-07	16.86%	16.86%	16.86%	16.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.86%	16.86%
FY 2007-08	-0.29%	-0.29%	-0.29%	-0.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.29%	-0.29%
FY 2008-09	13.67%	13.67%	13.67%	13.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.67%	13.67%
FY 2009-10	9.95%	9.95%	9.95%	9.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.95%	9.95%
Estimated FY 2010-11	14.18%	19.17%	16.20%	9.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.51%	15.87%
Estimated FY 2011-12	10.26%	10.31%	13.53%	11.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.81%	11.43%
Per Capita Cost												
SUPPLEMENTAL MEDICARE INSURANCE BENEFIT	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
FY 2001-02	\$611.44	\$233.27	\$234.53	\$2.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$711.99	\$131.63
FY 2002-03	\$596.13	\$222.13	\$232.48	\$1.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$666.04	\$116.92
FY 2003-04	\$739.66	\$266.89	\$284.47	\$1.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$746.54	\$129.54
FY 2004-05	\$871.18	\$298.87	\$340.91	\$1.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$939.06	\$143.96
FY 2005-06	\$1,042.45	\$364.29	\$413.44	\$2.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$984.65	\$175.96
FY 2006-07	\$1,229.02	\$424.50	\$473.79	\$2.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$988.76	\$210.86
FY 2007-08	\$1,212.06	\$417.27	\$461.68	\$3.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$895.30	\$210.39
FY 2008-09	\$1,328.92	\$452.19	\$510.28	\$3.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$959.60	\$214.61
FY 2009-10	\$1,428.16	\$454.71	\$540.93	\$3.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$999.13	\$206.63
Estimated FY 2010-11	\$1,595.07	\$507.86	\$604.15	\$3.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,115.89	\$216.51
Estimated FY 2011-12	\$1,722.90	\$536.55	\$620.24	\$3.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,163.00	\$218.14
Percent Change in Per Capita Cost												
SUPPLEMENTAL MEDICARE INSURANCE BENEFIT	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
FY 2002-03	-2.50%	-4.78%	-0.87%	-18.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.45%	-11.18%
FY 2003-04	24.08%	20.15%	22.36%	5.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.09%	10.79%
FY 2004-05	17.78%	11.98%	19.84%	2.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.79%	11.13%
FY 2005-06	19.66%	21.89%	21.28%	17.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.85%	22.23%
FY 2006-07	17.90%	16.53%	14.60%	35.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.42%	19.83%
FY 2007-08	-1.38%	-1.70%	-2.56%	13.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.45%	-0.22%
FY 2008-09	9.64%	8.37%	10.53%	3.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.18%	2.01%
FY 2009-10	7.47%	0.56%	6.01%	-6.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.12%	-3.72%
Estimated FY 2010-11	11.69%	11.69%	11.69%	11.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.69%	4.78%
Estimated FY 2011-12	8.01%	5.65%	2.66%	4.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.22%	0.75%

Exhibit H - INSURANCE - SUPPLEMENTAL MEDICARE INSURANCE BENEFIT - Cash-Based Actuals and Projections

SUPPLEMENTAL MEDICARE INSURANCE BENEFIT	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
Current Year Projection												
FY 2009-10 Expenditure	\$54,965,748	\$3,205,285	\$28,812,261	\$180,219	\$0	\$0	\$0	\$0	\$0	\$0	\$15,905,077	\$103,068,590
FY 2009-10 First Half Expenditure	\$25,561,854	\$1,490,620	\$13,399,160	\$83,811	\$0	\$0	\$0	\$0	\$0	\$0	\$7,396,666	\$47,932,111
FY 2009-10 Second Half Expenditure	\$29,403,894	\$1,714,665	\$15,413,102	\$96,408	\$0	\$0	\$0	\$0	\$0	\$0	\$8,508,411	\$55,136,480
Estimated FY 2010-11 Caseload Trend	2.23%	6.70%	4.04%	-1.62%	129.78%	20.24%	7.86%	3.13%	4.67%	-6.04%	7.90%	10.58%
Estimated FY 2010-11 First Half Expenditure	\$30,059,402	\$1,829,479	\$16,035,830	\$94,846	\$0	\$0	\$0	\$0	\$0	\$0	\$9,180,789	\$57,200,346
Estimated Increase in Medicare Part B Premium (Effective January 1, 2011) ⁽¹⁾	8.78%	8.78%	8.78%	8.78%	8.78%	8.78%	8.78%	8.78%	8.78%	8.78%	8.78%	
Estimated FY 2010-11 Second Half Expenditure	\$32,698,617	\$1,990,107	\$17,443,776	\$103,173	\$0	\$0	\$0	\$0	\$0	\$0	\$9,986,862	\$62,222,535
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2010-11 Total Expenditure⁽²⁾	\$62,758,019	\$3,819,586	\$33,479,606	\$198,019	\$0	\$0	\$0	\$0	\$0	\$0	\$19,167,651	\$119,422,881
Estimated FY 2010-11 Per Capita	\$1,595.07	\$507.86	\$604.15	\$3.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,115.89	\$216.51
% Change over FY 2009-10 Per Capita	11.69%	11.69%	11.69%	11.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.69%	4.78%
Request Year Projection												
Estimated FY 2010-11 Expenditure	\$62,758,019	\$3,819,586	\$33,479,606	\$198,019	\$0	\$0	\$0	\$0	\$0	\$0	\$19,167,651	\$119,422,881
Estimated FY 2010-11 First Half Expenditure	\$30,059,402	\$1,829,479	\$16,035,830	\$94,846	\$0	\$0	\$0	\$0	\$0	\$0	\$9,180,789	\$57,200,346
Estimated FY 2010-11 Second Half Expenditure	\$32,698,617	\$1,990,107	\$17,443,776	\$103,173	\$0	\$0	\$0	\$0	\$0	\$0	\$9,986,862	\$62,222,535
Estimated FY 2011-12 Caseload Trend	2.08%	4.41%	10.58%	7.27%	16.26%	15.66%	12.33%	7.92%	3.25%	-1.73%	7.28%	10.60%
Estimated FY 2011-12 First Half Expenditure	\$33,378,436	\$2,077,956	\$19,289,638	\$110,674	\$0	\$0	\$0	\$0	\$0	\$0	\$10,713,623	\$65,570,327
Estimated Increase in Medicare Part B Premium (Effective January 1, 2012) ⁽¹⁾	7.31%	7.31%	7.31%	7.31%	7.31%	7.31%	7.31%	7.31%	7.31%	7.31%	7.31%	
Estimated FY 2011-12 Second Half Expenditure	\$35,818,348	\$2,135,581	\$18,718,889	\$110,715	\$0	\$0	\$0	\$0	\$0	\$0	\$10,716,886	\$67,500,419
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2011-12 Total Expenditure⁽²⁾	\$69,196,784	\$4,213,537	\$38,008,527	\$221,389	\$0	\$0	\$0	\$0	\$0	\$0	\$21,430,509	\$133,070,746
Estimated FY 2011-12 Per Capita	\$1,722.90	\$536.55	\$620.24	\$3.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,163.00	\$218.14
% Change over FY 2010-11 Per Capita	8.01%	5.65%	2.66%	4.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.22%	0.75%
Footnotes												
(1) The Part B premium increased to \$110.50 from \$96.40 effective January 1, 2010. The estimated increase in the Medicare Part B Premium for CY 2011 is 8.98%, based on an anticipated increase in the Part B premium effective January 1, 2011. The estimated increase in the Part B Premium for FY 2011-12 is calculated as the average percent increase from calendar year 2006 to calendar year 2010.												
(2) Total Expenditure is calculated as the estimated first half expenditure plus the estimated second half expenditure. See the Budget Narrative for further information.												

Exhibit H - INSURANCE - HEALTH INSURANCE BUY-IN - Cash-Based Actuals and Projections

Cash Based Actuals												
HEALTH INSURANCE BUY-IN	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
FY 2001-02	\$140,709	\$12,270	\$103,931	\$24,986	\$0	\$0	\$41,698	\$6,990	\$8,753	\$5,425	\$2,020	\$346,783
FY 2002-03	\$179,279	\$15,633	\$132,420	\$31,836	\$0	\$0	\$53,127	\$8,906	\$11,152	\$6,912	\$2,574	\$441,840
FY 2003-04	\$280,042	\$24,420	\$206,845	\$49,728	\$0	\$0	\$82,987	\$13,912	\$17,420	\$10,796	\$4,021	\$690,172
FY 2004-05	\$246,429	\$21,489	\$182,018	\$43,760	\$0	\$0	\$73,026	\$12,242	\$15,329	\$9,501	\$3,538	\$607,332
FY 2005-06	\$212,695	\$18,547	\$157,102	\$37,769	\$0	\$0	\$63,030	\$10,566	\$13,231	\$8,200	\$3,054	\$524,194
FY 2006-07	\$1,797	\$20,389	\$704,579	\$2,008	\$0	\$0	\$9,795	\$651	\$3,133	\$0	\$0	\$742,352
FY 2007-08	\$3,274	\$1,762	\$877,995	\$1,605	\$0	\$0	\$16,916	\$1,188	\$2,208	\$0	\$0	\$904,947
FY 2008-09	(\$177)	\$3,200	\$917,027	\$5,034	\$0	\$0	\$16,561	\$0	\$500	\$0	\$0	\$942,145
FY 2009-10	\$3,552	\$8,332	\$993,385	\$3,197	\$0	\$0	\$11,314	\$210	\$0	\$0	\$0	\$1,019,989
Estimated FY 2010-11	\$3,698	\$8,677	\$1,301,474	\$34,746	\$0	\$0	\$82,614	\$210	\$11,405	\$0	\$0	\$1,442,824
Estimated FY 2011-12	\$3,851	\$9,035	\$1,782,295	\$86,420	\$0	\$0	\$199,430	\$219	\$30,113	\$0	\$0	\$2,111,363
Percent Change in Cash Based Actuals												
HEALTH INSURANCE BUY-IN	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
FY 2002-03	27.41%	27.41%	27.41%	27.41%	0.00%	0.00%	27.41%	27.41%	27.41%	27.41%	27.41%	27.41%
FY 2003-04	56.20%	56.20%	56.20%	56.20%	0.00%	0.00%	56.20%	56.20%	56.20%	56.20%	56.20%	56.20%
FY 2004-05	-12.00%	-12.00%	-12.00%	-12.00%	0.00%	0.00%	-12.00%	-12.00%	-12.00%	-12.00%	-12.00%	-12.00%
FY 2005-06	-13.69%	-13.69%	-13.69%	-13.69%	0.00%	0.00%	-13.69%	-13.69%	-13.69%	-13.69%	-13.69%	-13.69%
FY 2006-07	-99.16%	9.93%	348.49%	-94.68%	0.00%	0.00%	-84.46%	-93.84%	-76.32%	-100.00%	-100.00%	-41.62%
FY 2007-08	82.18%	-91.36%	24.61%	-20.08%	0.00%	0.00%	72.70%	82.42%	-29.53%	0.00%	0.00%	21.90%
FY 2008-09	-105.40%	81.58%	4.45%	213.73%	0.00%	0.00%	-2.10%	-100.00%	-77.35%	0.00%	0.00%	4.11%
FY 2009-10	-2108.60%	160.41%	8.33%	-36.50%	0.00%	0.00%	8.33%	100.00%	-100.00%	0.00%	0.00%	8.26%
Estimated FY 2010-11	4.12%	4.14%	31.01%	986.89%	0.00%	0.00%	630.22%	-0.05%	100.00%	0.00%	0.00%	41.45%
Estimated FY 2011-12	4.14%	4.13%	36.94%	148.72%	0.00%	0.00%	141.40%	4.29%	164.03%	0.00%	0.00%	46.34%
Per Capita Cost												
HEALTH INSURANCE BUY-IN	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
FY 2001-02	\$4.15	\$2.37	\$2.24	\$0.75	\$0.00	\$0.00	\$0.29	\$0.53	\$1.23	\$1.35	\$0.24	\$1.17
FY 2002-03	\$5.17	\$2.88	\$2.84	\$0.78	\$0.00	\$0.00	\$0.31	\$0.64	\$1.43	\$1.69	\$0.29	\$1.33
FY 2003-04	\$8.16	\$4.40	\$4.42	\$1.05	\$0.00	\$0.00	\$0.42	\$0.93	\$2.07	\$2.25	\$0.41	\$1.88
FY 2004-05	\$6.89	\$3.53	\$3.80	\$0.77	\$0.00	\$0.00	\$0.33	\$0.78	\$2.56	\$1.84	\$0.37	\$1.50
FY 2005-06	\$5.87	\$3.07	\$3.28	\$0.64	\$0.00	\$0.00	\$0.29	\$0.64	\$2.58	\$1.32	\$0.28	\$1.30
FY 2006-07	\$0.05	\$3.37	\$14.44	\$0.04	\$0.00	\$0.00	\$0.05	\$0.04	\$0.60	\$0.00	\$0.00	\$1.89
FY 2007-08	\$0.09	\$0.29	\$17.58	\$0.04	\$0.00	\$0.00	\$0.08	\$0.07	\$0.35	\$0.00	\$0.00	\$2.31
FY 2008-09	\$0.00	\$0.50	\$17.86	\$0.10	\$0.00	\$0.00	\$0.07	\$0.00	\$0.07	\$0.00	\$0.00	\$2.16
FY 2009-10	\$0.09	\$1.18	\$18.65	\$0.06	\$0.00	\$0.00	\$0.04	\$0.01	\$0.00	\$0.00	\$0.00	\$2.04
Estimated FY 2010-11	\$0.09	\$1.15	\$23.49	\$0.61	\$0.00	\$0.00	\$0.28	\$0.01	\$1.39	\$0.00	\$0.00	\$2.62
Estimated FY 2011-12	\$0.10	\$1.15	\$29.08	\$1.42	\$0.00	\$0.00	\$0.60	\$0.01	\$3.56	\$0.00	\$0.00	\$3.46
Percent Change in Per Capita Cost												
HEALTH INSURANCE BUY-IN	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
FY 2002-03	24.58%	21.52%	26.79%	4.00%	0.00%	0.00%	6.90%	20.75%	16.26%	25.19%	20.83%	13.68%
FY 2003-04	57.83%	52.78%	55.63%	34.62%	0.00%	0.00%	35.48%	45.31%	44.76%	33.14%	41.38%	41.35%
FY 2004-05	-15.56%	-19.77%	-14.03%	-26.67%	0.00%	0.00%	-21.43%	-16.13%	23.67%	-18.22%	-9.76%	-20.21%
FY 2005-06	-14.80%	-13.03%	-13.68%	-16.88%	0.00%	0.00%	-17.95%	-17.95%	0.78%	-28.26%	-24.32%	-13.33%
FY 2006-07	-99.15%	9.77%	340.24%	-93.75%	0.00%	0.00%	-82.76%	-93.75%	-76.74%	-100.00%	-100.00%	45.38%
FY 2007-08	80.00%	-91.39%	21.75%	0.00%	0.00%	0.00%	60.00%	75.00%	-41.67%	0.00%	0.00%	22.22%
FY 2008-09	-100.00%	72.41%	1.59%	150.00%	0.00%	0.00%	-12.50%	-100.00%	-80.00%	0.00%	0.00%	-6.49%
FY 2009-10	100.00%	136.00%	4.42%	-40.00%	0.00%	0.00%	-42.86%	100.00%	-100.00%	0.00%	0.00%	-5.56%
Estimated FY 2010-11	0.00%	-2.54%	25.95%	916.67%	0.00%	0.00%	600.00%	0.00%	100.00%	0.00%	0.00%	28.43%
Estimated FY 2011-12	11.11%	0.00%	23.80%	132.79%	0.00%	0.00%	114.29%	0.00%	156.12%	0.00%	0.00%	32.06%

Exhibit H - INSURANCE - HEALTH INSURANCE BUY-IN - Cash-Based Actuals and Projections

Per Capita Trends												
Per Capita Trends	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
Actual FY 2009-10 Per Capita	\$0.09	\$1.18	\$18.65	\$0.06	\$0.00	\$0.00	\$0.04	\$0.01	\$0.00	\$0.00	\$0.00	\$2.04
Average of FY 2003-04 through FY 2007-08	1.66%	-12.33%	77.98%	-20.54%	0.00%	0.00%	-4.17%	-1.50%	-9.84%	-22.67%	-18.54%	15.08%
Average of FY 2004-05 through FY 2007-08	-12.38%	-28.61%	83.57%	-34.33%	0.00%	0.00%	-14.08%	-13.21%	-23.49%	-36.62%	-33.52%	8.52%
Average of FY 2005-06 through FY 2007-08	-11.32%	-31.55%	116.10%	-36.88%	0.00%	0.00%	-11.63%	-12.23%	-39.21%	-42.75%	-41.44%	18.09%
Average of FY 2006-07 through FY 2007-08	-9.58%	-40.81%	181.00%	-46.88%	0.00%	0.00%	-11.38%	-9.38%	-59.21%	-50.00%	-50.00%	33.80%
Average of FY 2004-05 through FY 2008-09	-29.90%	-8.40%	67.17%	2.54%	0.00%	0.00%	-13.76%	-30.57%	-34.79%	-29.30%	-26.82%	5.51%
Average of FY 2005-06 through FY 2008-09	-33.49%	-5.56%	87.48%	9.84%	0.00%	0.00%	-11.85%	-34.18%	-49.41%	-32.07%	-31.08%	11.95%
Average of FY 2006-07 through FY 2008-09	-39.72%	-3.07%	121.19%	18.75%	0.00%	0.00%	-11.75%	-39.58%	-66.14%	-33.33%	-33.33%	20.37%
Average of FY 2007-08 through FY 2008-09	-10.00%	-9.49%	11.67%	75.00%	0.00%	0.00%	23.75%	-12.50%	-60.84%	0.00%	0.00%	7.87%
Average of FY 2005-06 through FY 2009-10	-6.79%	22.75%	70.86%	-0.13%	0.00%	0.00%	-18.05%	-7.34%	-59.53%	-25.65%	-24.86%	8.44%
Average of FY 2006-07 through FY 2009-10	-4.79%	31.70%	92.00%	4.06%	0.00%	0.00%	-19.53%	-4.69%	-74.60%	-25.00%	-25.00%	13.89%
Average of FY 2007-08 through FY 2009-10	26.67%	39.01%	9.25%	36.67%	0.00%	0.00%	1.55%	25.00%	-73.89%	0.00%	0.00%	3.39%
Average of FY 2008-09 through FY 2009-10	0.00%	104.21%	3.01%	55.00%	0.00%	0.00%	-27.68%	0.00%	-90.00%	0.00%	0.00%	-6.03%
Current Year Projection												
FY 2009-10 Expenditure	\$3,552	\$8,332	\$993,385	\$3,197	\$0	\$0	\$11,314	\$210	\$0	\$0	\$0	\$1,019,989
Percentage Selected to Modify Expenditure ⁽¹⁾	4.13%	4.13%	4.13%	4.13%	0.00%	0.00%	3.39%	0.00%	4.13%	0.00%	0.00%	
Estimated FY 2010-11 Base Expenditure	\$3,698	\$8,677	\$1,034,412	\$3,329	\$0	\$0	\$11,697	\$210	\$0	\$0	\$0	\$1,062,023
<i>Bottom Line Impacts</i>												
SB 10-167 "Medicaid Efficiency & False Claims"	\$0	\$0	\$267,062	\$31,417	\$0	\$0	\$70,917	\$0	\$11,405	\$0	\$0	\$380,801
Total Bottom Line Impacts	\$0	\$0	\$267,062	\$31,417	\$0	\$0	\$70,917	\$0	\$11,405	\$0	\$0	\$380,801
Estimated FY 2010-11 Total Expenditure	\$3,698	\$8,677	\$1,301,474	\$34,746	\$0	\$0	\$82,614	\$210	\$11,405	\$0	\$0	\$1,442,824
Estimated FY 2010-11 Per Capita	\$0.09	\$1.15	\$23.49	\$0.61	\$0.00	\$0.00	\$0.28	\$0.01	\$1.39	\$0.00	\$0.00	\$2.62
% Change over FY 2009-10 Per Capita	0.00%	-2.54%	25.95%	916.67%	0.00%	0.00%	600.00%	0.00%	100.00%	0.00%	0.00%	28.43%
Request Year Projection												
Estimated FY 2010-11 Expenditure	\$3,698	\$8,677	\$1,301,474	\$34,746	\$0	\$0	\$82,614	\$210	\$11,405	\$0	\$0	\$1,442,824
Percentage Selected to Modify Expenditure ⁽¹⁾	4.13%	4.13%	4.13%	4.13%	0.00%	0.00%	4.13%	4.13%	4.13%	0.00%	0.00%	
Estimated FY 2011-12 Base Expenditures	\$3,851	\$9,035	\$1,355,225	\$36,181	\$0	\$0	\$86,026	\$219	\$11,876	\$0	\$0	\$1,502,413
<i>Bottom Line Impacts</i>												
Annualization of SB 10-167 "Medicaid Efficiency & False Claims"	\$0	\$0	\$427,070	\$50,239	\$0	\$0	\$113,404	\$0	\$18,237	\$0	\$0	\$608,950
Total Bottom Line Impacts	\$0	\$0	\$427,070	\$50,239	\$0	\$0	\$113,404	\$0	\$18,237	\$0	\$0	\$608,950
Estimated FY 2011-12 Total Expenditure	\$3,851	\$9,035	\$1,782,295	\$86,420	\$0	\$0	\$199,430	\$219	\$30,113	\$0	\$0	\$2,111,363
Estimated FY 2011-12 Per Capita	\$0.10	\$1.15	\$29.08	\$1.42	\$0.00	\$0.00	\$0.60	\$0.01	\$3.56	\$0.00	\$0.00	\$3.46
% Change over FY 2010-11 Per Capita	11.11%	0.00%	23.80%	132.79%	0.00%	0.00%	114.29%	0.00%	156.12%	0.00%	0.00%	32.06%
Footnotes												
(1) Percentage selected to modify enrollment for FY 2010-11: Where applicable, percentage selections have been bolded for clarification.	OAP-A	Overall average of FY 2007-08 through FY 2009-10			Exp. Adults	0.00%			BC Adults	Overall average of FY 2007-08 through FY 2009-10		
	OAP-B	Overall average of FY 2007-08 through FY 2009-10			BCCP	0.00%			Non-Citizens	0.00%		
	AND/AB	Overall average of FY 2007-08 through FY 2009-10			Elig. Children	Overall average of FY 2007-08 through FY 2009-10			Partial Dual	0.00%		
	AFDC-A	Overall average of FY 2007-08 through FY 2009-10			Foster Care	0.00%						
(2) Percentage selected to modify enrollment for FY 2011-12: Where applicable, percentage selections have been italicized for clarification.	<i>OAP-A</i>	Overall average of FY 2007-08 through FY 2009-10			<i>Exp. Adults</i>	0.00%			<i>BC Adults</i>	Overall average of FY 2007-08 through FY 2009-10		
	<i>OAP-B</i>	Overall average of FY 2007-08 through FY 2009-10			<i>BCCP</i>	0.00%			<i>Non-Citizens</i>	0.00%		
	<i>AND/AB</i>	Overall average of FY 2007-08 through FY 2009-10			<i>Elig. Children</i>	Overall average of FY 2007-08 through FY 2009-10			<i>Partial Dual</i>	0.00%		
	<i>AFDC-A</i>	Overall average of FY 2007-08 through FY 2009-10			<i>Foster Care</i>	0.00%						

Exhibit I - Service Management - Summary

FY 2010-11 Service Management Request												
Service Management	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
Single Entry Points	\$11,825,799	\$2,005,999	\$10,110,459	\$4,042	\$0	\$0	\$1,344	\$8,071	\$0	\$59,221	\$6,724	\$24,021,659
Disease Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan	\$470,154	\$289,179	\$2,430,190	\$1,375,606	\$229,057	\$3,185	\$4,160,103	\$411,764	\$169,673	\$0	\$0	\$9,538,911
Sub-total Service Management	\$12,295,953	\$2,295,178	\$12,540,649	\$1,379,648	\$229,057	\$3,185	\$4,161,447	\$419,835	\$169,673	\$59,221	\$6,724	\$33,560,570
FY 2011-12 Service Management Request												
Service Management	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
Single Entry Points	\$12,336,680	\$2,194,766	\$10,783,823	\$4,278	\$0	\$0	\$1,423	\$8,542	\$0	\$62,673	\$7,117	\$25,399,302
Disease Management	\$31,906	\$18,536	\$164,307	\$87,892	\$0	\$2,856	\$152,096	\$21,273	\$21,134	\$0	\$0	\$500,000
Prepaid Inpatient Health Plan	\$487,559	\$613,932	\$5,062,366	\$4,192,805	\$1,611,604	\$22,410	\$8,392,734	\$1,295,563	\$521,324	\$0	\$0	\$22,200,297
Sub-total Service Management	\$12,856,145	\$2,827,234	\$16,010,496	\$4,284,975	\$1,611,604	\$25,266	\$8,546,253	\$1,325,378	\$542,458	\$62,673	\$7,117	\$48,099,599

Exhibit I - SERVICE MANAGEMENT - SINGLE ENTRY POINTS - Cash-Based Actuals and Projections

Cash Based Actuals												
SINGLE ENTRY POINTS	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
FY 2001-02	\$7,511,496	\$1,012,419	\$5,576,469	\$1,021	\$0	\$0	\$0	\$2,041	\$0	\$0	\$0	\$14,103,446
FY 2002-03	\$7,791,287	\$1,050,130	\$5,784,183	\$1,059	\$0	\$0	\$0	\$2,117	\$0	\$0	\$0	\$14,628,776
FY 2003-04	\$7,810,601	\$1,041,413	\$5,676,359	\$1,094	\$0	\$0	\$0	\$1,094	\$0	\$0	\$0	\$14,530,561
FY 2004-05	\$9,077,168	\$1,312,201	\$6,855,305	\$4,865	\$0	\$0	\$1,216	\$0	\$0	\$0	\$6,081	\$17,256,835
FY 2005-06	\$8,671,602	\$1,294,860	\$6,568,161	\$2,262	\$0	\$0	\$2,262	\$0	\$0	\$0	\$7,916	\$16,547,063
FY 2006-07	\$9,171,616	\$1,415,981	\$7,352,685	\$4,528	\$0	\$0	\$0	\$1,132	\$0	\$0	\$56,594	\$18,002,536
FY 2007-08	\$10,894,815	\$1,743,587	\$8,992,484	\$2,602	\$0	\$0	\$1,301	\$2,602	\$0	\$0	\$119,709	\$21,757,100
FY 2008-09	\$11,356,087	\$1,927,170	\$9,708,485	\$3,228	\$0	\$0	\$1,507	\$7,102	\$0	\$56,818	\$6,779	\$23,067,175
FY 2009-10	\$11,622,897	\$2,068,951	\$9,956,430	\$2,637	\$0	\$0	\$1,458	\$8,329	\$0	\$41,435	\$5,414	\$23,707,551
Estimated FY 2010-11	\$11,825,799	\$2,005,999	\$10,110,459	\$4,042	\$0	\$0	\$1,344	\$8,071	\$0	\$59,221	\$6,724	\$24,021,659
Estimated FY 2011-12	\$12,336,680	\$2,194,766	\$10,783,823	\$4,278	\$0	\$0	\$1,423	\$8,542	\$0	\$62,673	\$7,117	\$25,399,302
Percent Change in Cash Based Actuals												
SINGLE ENTRY POINTS	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
FY 2002-03	3.72%	3.72%	3.72%	3.72%	0.00%	0.00%	0.00%	3.72%	0.00%	0.00%	0.00%	3.72%
FY 2003-04	0.25%	-0.83%	-1.86%	3.34%	0.00%	0.00%	0.00%	-48.33%	0.00%	0.00%	0.00%	-0.67%
FY 2004-05	16.22%	26.00%	20.77%	344.69%	0.00%	0.00%	100.00%	-100.00%	0.00%	0.00%	100.00%	18.76%
FY 2005-06	-4.47%	-1.32%	-4.19%	-53.50%	0.00%	0.00%	86.00%	0.00%	0.00%	0.00%	30.18%	-4.11%
FY 2006-07	5.77%	9.35%	11.94%	100.18%	0.00%	0.00%	-100.00%	100.00%	0.00%	0.00%	614.93%	8.80%
FY 2007-08	18.79%	23.14%	22.30%	-42.53%	0.00%	0.00%	100.00%	129.89%	0.00%	0.00%	111.52%	20.86%
FY 2008-09	4.23%	10.53%	7.96%	24.05%	0.00%	0.00%	15.78%	172.91%	0.00%	100.00%	-94.34%	6.02%
FY 2009-10	2.35%	7.36%	2.55%	-18.32%	0.00%	0.00%	-3.22%	17.27%	0.00%	-27.07%	-20.14%	2.78%
Estimated FY 2010-11	1.75%	-3.04%	1.55%	53.28%	0.00%	0.00%	-7.82%	-3.10%	0.00%	42.93%	24.20%	1.32%
Estimated FY 2011-12	4.32%	9.41%	6.66%	5.84%	0.00%	0.00%	5.88%	5.84%	0.00%	5.83%	5.84%	5.74%
Per Capita Cost												
SINGLE ENTRY POINTS	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
FY 2001-02	\$221.47	\$195.30	\$120.31	\$0.03	\$0.00	\$0.00	\$0.00	\$0.16	\$0.00	\$0.00	\$0.00	\$47.74
FY 2002-03	\$224.51	\$193.36	\$124.00	\$0.03	\$0.00	\$0.00	\$0.00	\$0.15	\$0.00	\$0.00	\$0.00	\$44.09
FY 2003-04	\$227.52	\$187.71	\$121.32	\$0.02	\$0.00	\$0.00	\$0.00	\$0.07	\$0.00	\$0.00	\$0.00	\$39.53
FY 2004-05	\$253.69	\$215.75	\$143.03	\$0.09	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.63	\$42.50
FY 2005-06	\$239.50	\$214.31	\$137.25	\$0.04	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.71	\$41.14
FY 2006-07	\$255.56	\$233.70	\$150.67	\$0.09	\$0.00	\$0.00	\$0.00	\$0.07	\$0.00	\$0.00	\$4.38	\$45.90
FY 2007-08	\$300.26	\$283.69	\$180.09	\$0.06	\$0.00	\$0.00	\$0.01	\$0.15	\$0.00	\$0.00	\$8.42	\$55.51
FY 2008-09	\$301.87	\$298.93	\$189.05	\$0.07	\$0.00	\$0.00	\$0.01	\$0.39	\$0.00	\$14.25	\$0.45	\$52.81
FY 2009-10	\$302.00	\$293.51	\$186.93	\$0.05	\$0.00	\$0.00	\$0.01	\$0.45	\$0.00	\$11.22	\$0.34	\$47.53
Estimated FY 2010-11	\$300.57	\$266.72	\$182.45	\$0.07	\$0.00	\$0.00	\$0.00	\$0.43	\$0.00	\$17.07	\$0.39	\$43.55
Estimated FY 2011-12	\$307.17	\$279.48	\$175.98	\$0.07	\$0.00	\$0.00	\$0.00	\$0.42	\$0.00	\$18.38	\$0.39	\$41.64
Percent Change in Per Capita Cost												
SINGLE ENTRY POINTS	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
FY 2002-03	1.37%	-0.99%	3.07%	0.00%	0.00%	0.00%	0.00%	-6.25%	0.00%	0.00%	0.00%	-7.65%
FY 2003-04	1.34%	-2.92%	-2.16%	-33.33%	0.00%	0.00%	0.00%	-53.33%	0.00%	0.00%	0.00%	-10.34%
FY 2004-05	11.50%	14.94%	17.89%	350.00%	0.00%	0.00%	100.00%	-100.00%	0.00%	0.00%	100.00%	7.51%
FY 2005-06	-5.59%	-0.67%	-4.04%	-55.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.70%	-3.20%
FY 2006-07	6.71%	9.05%	9.78%	125.00%	0.00%	0.00%	-100.00%	100.00%	0.00%	0.00%	516.90%	11.57%
FY 2007-08	17.49%	21.39%	19.53%	-33.33%	0.00%	0.00%	100.00%	114.29%	0.00%	0.00%	92.24%	20.94%
FY 2008-09	0.54%	5.37%	4.98%	16.67%	0.00%	0.00%	0.00%	160.00%	0.00%	100.00%	-94.66%	-4.86%
FY 2009-10	0.04%	-1.81%	-1.12%	-28.57%	0.00%	0.00%	0.00%	15.38%	0.00%	-21.26%	-24.44%	-10.00%
Estimated FY 2010-11	-0.47%	-9.13%	-2.40%	40.00%	0.00%	0.00%	-100.00%	-4.44%	0.00%	52.14%	14.71%	-8.37%
Estimated FY 2011-12	2.20%	4.78%	-3.55%	0.00%	0.00%	0.00%	0.00%	-2.33%	0.00%	7.67%	0.00%	-4.39%

Exhibit I - SERVICE MANAGEMENT - SINGLE ENTRY POINTS - Cash-Based Actuals and Projections

Per Capita Trends												
Per Capita Trends	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
Average of FY 2003-04 through FY 2007-08	6.29%	8.36%	8.20%	70.56%	0.00%	0.00%	20.00%	12.19%	0.00%	0.00%	144.37%	5.30%
Average of FY 2004-05 through FY 2007-08	7.53%	11.18%	10.79%	96.53%	0.00%	0.00%	25.00%	28.57%	0.00%	0.00%	180.46%	9.21%
Average of FY 2005-06 through FY 2007-08	6.20%	9.92%	8.42%	12.04%	0.00%	0.00%	0.00%	71.43%	0.00%	0.00%	207.28%	9.77%
Average of FY 2006-07 through FY 2007-08	12.10%	15.22%	14.66%	45.84%	0.00%	0.00%	0.00%	107.15%	0.00%	0.00%	304.57%	16.26%
Average of FY 2004-05 through FY 2008-09	6.13%	10.02%	9.63%	80.56%	0.00%	0.00%	20.00%	54.86%	0.00%	20.00%	125.44%	6.39%
Average of FY 2005-06 through FY 2008-09	4.79%	8.79%	7.56%	13.20%	0.00%	0.00%	0.00%	93.57%	0.00%	25.00%	131.80%	6.11%
Average of FY 2006-07 through FY 2008-09	8.25%	11.94%	11.43%	36.11%	0.00%	0.00%	0.00%	124.76%	0.00%	33.33%	171.49%	9.22%
Average of FY 2007-08 through FY 2008-09	9.02%	13.38%	12.26%	-8.33%	0.00%	0.00%	50.00%	137.15%	0.00%	50.00%	-1.21%	8.04%
Average of FY 2005-06 through FY 2009-10	3.84%	6.67%	5.83%	4.84%	0.00%	0.00%	0.00%	77.93%	0.00%	15.75%	100.55%	2.89%
Average of FY 2006-07 through FY 2009-10	6.20%	8.50%	8.29%	19.94%	0.00%	0.00%	0.00%	97.42%	0.00%	19.69%	122.51%	4.41%
Average of FY 2007-08 through FY 2009-10	6.02%	8.32%	7.80%	-15.08%	0.00%	0.00%	33.33%	96.56%	0.00%	26.25%	-8.95%	2.03%
Average of FY 2008-09 through FY 2009-10	0.29%	1.78%	1.93%	-5.95%	0.00%	0.00%	0.00%	87.69%	0.00%	39.37%	-59.55%	-7.43%
Home and Community Based Services (HCBS) Utilization⁽¹⁾												
SINGLE ENTRY POINTS	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
HCBS Average Monthly Paid Enrollment⁽²⁾												
FY 2002-03	7,360	992	5,464	2	-	-	-	2	1	-	-	13,821
FY 2003-04	7,140	952	5,189	1	-	-	1	1	-	1	8	13,293
FY 2004-05	7,464	1,079	5,637	4	-	-	1	1	-	5	8	14,199
FY 2005-06	7,668	1,145	5,808	2	-	-	2	1	-	9	5	14,640
FY 2006-07	8,103	1,251	6,496	4	-	1	1	2	-	50	6	15,914
FY 2007-08	8,373	1,340	6,911	2	-	-	3	2	-	92	8	16,731
FY 2008-09	8,794	1,492	7,518	3	-	-	1	6	-	44	5	17,863
FY 2009-10	9,304	1,656	7,970	2	-	-	1	7	-	33	4	18,975
Percent Changes in Enrollment												
FY 2002-03 to FY 2003-04	-2.99%	-4.03%	-5.03%	-50.00%	0.00%	0.00%	0.00%	-50.00%	-100.00%	0.00%	0.00%	-3.82%
FY 2003-04 to FY 2004-05	4.54%	13.34%	8.63%	300.00%	0.00%	0.00%	0.00%	0.00%	0.00%	400.00%	0.00%	6.82%
FY 2004-05 to FY 2005-06	2.73%	6.12%	3.03%	-50.00%	0.00%	0.00%	100.00%	0.00%	0.00%	80.00%	-37.50%	3.11%
FY 2005-06 to FY 2006-07	5.67%	9.26%	11.85%	100.00%	0.00%	0.00%	-50.00%	100.00%	0.00%	455.56%	20.00%	8.70%
FY 2006-07 to FY 2007-08	3.33%	7.11%	6.39%	-50.00%	0.00%	-100.00%	200.00%	0.00%	0.00%	84.00%	33.33%	5.13%
FY 2007-08 to FY 2008-09	5.03%	11.34%	8.78%	50.00%	0.00%	0.00%	-66.67%	200.00%	0.00%	-52.17%	-37.50%	6.76%
FY 2008-09 to FY 2009-10	5.80%	10.99%	6.01%	-33.33%	0.00%	0.00%	0.00%	16.67%	0.00%	-25.00%	-20.00%	6.23%

Exhibit I - SERVICE MANAGEMENT - SINGLE ENTRY POINTS - Cash-Based Actuals and Projections

Average of FY 2004-05 through 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
Current Year Projection												
FY 2010-11 Base Contracts	\$12,541,656	\$2,127,872	\$10,722,079	\$4,279	\$0	\$0	\$1,426	\$8,557	\$0	\$62,752	\$7,131	\$25,475,752
Annualization of FY 2009-10 ES-6: 1% Rate Reduction Effective December 1, 2009	(\$64,749)	(\$11,400)	(\$54,974)	(\$17)	\$0	\$0	(\$7)	(\$44)	\$0	(\$273)	(\$35)	(\$131,499)
Annualization of FY 2009-10 ES-2 "Medicaid Program Reductions"	(\$44,607)	(\$7,571)	(\$38,138)	(\$13)	\$0	\$0	(\$6)	(\$28)	\$0	(\$223)	(\$27)	(\$90,613)
FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$113,760)	(\$19,301)	(\$97,255)	(\$39)	\$0	\$0	(\$13)	(\$78)	\$0	(\$569)	(\$65)	(\$231,079)
HB 10-1146 State-funded Public Assistance Programs	(\$492,742)	(\$83,601)	(\$421,254)	(\$168)	\$0	\$0	(\$56)	(\$336)	\$0	(\$2,465)	(\$280)	(\$1,000,902)
Total Bottom Line Impacts	(\$715,857)	(\$121,873)	(\$611,620)	(\$237)	\$0	\$0	(\$82)	(\$486)	\$0	(\$3,531)	(\$407)	(\$1,454,093)
Estimated FY 2010-11 Total Expenditure	\$11,825,799	\$2,005,999	\$10,110,459	\$4,042	\$0	\$0	\$1,344	\$8,071	\$0	\$59,221	\$6,724	\$24,021,659
Estimated FY 2010-11 Per Capita	\$300.57	\$266.72	\$182.45	\$0.07	\$0.00	\$0.00	\$0.00	\$0.43	\$0.00	\$17.07	\$0.39	\$43.55
% Change over FY 2009-10 Per Capita	-0.47%	-9.13%	-2.40%	42.51%	0.00%	0.00%	-54.80%	-5.38%	0.00%	52.11%	15.13%	-8.37%
Request Year Projection												
FY 2011-12 Base Contracts	\$11,825,799	\$2,005,999	\$10,110,459	\$4,042	\$0	\$0	\$1,344	\$8,071	\$0	\$59,221	\$6,724	\$24,021,659
Estimated Increase in HCBS Utilization ⁽³⁾	4.72%	9.81%	7.06%	6.23%	0.00%	0.00%	6.23%	6.23%	0.00%	6.23%	6.23%	
Estimated FY 2011-12 Base Expenditure	\$12,383,977	\$2,202,788	\$10,824,257	\$4,294	\$0	\$0	\$1,428	\$8,574	\$0	\$62,910	\$7,143	\$25,495,371
Annualization of FY 2010-11 BRI#6: 1% Rate Reduction Effective July 1, 2010	(\$16,597)	(\$2,815)	(\$14,189)	(\$6)	\$0	\$0	(\$2)	(\$11)	\$0	(\$83)	(\$9)	(\$33,712)
Annualization of HB 10-1146 State-funded Public Assistance Programs	(\$30,700)	(\$5,207)	(\$26,245)	(\$10)	\$0	\$0	(\$3)	(\$21)	\$0	(\$154)	(\$17)	(\$62,357)
Total Bottom Line Impacts	(\$47,297)	(\$8,022)	(\$40,434)	(\$16)	\$0	\$0	(\$5)	(\$32)	\$0	(\$237)	(\$26)	(\$96,069)
Estimated FY 2011-12 Total Expenditure	\$12,336,680	\$2,194,766	\$10,783,823	\$4,278	\$0	\$0	\$1,423	\$8,542	\$0	\$62,673	\$7,117	\$25,399,302
Estimated FY 2011-12 Per Capita	\$307.17	\$279.48	\$175.98	\$0.07	\$0.00	\$0.00	\$0.00	\$0.42	\$0.00	\$18.38	\$0.39	\$41.64
% Change over FY 2010-11 Per Capita	2.20%	4.78%	-3.54%	-1.76%	0.00%	0.00%	-100.00%	-1.36%	0.00%	7.70%	-0.37%	-4.39%
Footnotes												
(1) Home and Community Based Services (HCBS) utilization is not the only factor which influences Single Entry Point expenditure. However, the Department believes that utilization trends are a good proxy for other Single Entry Point functions. Please see the Budget Narrative for further information.												
(2) The Average Monthly Paid Enrollment is not the actual enrollment in the Department's HCBS programs. This figure reflects the number of clients for who claims were paid in each month, not the distinct number of clients enrolled. For further information, please see the Budget Narrative.												
(3) The Department selected the three-year average of the percent changes from FY 2006-07 through FY 2009-10 for eligibility categories OAP-A, OAP-B, and AND/AB. For AFDC-A, AFDC-C/BC, Foster Care, Non-Citizen, and Partial Dual Eligibles the overall growth rate from FY 2008-09 to FY 2009-10 was selected to trend expenditure forward.												

Exhibit I - SERVICE MANAGEMENT - DISEASE MANAGEMENT - Cash-Based Actuals and Projections

Cash Based Actuals												
DISEASE MANAGEMENT	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
FY 2005-06	\$38,074	\$13,320	\$114,902	\$52,228	\$0	\$637	\$80,668	\$12,989	\$9,537	\$0	\$0	\$322,355
FY 2006-07	\$31,652	\$16,971	\$146,541	\$76,859	\$0	\$2,053	\$120,548	\$19,962	\$14,413	\$0	\$0	\$428,999
FY 2007-08	\$165,996	\$92,931	\$833,085	\$378,473	\$0	\$12,812	\$645,653	\$113,811	\$87,964	\$0	\$0	\$2,330,726
FY 2008-09	\$201,459	\$112,661	\$996,159	\$477,141	\$0	\$13,568	\$835,312	\$131,805	\$114,165	\$0	\$0	\$2,882,271
FY 2009-10	\$4,570	\$2,655	\$23,534	\$12,589	\$0	\$409	\$21,785	\$3,047	\$3,027	\$0	\$0	\$71,616
Estimated FY 2010-11	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2011-12	\$31,906	\$18,536	\$164,307	\$87,892	\$0	\$2,856	\$152,096	\$21,273	\$21,134	\$0	\$0	\$500,000
Percent Change in Cash Based Actuals												
DISEASE MANAGEMENT	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
FY 2006-07	-16.87%	27.41%	27.54%	47.16%	0.00%	222.29%	49.44%	53.68%	51.13%	0.00%	0.00%	33.08%
FY 2007-08	424.44%	447.59%	468.50%	392.43%	0.00%	524.08%	435.60%	470.14%	510.31%	0.00%	0.00%	443.29%
FY 2008-09	21.36%	21.23%	19.57%	26.07%	0.00%	5.90%	29.37%	15.81%	29.79%	0.00%	0.00%	23.66%
FY 2009-10	-97.73%	-97.64%	-97.64%	-97.36%	0.00%	-96.99%	-97.39%	-97.69%	-97.35%	0.00%	0.00%	-97.52%
Estimated FY 2010-11	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%
Estimated FY 2011-12	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%
Per Capita Cost												
DISEASE MANAGEMENT	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
FY 2005-06	\$1.05	\$2.20	\$2.40	\$0.89	\$0.00	\$3.39	\$0.38	\$0.79	\$1.86	\$0.00	\$0.00	\$0.80
FY 2006-07	\$0.88	\$2.80	\$3.00	\$1.52	\$0.00	\$9.00	\$0.59	\$1.19	\$2.78	\$0.00	\$0.00	\$1.09
FY 2007-08	\$4.57	\$15.12	\$16.68	\$8.49	\$0.00	\$47.45	\$3.16	\$6.64	\$13.99	\$0.00	\$0.00	\$5.95
FY 2008-09	\$5.36	\$17.47	\$19.40	\$9.71	\$0.00	\$42.80	\$3.55	\$7.31	\$16.37	\$0.00	\$0.00	\$6.60
FY 2009-10	\$0.12	\$0.38	\$0.44	\$0.22	\$0.00	\$0.96	\$0.08	\$0.17	\$0.39	\$0.00	\$0.00	\$0.14
Estimated FY 2010-11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Estimated FY 2011-12	\$0.79	\$2.36	\$2.68	\$1.44	\$0.00	\$4.83	\$0.46	\$1.04	\$2.50	\$0.00	\$0.00	\$0.82
Percent Change in Per Capita Cost												
DISEASE MANAGEMENT	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
FY 2006-07	-16.19%	27.27%	25.00%	70.79%	0.00%	165.49%	55.26%	50.63%	49.46%	0.00%	0.00%	36.25%
FY 2007-08	419.32%	440.00%	456.00%	458.55%	0.00%	427.22%	435.59%	457.98%	403.24%	0.00%	0.00%	445.87%
FY 2008-09	17.29%	15.54%	16.31%	14.37%	0.00%	-9.80%	12.34%	10.09%	17.01%	0.00%	0.00%	10.92%
FY 2009-10	-97.76%	-97.82%	-97.73%	-97.73%	0.00%	-97.76%	-97.75%	-97.67%	-97.62%	0.00%	0.00%	-97.88%
Estimated FY 2010-11	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%
Estimated FY 2011-12	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%
Current Year Projection												
Estimated FY 2010-11 Base Per Capita	\$0.12	\$0.38	\$0.44	\$0.22	\$0.00	\$0.96	\$0.08	\$0.17	\$0.39	\$0.00	\$0.00	\$0.00
Estimated FY 2010-11 Eligibles	39,345	7,521	55,416	56,727	46,911	511	297,340	18,956	8,196	3,470	17,177	551,570
Estimated FY 2010-11 Base Expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2010-11 Total Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2010-11 Per Capita	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
% Change over FY 2009-10 Per Capita	0.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%
Request Year Projection												
Estimated FY 2011-12 Base Expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Bottom Line Impacts</i>												
Adult Medical Home	\$31,906	\$18,536	\$164,307	\$87,892	\$0	\$2,856	\$152,096	\$21,273	\$21,134	\$0	\$0	\$500,000
Total Bottom Line Impacts	\$31,906	\$18,536	\$164,307	\$87,892	\$0	\$2,856	\$152,096	\$21,273	\$21,134	\$0	\$0	\$500,000
Estimated FY 2011-12 Total Expenditure	\$31,906	\$18,536	\$164,307	\$87,892	\$0	\$2,856	\$152,096	\$21,273	\$21,134	\$0	\$0	\$500,000
Estimated FY 2011-12 Per Capita	\$0.79	\$2.36	\$2.68	\$1.44	\$0.00	\$4.83	\$0.46	\$1.04	\$2.50	\$0.00	\$0.00	\$0.82
% Change over FY 2010-11 Per Capita	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%

Exhibit I
Prepaid Inpatient Health Plan Administration

Cash Based Actuals

PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	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
FY 2000-01	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2001-02	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2002-03	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2003-04	\$347,815	\$66,518	\$562,748	\$369,742	\$0	\$0	\$1,829,096	\$76,791	\$55,410	\$0	\$0	\$3,308,119
FY 2004-05	\$373,290	\$76,345	\$697,995	\$487,706	\$0	\$0	\$2,458,050	\$114,363	\$77,587	\$22	\$88	\$4,285,446
FY 2005-06	\$518,021	\$113,193	\$895,454	\$617,504	\$0	\$0	\$2,912,859	\$202,140	\$81,570	\$0	\$0	\$5,340,741
FY 2006-07	\$505,046	\$102,136	\$772,630	\$518,429	\$1,000	\$0	\$2,412,273	\$223,401	\$85,502	\$0	\$0	\$4,620,417
FY 2007-08	\$366,151	\$74,505	\$536,817	\$430,680	\$66,075	\$0	\$1,873,683	\$176,254	\$85,306	\$0	\$0	\$3,609,472
FY 2008-09	\$352,841	\$75,159	\$520,646	\$530,811	\$95,675	\$0	\$2,101,664	\$184,279	\$74,059	\$0	\$0	\$3,935,134
FY 2009-10	\$342,188	\$83,637	\$550,414	\$767,669	\$128,100	\$0	\$2,921,522	\$224,118	\$94,105	\$0	\$0	\$5,111,753
Estimated FY 2010-11	\$470,154	\$289,179	\$2,430,190	\$1,375,606	\$229,057	\$3,185	\$4,160,103	\$411,764	\$169,673	\$0	\$0	\$9,538,911
Estimated FY 2011-12	\$487,559	\$613,932	\$5,062,366	\$4,192,805	\$1,611,604	\$22,410	\$8,392,734	\$1,295,563	\$521,324	\$0	\$0	\$22,200,297

Percent Change in Cash Based Actuals

PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	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
FY 2001-02	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2002-03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2003-04	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%
FY 2004-05	7.32%	14.77%	24.03%	31.90%	0.00%	0.00%	34.39%	48.93%	40.02%	100.00%	100.00%	29.54%
FY 2005-06	38.77%	48.27%	28.29%	26.61%	0.00%	0.00%	18.50%	76.75%	5.13%	-100.00%	-100.00%	24.63%
FY 2006-07	-2.50%	-9.77%	-13.72%	-16.04%	100.00%	0.00%	-17.19%	10.52%	4.82%	0.00%	0.00%	-13.49%
FY 2007-08	-27.50%	-27.05%	-30.52%	-16.93%	6507.50%	0.00%	-22.33%	-21.10%	-0.23%	0.00%	0.00%	-21.88%
FY 2008-09	-3.64%	0.88%	-3.01%	44.80%	23.25%	0.00%	12.17%	4.55%	-13.18%	0.00%	0.00%	9.02%
FY 2009-10	-3.02%	11.28%	5.72%	44.62%	33.89%	0.00%	39.01%	21.62%	27.07%	0.00%	0.00%	29.90%
Estimated FY 2010-11	37.40%	245.75%	341.52%	79.19%	78.81%	100.00%	42.40%	83.73%	80.30%	0.00%	0.00%	86.61%
Estimated FY 2011-12	3.70%	112.30%	108.31%	204.80%	603.58%	603.61%	101.74%	214.64%	207.25%	0.00%	0.00%	132.73%

Per Capita Cost

PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	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
FY 2001-02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2002-03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2003-04	\$10.13	\$11.99	\$12.03	\$7.77	\$0.00	\$0.00	\$9.37	\$5.15	\$6.60	\$0.00	\$0.00	\$9.00
FY 2004-05	\$10.43	\$12.55	\$14.56	\$8.54	\$0.00	\$0.00	\$11.05	\$7.24	\$12.97	\$0.00	\$0.01	\$10.55
FY 2005-06	\$14.31	\$18.73	\$18.71	\$10.49	\$0.00	\$0.00	\$13.60	\$12.28	\$15.93	\$0.00	\$0.00	\$13.28
FY 2006-07	\$14.07	\$16.86	\$15.83	\$10.23	\$0.19	\$0.00	\$11.74	\$13.36	\$16.50	\$0.00	\$0.00	\$11.78
FY 2007-08	\$10.09	\$12.12	\$10.75	\$9.67	\$7.41	\$0.00	\$9.18	\$10.28	\$13.57	\$0.00	\$0.00	\$9.21
FY 2008-09	\$9.38	\$11.66	\$10.14	\$10.80	\$7.52	\$0.00	\$8.94	\$10.22	\$10.62	\$0.00	\$0.00	\$9.01
FY 2009-10	\$8.89	\$11.87	\$10.33	\$13.31	\$6.27	\$0.00	\$10.60	\$12.19	\$12.02	\$0.00	\$0.00	\$10.25
Estimated FY 2010-11	\$11.95	\$38.45	\$43.85	\$24.25	\$4.88	\$6.23	\$13.99	\$21.72	\$20.70	\$0.00	\$0.00	\$17.29
Estimated FY 2011-12	\$12.14	\$78.18	\$82.61	\$68.90	\$29.55	\$37.92	\$25.13	\$63.33	\$61.61	\$0.00	\$0.00	\$36.39

Percent Change in Per Capita Cost

PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	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
FY 2002-03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2003-04	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%
FY 2004-05	2.96%	4.67%	21.03%	9.91%	0.00%	0.00%	17.93%	40.58%	96.52%	0.00%	100.00%	17.22%
FY 2005-06	37.20%	49.24%	28.50%	22.83%	0.00%	0.00%	23.08%	69.61%	22.82%	0.00%	-100.00%	25.88%
FY 2006-07	-1.68%	-9.98%	-15.39%	-2.48%	100.00%	0.00%	-13.68%	8.79%	3.58%	0.00%	0.00%	-11.30%
FY 2007-08	-28.29%	-28.11%	-32.09%	-5.47%	3800.00%	0.00%	-21.81%	-23.05%	-17.76%	0.00%	0.00%	-21.82%
FY 2008-09	-7.04%	-3.80%	-5.67%	11.69%	1.48%	0.00%	-2.61%	-0.58%	-21.74%	0.00%	0.00%	-2.17%
FY 2009-10	-5.22%	1.80%	1.87%	23.24%	-16.62%	0.00%	18.57%	19.28%	13.18%	0.00%	0.00%	13.76%
Estimated FY 2010-11	34.42%	223.93%	324.49%	82.19%	-22.17%	100.00%	31.98%	78.18%	72.21%	0.00%	0.00%	68.68%
Estimated FY 2011-12	1.59%	103.33%	88.39%	184.12%	505.53%	508.67%	79.63%	191.57%	197.63%	0.00%	0.00%	110.47%

Exhibit I
Prepaid Inpatient Health Plan Administration

Current Year Projection by Eligibility Categories												
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	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
Estimated Expenditure for RMHP	\$407,884	\$99,694	\$808,781	\$915,053	\$0	\$0	\$3,482,420	\$267,146	\$112,172	\$0	\$0	\$6,093,151
Estimated Expenditure for Colorado Access	\$50,425	\$110,636	\$758,451	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$919,512
Estimated Expenditure for Kaiser Foundation Health Plan	\$11,845	\$25,989	\$178,166	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$216,000
Estimated Expenditure for CAHI	\$0	\$0	\$277,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$277,200
Estimated Expenditure for ACC	\$0	\$52,859	\$407,592	\$460,553	\$229,057	\$3,185	\$677,683	\$144,617	\$57,501	\$0	\$0	\$2,033,048
Estimated FY 2010-11 Total Expenditure	\$470,154	\$289,179	\$2,430,190	\$1,375,606	\$229,057	\$3,185	\$4,160,103	\$411,764	\$169,673	\$0	\$0	\$9,538,911
Estimated FY 2010-11 Per Capita Cost	\$11.95	\$38.45	\$43.85	\$24.25	\$4.88	\$6.23	\$13.99	\$21.72	\$20.70	\$0.00	\$0.00	\$17.29
Request Year Projection by Eligibility Categories												
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	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
Estimated Expenditure for RMHP	\$424,546	\$103,767	\$841,819	\$952,432	\$0	\$0	\$3,624,674	\$278,059	\$116,754	\$0	\$0	\$6,342,050
Estimated Expenditure for Colorado Access	\$50,510	\$110,823	\$759,733	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$921,067
Estimated Expenditure for Kaiser Foundation Health Plan	\$12,503	\$27,433	\$188,064	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$228,000
Estimated Expenditure for CAHI	\$0	\$0	\$405,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$405,000
Estimated Expenditure for ACC	\$0	\$371,909	\$2,867,750	\$3,240,374	\$1,611,604	\$22,410	\$4,768,060	\$1,017,504	\$404,570	\$0	\$0	\$14,304,180
Estimated FY 2011-12 Total Expenditure	\$487,559	\$613,932	\$5,062,366	\$4,192,805	\$1,611,604	\$22,410	\$8,392,734	\$1,295,563	\$521,324	\$0	\$0	\$22,200,297
Estimated FY 2011-12 Per Capita Cost	\$12.14	\$78.18	\$82.61	\$68.90	\$29.55	\$37.92	\$25.13	\$63.33	\$61.61	\$0.00	\$0.00	\$36.39

Note: Current and Request Year Projections are calculated in pages EI-8 and EI-9.

Exhibit I
Prepaid Inpatient Health Plan Administration

Cash Based Actuals by Provider						
PREPAID INFATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	Accountable Care Collaborative (ACC)	TOTAL
FY 2001-02	\$0	\$0	\$0	\$0	\$0	\$0
FY 2002-03	\$0	\$0	\$0	\$0	\$0	\$0
FY 2003-04	\$3,308,119	\$0	\$0	\$0	\$0	\$3,308,119
FY 2004-05	\$4,285,446	\$0	\$0	\$0	\$0	\$4,285,446
FY 2005-06	\$5,340,741	\$0	\$0	\$0	\$0	\$5,340,741
FY 2006-07	\$4,620,417	\$0	\$0	\$0	\$0	\$4,620,417
FY 2007-08	\$3,609,472	\$0	\$0	\$0	\$0	\$3,609,472
FY 2008-09	\$3,935,134	\$0	\$0	\$0	\$0	\$3,935,134
FY 2009-10	\$4,744,734	\$258,779	\$65,940	\$42,300	\$0	\$5,111,753
Estimated FY 2010-11	\$6,093,151	\$919,512	\$216,000	\$277,200	\$2,033,048	\$9,538,911
Estimated FY 2011-12	\$6,342,050	\$921,067	\$228,000	\$405,000	\$14,304,180	\$22,200,297
Percent Change in Cash Based Actuals						
PREPAID INFATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	Accountable Care Collaborative (ACC)	TOTAL
FY 2002-03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2003-04	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2004-05	29.54%	0.00%	0.00%	0.00%	0.00%	29.54%
FY 2005-06	24.63%	0.00%	0.00%	0.00%	0.00%	24.63%
FY 2006-07	-13.49%	0.00%	0.00%	0.00%	0.00%	-13.49%
FY 2007-08	-21.88%	0.00%	0.00%	0.00%	0.00%	-21.88%
FY 2008-09	9.02%	0.00%	0.00%	0.00%	0.00%	9.02%
FY 2009-10	20.57%	100.00%	100.00%	100.00%	0.00%	29.90%
Estimated FY 2010-11	28.42%	255.33%	227.57%	555.32%	100.00%	86.61%
Estimated FY 2011-12	4.08%	0.17%	5.56%	46.10%	603.58%	132.73%
Cost Per Enrollee						
PREPAID INFATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	Accountable Care Collaborative (ACC)	TOTAL
FY 2001-02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2002-03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2003-04	\$283.21	\$0.00	\$0.00	\$0.00	\$0.00	\$283.21
FY 2004-05	\$326.04	\$0.00	\$0.00	\$0.00	\$0.00	\$326.04
FY 2005-06	\$410.16	\$0.00	\$0.00	\$0.00	\$0.00	\$410.16
FY 2006-07	\$391.79	\$0.00	\$0.00	\$0.00	\$0.00	\$391.79
FY 2007-08	\$301.92	\$0.00	\$0.00	\$0.00	\$0.00	\$301.92
FY 2008-09	\$301.52	\$0.00	\$0.00	\$0.00	\$0.00	\$301.52
FY 2009-10	\$294.28	\$109.61	\$166.52	\$1,281.82	\$0.00	\$270.28
Estimated FY 2010-11	\$346.18	\$388.80	\$240.00	\$1,800.00	\$228.23	\$318.73
Estimated FY 2011-12	\$344.53	\$388.80	\$240.00	\$1,800.00	\$238.40	\$270.89
Percent Change in Cost Per Enrollee						
PREPAID INFATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	Accountable Care Collaborative (ACC)	TOTAL
FY 2002-03	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2003-04	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2004-05	15.12%	0.00%	0.00%	0.00%	0.00%	15.12%
FY 2005-06	25.80%	0.00%	0.00%	0.00%	0.00%	25.80%
FY 2006-07	-4.48%	0.00%	0.00%	0.00%	0.00%	-4.48%
FY 2007-08	-22.94%	0.00%	0.00%	0.00%	0.00%	-22.94%
FY 2008-09	-0.13%	0.00%	0.00%	0.00%	0.00%	-0.13%
FY 2009-10	-2.40%	100.00%	100.00%	100.00%	0.00%	-10.36%
Estimated FY 2010-11	17.64%	254.71%	44.13%	40.43%	100.00%	17.93%
Estimated FY 2011-12	-0.48%	0.00%	0.00%	0.00%	4.46%	-15.01%

Exhibit I
Prepaid Inpatient Health Plan Administration

Prepaid Inpatient Health Plan Enrollment⁽³⁾

PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access ⁽⁴⁾	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	Accountable Care Collaborative (ACC)	TOTAL
Enrollment in Current Prepaid Inpatient Health Plans						
FY 2001-02	-	-	-	-	-	-
FY 2002-03	-	-	-	-	-	-
FY 2003-04	11,681	-	-	-	-	11,681
FY 2004-05	13,144	-	-	-	-	13,144
FY 2005-06	13,021	-	-	-	-	13,021
FY 2006-07	11,793	-	-	-	-	11,793
FY 2007-08	11,955	-	-	-	-	11,955
FY 2008-09	13,051	-	-	-	-	13,051
FY 2009-10	16,123	2,361	396	33	-	18,913
Estimated FY 2010-11	17,601	2,365	900	154	8,908	29,928
Estimated FY 2011-12	18,408	2,369	950	225	60,000	81,952
Annual Percent Change in Enrollment						
FY 2003-04 to FY 2004-05	12.52%	0.00%	0.00%	0.00%	0.00%	12.52%
FY 2004-05 to FY 2005-06	-0.94%	0.00%	0.00%	0.00%	0.00%	-0.94%
FY 2005-06 to FY 2006-07	-9.43%	0.00%	0.00%	0.00%	0.00%	-9.43%
FY 2006-07 to FY 2007-08	1.37%	0.00%	0.00%	0.00%	0.00%	1.37%
FY 2007-08 to FY 2008-09	9.17%	0.00%	0.00%	0.00%	0.00%	9.17%
FY 2008-09 to FY 2009-10	23.54%	100.00%	100.00%	100.00%	0.00%	44.92%
Estimated FY 2009-10 to FY 2010-11 ⁽¹⁾	9.17%	0.17%	127.27%	366.67%	100.00%	58.24%
Estimated FY 2010-11 to FY 2011-12 ⁽²⁾	4.58%	0.17%	5.56%	46.10%	573.55%	173.83%
Current Year Projection						
Estimated FY 2010-11 Enrollment	17,601	2,365	900	154	35,630	56,650
FY 2010-11 PMPM Administration Fee	\$24.38	\$32.40	\$20.00	\$150.00	\$19.02	
Number of Months Paid	12	12	12	12	3	
Estimated FY 2010-11 Base Expenditures	\$5,149,349	\$919,512	\$216,000	\$277,200	\$2,033,048	\$8,595,109
Estimated Contract Payment to PIHP for Cost Avoidance	\$943,802	\$0	\$0	\$0	\$0	\$943,802
Estimated FY 2010-11 Total Expenditure	\$6,093,151	\$919,512	\$216,000	\$277,200	\$2,033,048	\$9,538,911
Estimated FY 2010-11 Cost Per Enrollee	\$346.18	\$388.80	\$240.00	\$1,800.00	\$228.23	\$318.73
% Change over FY 2009-10 Cost Per Enrollee	17.64%	254.71%	44.13%	40.43%	100.00%	17.93%
Request Year Projection						
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	Accountable Care Collaborative (ACC)	TOTAL
Estimated 2011-12 Enrollment	18,408	2,369	950	225	60,000	88,952
FY 2011-12 PMPM Administration Fee	\$24.38	\$32.40	\$20.00	\$150.00	\$19.87	
Number of Months Paid	12	12	12	12	12	
Estimated FY 2011-12 Base Expenditures	\$5,385,444	\$921,067	\$228,000	\$405,000	\$14,304,180	\$21,243,691
Estimated Contract Payment to PIHP for Cost Avoidance	\$956,606	\$0	\$0	\$0	\$0	\$956,606
Estimated FY 2011-12 Total Expenditure	\$6,342,050	\$921,067	\$228,000	\$405,000	\$14,304,180	\$22,200,297
Estimated FY 2011-12 Cost Per Enrollee	\$344.53	\$388.80	\$240.00	\$1,800.00	\$238.40	\$270.89
% Change over FY 2010-11 Cost Per Enrollee	-0.48%	0.00%	0.00%	0.00%	4.46%	-15.01%

(1) Percentage selected to modify enrollment for FY 2010-11:
Where applicable, percentage selections have been bolded for clarification.

RMHP: Trend from FY 2007-08 to FY 2008-09
Colorado Access: Trend from FY 2008-09 to FY 2009-10
Kaiser Foundation Health Plan: Current projections for capped enrollment.
Colorado Alliance Health & Independence: Current projections for capped enrollment.
Accountable Care Collaborative: Estimates for enrollment are based on Department's implementation plan.

(2) Percentage selected to modify enrollment for FY 2011-12:
Where applicable, percentage selections have been bolded for clarification.

RMHP: Half of trend from FY 2007-08 to FY 2009-10
Colorado Access: Trend from FY 2008-09 to FY 2009-10
Kaiser Foundation Health Plan: Current projections for capped enrollment.
Colorado Alliance Health & Independence: Current projections for capped enrollment.
Accountable Care Collaborative: Estimates for enrollment are based on Department's implementation plan.

(3) Derived from data from the Department's Medicaid Management Information System and does not include former Prepaid Inpatient Health Plans nor any payments for cost avoidance. For a complete explanation, please see the narrative.

(4) In March of 2010, the Colorado Access Contract for the Colorado Regional Integrated Care Collaborative (CRICC) was altered from a risk-based, capitated program to an Administrative Services Organization (ASO). There was no structural shift in enrollment data, allowing the Department to use data from FY 2008-09 and FY 2009-10 to forecast enrollment in the current and request years.

Exhibit J - Health Care Affordability Act of 2009 and Tobacco Tax Funded Estimates

Cash Funded Expansion Populations								
Source of Funding								
FY 2010-11 Summary								
Eligibility Category	Expenditure		Fund Calculations					
	Caseload	Expenditure	General Fund	Hospital Provider Fee Cash Fund	Medicaid Buy-in Cash Fund	Health Care Expansion Fund	Federal Funds	FMAP
Tobacco Tax Funded Clients								
Expansion Adults	19,641	\$53,013,345	\$0	\$0	\$0	\$21,368,383	\$31,644,962	59.71%
Expansion Foster Care	1,334	\$4,019,075	\$0	\$0	\$0	\$1,619,285	\$2,399,790	59.71%
Presumptive Eligibility	732	\$3,010,717	\$0	\$0	\$0	\$1,213,018	\$1,797,699	59.71%
Optional Legal Immigrants	5,467	\$35,019,233	\$0	\$0	\$0	\$14,109,249	\$20,909,984	59.71%
Medicaid Asset Test - Adult and Children Expansion	-	\$71,778,355	\$0	\$0	\$0	\$28,919,499	\$42,858,856	59.71%
Children's Home and Community Based Services Waiver (State Plan and Waiver Services)	678	\$21,641,197	\$0	\$0	\$0	\$8,719,238	\$12,921,959	59.71%
Children's Extensive Support Waiver (State Plan Services)	79	\$3,485,452	\$0	\$0	\$0	\$1,404,289	\$2,081,163	59.71%
Subtotal from Tobacco Tax Funded Clients	27,931	\$191,967,374	\$0	\$0	\$0	\$77,352,961	\$114,614,413	
HB 09-1293 Medicaid Expansion Clients								
Expansion Adults to 100%	27,270	\$73,604,906	\$0	\$36,802,454	\$0	\$0	\$36,802,452	50.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients	27,270	\$73,604,906	\$0	\$36,802,454	\$0	\$0	\$36,802,452	
HB 09-1293 Supplemental Payments								
Inpatient Hospital Rates		\$93,212,740	\$0	\$37,555,413	\$0	\$0	\$55,657,327	59.71%
Outpatient Hospital Rates		\$113,523,050	\$0	\$45,738,437	\$0	\$0	\$67,784,613	59.71%
Supplemental Hospital Payments (Upper Payment Limit)		\$207,380,060	\$0	\$83,553,427	\$0	\$0	\$123,826,633	59.71%
Supplemental Hospital Payments (DSH)		\$41,166,490	\$0	\$20,583,245	\$0	\$0	\$20,583,245	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$455,282,340	\$0	\$187,430,522	\$0	\$0	\$267,851,818	
HB 09-1293 Total		\$528,887,246	\$0	\$224,232,976	\$0	\$0	\$304,654,270	
FY 2009-10 HB 09-1293 and Tobacco Tax Grand Total		\$720,854,620	\$0	\$224,232,976	\$0	\$77,352,961	\$419,268,683	

Exhibit J - Health Care Affordability Act of 2009 and Tobacco Tax Funded Estimates

Cash Funded Expansion Populations								
Source of Funding								
FY 2011-12 Summary								
Eligibility Category	Expenditure		Fund Calculations					
	Caseload	Expenditure	General Fund	Hospital Provider Fee Cash Fund	Medicaid Buy-in Cash Fund	Health Care Expansion Fund	Federal Funds	FMAP
Tobacco Tax Funded Clients								
Expansion Adults	20,991	\$58,733,887	\$0	\$0	\$0	\$29,366,944	\$29,366,943	50.00%
Expansion Foster Care	1,477	\$4,614,045	\$0	\$0	\$0	\$2,307,023	\$2,307,022	50.00%
Presumptive Eligibility	736	\$3,043,286	\$0	\$0	\$0	\$1,521,643	\$1,521,643	50.00%
Optional Legal Immigrants	5,751	\$38,370,442	\$0	\$0	\$0	\$19,185,221	\$19,185,221	50.00%
Medicaid Asset Test - Adult and Children Expansion	-	\$76,036,922	\$0	\$0	\$0	\$38,018,461	\$38,018,461	50.00%
Children's Home and Community Based Services Waiver (State Plan and Waiver Services)	678	\$21,532,988	\$0	\$0	\$0	\$10,766,494	\$10,766,494	50.00%
Children's Extensive Support Waiver (State Plan Services)	79	\$3,467,942	\$0	\$0	\$0	\$1,733,971	\$1,733,971	50.00%
Subtotal from Tobacco Tax Funded Clients	29,712	\$205,799,512	\$0	\$0	\$0	\$102,899,757	\$102,899,755	
HB 09-1293 Medicaid Expansion Clients								
Expansion Adults to 100%	33,548	\$93,869,012	\$0	\$46,934,507	\$0	\$0	\$46,934,505	50.00%
Continuously Eligible Children: Family Medical Program	19,970	\$25,423,209	\$0	\$12,711,605	\$0	\$0	\$12,711,604	50.00%
Continuously Eligible Children: Foster Care	1,123	\$3,217,451	\$0	\$1,608,727	\$0	\$0	\$1,608,724	50.00%
Buy-in for Individuals with Disabilities	4,329	\$43,977,314	\$0	\$18,669,549	\$6,638,218	\$0	\$18,669,547	50.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients	58,970	\$166,486,986	\$0	\$79,924,388	\$6,638,218	\$0	\$79,924,380	
HB 09-1293 Supplemental Payments								
Inpatient Hospital Rates		\$93,212,740	\$0	\$46,606,370	\$0	\$0	\$46,606,370	50.00%
Outpatient Hospital Rates		\$113,523,050	\$0	\$56,761,525	\$0	\$0	\$56,761,525	50.00%
Supplemental Hospital Payments (Upper Payment Limit)		\$239,380,060	\$0	\$119,690,030	\$0	\$0	\$119,690,030	50.00%
Supplemental Hospital Payments (DSH)		\$41,166,490	\$0	\$20,583,245	\$0	\$0	\$20,583,245	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$487,282,340	\$0	\$243,641,170	\$0	\$0	\$243,641,170	
HB 09-1293 Total		\$653,769,326	\$0	\$323,565,558	\$6,638,218	\$0	\$323,565,550	
FY 2010-11 HB 09-1293 and Tobacco Tax Grand Total								
		\$859,568,838	\$0	\$323,565,558	\$6,638,218	\$102,899,757	\$426,465,305	

Exhibit J - Fund Transfer and Health Care Expansion Fund - Fund Splits

**Health Care Expansion Fund - Fund Splits
FY 2010-11**

Expansion Adults						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$2,692.62	\$52,885,679	\$0	\$21,307,640	\$31,578,039
Community Based Long Term Care		\$1.62	\$31,818	\$0	\$12,819	\$18,999
Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0
Service Management		\$4.88	\$95,848	\$0	\$47,924	\$47,924
Total	19,641	\$2,699.12	\$53,013,345	\$0	\$21,368,383	\$31,644,962
Fund Split Adjustment			\$0	(\$21,368,383)	\$21,368,383	\$0
<i>Notes</i>	Caseload is taken from page EB-1 of this request. Per capitas are calculated using the totals from Exhibit F, page EF-7.					
Expansion Foster Care						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$3,012.80	\$4,019,075	\$0	\$1,619,285	\$2,399,790
Community Based Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0
Service Management		\$0.00	\$0	\$0	\$0	\$0
Total	1,334	\$3,012.80	\$4,019,075	\$0	\$1,619,285	\$2,399,790
Fund Split Adjustment			\$0	(\$1,619,285)	\$1,619,285	\$0
<i>Notes</i>	This population was granted eligibility in SB 07-002 and SB 08-099. Per capitas are calculated in the Tobacco Tax Report portion of this Budget Request.					

Exhibit J - Fund Transfer and Health Care Expansion Fund - Fund Splits

**Health Care Expansion Fund - Fund Splits
FY 2010-11**

Presumptive Eligibility						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$4,113.00	\$3,010,717	\$0	\$1,213,018	\$1,797,699
Community Based Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0
Service Management		\$0.00	\$0	\$0	\$0	\$0
Total	732	\$4,113.00	\$3,010,717	\$0	\$1,213,018	\$1,797,699
Fund Split Adjustment			\$0	(\$1,213,018)	\$1,213,018	\$0
<i>Notes</i>	Forecasted caseload and per capita costs are based on historical trends. See the Tobacco Tax section of this Budget Request for additional information.					
Optional Legal Immigrants						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$6,405.57	\$35,019,233	\$0	\$14,109,249	\$20,909,984
Total	5,467		\$35,019,233	\$0	\$14,109,249	\$20,909,984
Fund Split Adjustment			\$0	(\$14,109,249)	\$14,109,249	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. Starting in FY 08-09 the allocation is based on actual historical expenditure data.					
Medicaid Asset Test - Adult and Children Expansion						
			Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>			\$71,778,355	\$0	\$28,919,499	\$42,858,856
Total			\$71,778,355	\$0	\$28,919,499	\$42,858,856
Fund Split Adjustment			\$0	(\$28,919,499)	\$28,919,499	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request.					

Exhibit J - Fund Transfer and Health Care Expansion Fund - Fund Splits

Health Care Expansion Fund - Fund Splits

FY 2010-11

Children's Home and Community Based Services Waiver (State Plan and Waiver Services)						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$31,919.17	\$21,641,197	\$0	\$8,719,238	\$12,921,959
Total	678	\$31,919.17	\$21,641,197	\$0	\$8,719,238	\$12,921,959
Fund Split Adjustment			\$0	(\$8,719,238)	\$8,719,238	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. The per capita cost includes case management services.					
Children's Extensive Support Waiver (State Plan Services)						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$44,119.64	\$3,485,452	\$0	\$1,404,289	\$2,081,163
Total	79	\$44,119.64	\$3,485,452	\$0	\$1,404,289	\$2,081,163
Fund Split Adjustment			\$0	(\$1,404,289)	\$1,404,289	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. The per capita cost includes case management services.					
FY 2010-11 Summary						
			Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care			\$59,915,471	\$0	\$24,139,943	\$35,775,528
Community Based Long Term Care			\$31,818	\$0	\$12,819	\$18,999
Long Term Care			\$0	\$0	\$0	\$0
Insurance			\$0	\$0	\$0	\$0
Service Management			\$95,848	\$0	\$47,924	\$47,924
Other Allocations			\$131,924,237	\$0	\$53,152,275	\$78,771,962
Total			\$191,967,374	\$0	\$77,352,961	\$114,614,413
Fund Split Adjustment			\$0	(\$77,352,961)	\$77,352,961	\$0

Exhibit J - Fund Transfer and Health Care Expansion Fund - Fund Splits

**Health Care Expansion Fund - Fund Splits
FY 2011-12**

Expansion Adults						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$2,766.80	\$58,077,918	\$0	\$29,038,959	\$29,038,959
Community Based Long Term Care		\$1.70	\$35,685	\$0	\$17,843	\$17,842
Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0
Service Management		\$29.55	\$620,284	\$0	\$310,142	\$310,142
Total	20,991	\$2,798.05	\$58,733,887	\$0	\$29,366,944	\$29,366,943
Fund Split Adjustment			\$0	(\$29,366,944)	\$29,366,944	\$0
<i>Notes</i>	Caseload is taken from page EB-1 of this request. Per capitas are calculated using the totals from Exhibit F, page EF-7.					
Expansion Foster Care						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$3,123.93	\$4,614,045	\$0	\$2,307,023	\$2,307,022
Community Based Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0
Service Management		\$0.00	\$0	\$0	\$0	\$0
Total	1,477	\$3,123.93	\$4,614,045	\$0	\$2,307,023	\$2,307,022
Fund Split Adjustment			\$0	(\$2,307,023)	\$2,307,023	\$0
<i>Notes</i>	This population was granted eligibility in SB 07-002 and SB 08-099. Per capitas are calculated in the Tobacco Tax Report portion of this Budget Request.					

Exhibit J - Fund Transfer and Health Care Expansion Fund - Fund Splits

**Health Care Expansion Fund - Fund Splits
FY 2011-12**

Presumptive Eligibility						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$4,134.90	\$3,043,286	\$0	\$1,521,643	\$1,521,643
Community Based Long Term Care		\$0	\$0	\$0	\$0	\$0
Long Term Care		\$0	\$0	\$0	\$0	\$0
Insurance		\$0	\$0	\$0	\$0	\$0
Service Management		\$0	\$0	\$0	\$0	\$0
Total	736	\$4,134.90	\$3,043,286	\$0	\$1,521,643	\$1,521,643
Fund Split Adjustment			\$0	(\$1,521,643)	\$1,521,643	\$0
<i>Notes</i>	Forecasted caseload and per capita costs are based on historical trends. See the Tobacco Tax section of this Budget Request for additional information.					
Optional Legal Immigrants						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$6,671.96	\$38,370,442	\$0	\$19,185,221	\$19,185,221
Total	5,751	\$6,671.96	\$38,370,442	\$0	\$19,185,221	\$19,185,221
Fund Split Adjustment			\$0	(\$19,185,221)	\$19,185,221	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. Starting in FY 08-09 the allocation is based on actual historical expenditure data.					
Medicaid Asset Test - Adult and Children Expansion						
			Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>			\$76,036,922	\$0	\$38,018,461	\$38,018,461
Total			\$76,036,922	\$0	\$38,018,461	\$38,018,461
Fund Split Adjustment			\$0	(\$38,018,461)	\$38,018,461	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request.					
Children's Home and Community Based Services Waiver (State Plan and Waiver Services)						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$ 31,759.57	\$21,532,988	\$0	\$10,766,494	\$10,766,494
Total	678	\$31,759.57	\$21,532,988	\$0	\$10,766,494	\$10,766,494
Fund Split Adjustment			\$0	(\$10,766,494)	\$10,766,494	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. The per capita cost includes case management services.					

Exhibit J - Fund Transfer and Health Care Expansion Fund - Fund Splits

**Health Care Expansion Fund - Fund Splits
FY 2011-12**

Children's Extensive Support Waiver (State Plan Services)						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$ 43,898.00	\$3,467,942	\$0	\$1,733,971	\$1,733,971
Total	79	\$43,898.00	\$3,467,942	\$0	\$1,733,971	\$1,733,971
Fund Split Adjustment			\$0	(\$1,733,971)	\$1,733,971	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. The per capita cost includes case management services.					
FY 2011-12 Summary						
			Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care			\$65,735,249	\$0	\$32,867,625	\$32,867,624
Community Based Long Term Care			\$35,685	\$0	\$17,843	\$17,842
Long Term Care			\$0	\$0	\$0	\$0
Insurance			\$0	\$0	\$0	\$0
Service Management			\$620,284	\$0	\$310,142	\$310,142
Other Allocations			\$139,408,294	\$0	\$69,704,147	\$69,704,147
Total			\$205,799,512	\$0	\$102,899,757	\$102,899,755
Fund Split Adjustment			\$0	(\$102,899,757)	\$102,899,757	\$0

Exhibit J - Health Care Affordability Act of 2009 Expansion Populations

**Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population
FY 2010-11**

Expansion Adults to 100%							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,692.62	\$73,427,651	\$0	\$36,713,826	\$0	\$36,713,825
Community Based Long Term Care		\$1.62	\$44,177	\$0	\$22,089	\$0	\$22,088
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$4.88	\$133,078	\$0	\$66,539	\$0	\$66,539
Total	27,270	\$2,699.12	\$73,604,906	\$0	\$36,802,454	\$0	\$36,802,452
Fund Split Adjustment			\$0	\$0	\$0	\$0	\$0
<i>Notes</i>	See Exhibit F, page EF-6 for calculations						
FY 2010-11 Summary							
			Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care			\$73,427,651	\$0	\$36,713,826	\$0	\$36,713,825
Community Based Long Term Care			\$44,177	\$0	\$22,089	\$0	\$22,088
Long Term Care			\$0	\$0	\$0	\$0	\$0
Insurance			\$0	\$0	\$0	\$0	\$0
Service Management			\$133,078	\$0	\$66,539	\$0	\$66,539
Total	27,270		\$73,604,906	\$0	\$36,802,454	\$0	\$36,802,452
Fund Split Adjustment			\$0	(\$36,802,454)	\$36,802,454	\$0	0

Exhibit J - Health Care Affordability Act of 2009 Expansion Populations

Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2011-12							
Expansion Adults to 100%							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,766.80	\$92,820,637	\$0	\$46,410,319	\$0	\$46,410,318
Community Based Long Term Care		\$1.70	\$57,032	\$0	\$28,516	\$0	\$28,516
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$29.55	\$991,343	\$0	\$495,672	\$0	\$495,671
Total	33,548	\$2,798.05	\$93,869,012	\$0	\$46,934,507	\$0	\$46,934,505
Fund Split Adjustment			\$0	\$0	\$0	\$0	\$0
<i>Notes</i>	See Exhibit F, page EF-6 for calculations						
Continuous Eligibility for Children: Family Medical Program							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$1,250.75	\$24,977,478	\$0	\$12,488,739	\$0	\$12,488,739
Community Based Long Term Care		\$2.68	\$53,520	\$0	\$26,760	\$0	\$26,760
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.45	\$8,987	\$0	\$4,494	\$0	\$4,493
Service Management		\$19.19	\$383,224	\$0	\$191,612	\$0	\$191,612
Total	19,970	\$1,273.07	\$25,423,209	\$0	\$12,711,605	\$0	\$12,711,604
Fund Split Adjustment			\$12,711,605	\$0	\$12,711,605	\$0	\$0
<i>Notes</i>	See the HB 09-1293 Colorado Health Care Affordability Act Update for derivation of these estimates; clients are assumed to cost only 75% of the eligibility category's typical per-capita, as these clients are assumed to have been receiving health care prior to enrollment.						
Continuous Eligibility for Children: Foster Care							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,490.89	\$2,797,269	\$0	\$1,398,635	\$0	\$1,398,634
Community Based Long Term Care		\$325.56	\$365,604	\$0	\$182,802	\$0	\$182,802
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.01	\$11	\$0	\$6	\$0	\$5
Service Management		\$48.59	\$54,567	\$0	\$27,284	\$0	\$27,283
Total	1,123	\$2,865.05	\$3,217,451	\$0	\$1,608,727	\$0	\$1,608,724
Fund Split Adjustment			\$1,608,727	\$0	\$1,608,727	\$0	\$0
<i>Notes</i>	See the HB 09-1293 Colorado Health Care Affordability Act Update for derivation of these estimates; clients are assumed to cost only 75% of the eligibility category's typical per-capita, as these clients are assumed to have been receiving health care prior to enrollment.						

Exhibit J - Health Care Affordability Act of 2009 Expansion Populations

Buy-in for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$6,616.13	\$28,641,226	\$0	\$12,158,968	\$4,323,290	\$12,158,968
Community Based Long Term Care		\$1,926.48	\$8,339,732	\$0	\$3,540,440	\$1,258,853	\$3,540,439
Long Term Care		\$950.29	\$4,113,805	\$0	\$1,746,421	\$620,964	\$1,746,420
Insurance		\$474.82	\$2,055,496	\$0	\$872,613	\$310,270	\$872,613
Service Management		\$191.05	\$827,055	\$0	\$351,107	\$124,841	\$351,107
Total	4,329	\$10,158.77	\$43,977,314	\$0	\$18,669,549	\$6,638,218	\$18,669,547
Fund Split Adjustment			\$18,669,549	\$0	\$18,669,549	\$0	\$0
<i>Notes</i> See the HB 09-1293 Colorado Health Care Affordability Act Update for derivation of these estimates.							
FY 2011-12 Summary							
			Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care			\$149,236,610	\$0	\$72,456,661	\$4,323,290	\$72,456,659
Community Based Long Term Care			\$8,815,888	\$0	\$3,778,518	\$1,258,853	\$3,778,517
Long Term Care			\$4,113,805	\$0	\$1,746,421	\$620,964	\$1,746,420
Insurance			\$2,064,494	\$0	\$877,113	\$310,270	\$877,111
Service Management			\$2,256,189	\$0	\$1,065,675	\$124,841	\$1,065,673
Total	58,970		\$166,486,986	\$0	\$79,924,388	\$6,638,218	\$79,924,380
Fund Split Adjustment			\$0	(\$86,562,606)	\$79,924,388	\$6,638,218	0

Exhibit K - Upper Payment Limit Financing

Summary of Upper Payment Limit Financing

	FY 2010-11	FY 2011-12
Outpatient Hospital UPL		
Total Funds	\$6,518,932	\$0
General Fund	(\$9,661,091)	\$0
Cash Funds	\$6,518,932	\$0
Federal Funds	\$9,661,091	\$0
Nursing Facilities UPL		
Total Funds	\$1,745,517	\$2,247,954
General Fund	(\$2,586,865)	(\$2,247,954)
Cash Funds	\$1,745,517	\$2,247,954
Federal Funds	\$2,586,865	\$2,247,954
Home Health UPL		
Total Funds	\$81,267	\$104,659
General Fund	(\$120,437)	(\$104,658)
Cash Funds	\$81,267	\$104,659
Federal Funds	\$120,437	\$104,658
Total Upper Payment Limit Financing		
Total Funds	\$8,345,715	\$2,352,613
General Fund	(\$12,368,394)	(\$2,352,612)
Cash Funds	\$8,345,715	\$2,352,613
Federal Funds	\$12,368,394	\$2,352,612

Exhibit K - Upper Payment Limit Financing
Outpatient Hospital Upper Payment Limit Calculation
Estimate Based on Calendar Year 2009 Actual Upper Payment Limit

Provider Name	Upper Payment Limit Calculation (Amount Remaining after Medicaid Payment)	Certification of Public Expenditure for Uncompensated Medicaid Cost from Provider
Colorado State Hospital	\$0	\$0
Ft. Logan	\$0	\$0
University Hospital & Colorado Psych Hospital	\$3,320,890	\$19,113,304
State Hospitals Total	\$3,320,890	\$19,113,304

Arkansas Valley Regional Medical Center	\$1,083,707	\$69,255
Aspen Valley Hospital	\$95,786	\$213,193
Delta County Memorial Hospital	\$453,647	\$0
Denver Health Medical Center	\$3,870,138	\$5,077,837
East Morgan County Hospital	\$314,459	\$344,789
Estes Park Medical Center	\$72,584	\$29,642
Grand River Hospital District	\$331,341	\$111,985
Gunnison Valley Hospital	\$191,467	\$211,550
Haxtun Hospital District	\$38,956	\$816,360
Heart of the Rockies Regional Medical Center	\$300,993	\$215,965
Keefe Memorial Hospital	\$25,256	\$41,788
Kit Carson County Memorial Hospital	\$239,707	\$163,557
Kremmling Memorial	\$101,047	\$482,746
Lincoln Community Hospital and Nursing Home	\$157,941	\$365,038
Melissa Memorial Hospital	\$153,337	\$215,478
Memorial Hospital	\$11,630,899	\$8,586,076
Montrose Memorial Hospital	\$615,098	\$1,194,019
North Colorado Medical Center	\$3,300,733	\$2,045,925
Pagosa Hospital	\$8,921	\$25,506
Pioneers Hospital	\$61,154	\$66,340
Poudre Valley Hospital	\$1,942,107	\$1,339,636
Prowers Medical Center	\$651,215	\$3,325,580
Rangely District Hospital	\$91,181	\$48,776
Sedgwick County Memorial Hospital	\$93,497	\$71,768
Southeast Colorado Hospital and LTC	\$115,055	\$230,122
Southwest Memorial Hospital	\$602,578	\$725,516
Spanish Peaks Regional Health Center	\$404,449	\$98,576
St. Vincent General Hospital District	\$177,377	\$142,472
The Memorial Hospital	\$334,397	\$231,535
Weisbrod Memorial County Hospital	\$36,006	\$24,633
Wray Community District Hospital	\$132,300	\$48,567
Yuma District Hospital	\$391,621	\$265,969
Government Hospitals Total	\$28,018,954	\$26,830,199

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Outpatient Payment	
Calendar Year 2008 Upper Payment Limit	\$31,339,844
Estimated CY 2009 Upper Payment Limit (1)	\$32,360,045
Estimated CY 2010 Upper Payment Limit	\$33,581,476

(1) Due to HB 09-1293, the Department will only be able to certify public expenditure up to the midpoint of CY 2010. After that, the Department will use other state funds to draw federal funds to the upper payment limit.

Supplemental Medicaid Outpatient Payment FY 2010-11	
Total Funds	\$6,518,932
General Fund	(\$9,661,091)
Cash Funds	\$6,518,932
Federal Funds	\$9,661,091

CY 2009 Inflation Factor	3.26%
CY 2010 Inflation Factor	3.77%

Consumer Price Index for Urban Wage Earners and Clerical Workers,
Medical Care, US City Average

Exhibit K - Upper Payment Limit Financing

**Nursing Facilities Upper Payment Limit Calculation
Estimate Based on Calendar Year 2009 Actual Upper Payment Limit**

Provider Name	Upper Payment Limit Calculation (Amount Remaining after Medicaid Payment)	Certification of Public Expenditure for Uncompensated Medicaid Cost from Provider⁽¹⁾
Colorado St. Veterans - Fitzsimmons	\$2,233,361	\$2,017,832
Colorado St. Veterans - Florence	\$854,509	\$966,598
Colorado St. Veterans - Homelake	\$208,886	\$72,119
Colorado St. Veterans - Rifle	\$609,547	\$1,130,133
Colorado St. Veterans - Walsenburg	\$454,264	\$869,218
Trinidad State Nursing Home	(\$304,599)	\$364,880
State Nursing Facilities Total	\$4,055,968	\$5,420,780

Bent County Healthcare Center	(\$207,694)	\$87,374
Cheyenne Manor	\$78,863	\$122,415
Cripple Creek Rehabilitation & Wellness Center	(\$129,988)	\$0
E. Dene Moore Care Center	\$38,437	\$706,084
Gunnison Health Care	\$46,850	\$115,128
Lincoln Community Nursing Home	\$205,047	\$219,768
Prospect Park Living Center	\$37,894	\$281,693
Sedgwick County Memorial Nursing Home	(\$31,952)	\$0
Southeast Colorado Hospital-LTC	(\$71,648)	\$138,563
Walbridge Memorial Convalescent	(\$122)	\$0
Walsh Healthcare Center	\$155,977	\$206,990
Washington County Nursing	(\$36,595)	\$38,516
Weisbrod Memorial County Nursing Home	\$191,345	\$231,297
Government Nursing Facilities Total	\$276,414	\$2,147,828

(1) Based on CY 2008 certification of public expenditure. The Department will update these figures to CY 2009 certification in February 2011.

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Nursing Facilities Payment	
Estimated CY 2009 Upper Payment Limit	\$4,332,382
Estimated CY 2010 Upper Payment Limit	\$4,495,908

Supplemental Medicaid Nursing Facility Payment FY 2010-11	
Total Funds	\$1,745,517
General Fund (offset by Federal Funds)	(\$2,586,865)
Cash Funds	\$1,745,517
Federal Funds	\$2,586,865

Supplemental Medicaid Nursing Facility Payment FY 2011-12	
Total Funds	\$2,247,954
General Fund (offset by Federal Funds)	(\$2,247,954)
Cash Funds	\$2,247,954
Federal Funds	\$2,247,954

CY 2009 Inflation Factor	3.26%
CY 2010 Inflation Factor	3.77%

Consumer Price Index for Urban Wage Earners and Clerical Workers,
Medical Care, US City Average

Exhibit K - Upper Payment Limit Financing

**Home Health Upper Payment Limit Calculation
Estimate Based on Calendar Year 2009 Actual Upper Payment Limit**

Provider Name	Upper Payment Limit Calculation (Amount Remaining after Medicaid Payment)	Certification of Public Expenditure for Uncompensated Medicaid Cost from Provider⁽¹⁾
Alamosa County Nursing Service	\$32,378	\$1,354,968
Bent County Nursing Service	\$32,378	\$514,082
Delta-Montrose Home Health Services	\$17,716	\$250,301
Fremont County Nursing Service	\$1,660	\$71,932
Grand County Nursing Service	\$394	\$21,527
Kiowa Memorial Hospital Home Health	\$2,113	\$59,403
Kit Carson County Memorial Hospital HHA	\$12,580	\$31,681
Lincoln Community Home Health	\$943	\$6,465
Mountain Home Health	\$4,510	\$39,910
Pioneers Hospital of Rio Blanco County HHA	\$3,877	\$28,008
Rangely District Hospital Home Health	\$730	\$38,513
Southeast Colorado Hospital HHA	\$0	\$14,339
Southwest Memorial Hospital Home Health	\$7,472	\$81,426
St. Vincent Home Health	\$80,344	\$235,293
Yuma District Hospital Home Health Care	\$4,609	\$156,813
Home Health Total	\$201,704	\$2,904,661

⁽¹⁾ Based on CY 2009 certification of public expenditure.

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Home Health Payment	
Estimated CY 2009 Upper Payment Limit	\$201,704
Estimated CY 2010 Upper Payment Limit	\$209,317

Supplemental Medicaid Home Health Payment FY 2010-11	
Total Funds	\$81,267
General Fund	(\$120,437)
Cash Funds	\$81,267
Federal Funds	\$120,437

Supplemental Medicaid Home Health Payment FY 2011-12	
Total Funds	\$104,659
General Fund	(\$104,658)
Cash Funds	\$104,659
Federal Funds	\$104,658

CY 2009 Inflation Factor	3.26%
CY 2010 Inflation Factor	3.77%

Consumer Price Index for Urban Wage Earners and Clerical Workers, Medical Care, US City Average

Exhibit K - Upper Payment Limit Financing

Medicaid Eligible Inpatient Days for Calendar Year 2008 for FY 2010-11 Participating Colorado Indigent Care Program Providers per HB 04-1438			
Hospitals	Medicaid Eligible Inpatient Days	Total Inpatient Days	Percent of Medicaid Eligible Inpatient Days
State Owned			
University of Colorado Hospital	38,289	119,879	31.9%
Non State Owned Public			
Arkansas Valley Regional Medical Center	4,111	8,187	50.2%
Aspen Valley Hospital	402	3,992	10.1%
Delta County Memorial Hospital	2,746	11,146	24.6%
Denver Health Medical Center	60,730	108,664	55.9%
East Morgan County Hospital	232	920	25.2%
Estes Park Medical Center	278	2,521	11.0%
Grand River Medical Center	366	1,695	21.6%
Gunnison Valley Hospital	229	1,288	17.8%
Heart of the Rockies Regional Medical Center	594	3,598	16.5%
Kremmling Memorial Hospital	16	214	7.5%
Melissa Memorial Hospital	432	526	82.1%
The Memorial Hospital	3,076	2,994	102.7%
Memorial Hospital	38,387	147,811	26.0%
Montrose Memorial Hospital	3,735	12,579	29.7%
North Colorado Medical Center	17,087	62,549	27.3%
Poudre Valley Hospital	12,779	64,486	19.8%
Prowers Medical Center	880	4,559	19.3%
Sedgwick County Memorial Hospital	175	526	33.3%
Southeast Colorado Hospital	165	835	19.8%
Southwest Memorial Hospital	1,794	5,831	30.8%
Spanish Peaks Regional Health Center	576	1,386	41.6%
St. Vincent General Hospital District	148	755	19.6%
Wray Community District Hospital	244	1,509	16.2%
Yuma District Hospital	96	1,319	7.3%

Exhibit K - Upper Payment Limit Financing

Medicaid Eligible Inpatient Days for Calendar Year 2008 for FY 2010-11 Participating Colorado Indigent Care Program Providers per HB 04-1438			
Hospitals	Medicaid Eligible Inpatient Days	Total Inpatient Days	Percent of Medicaid Eligible Inpatient Days
Private			
Boulder Community Hospital	7,017	45,154	15.5%
Centura Health - Penrose -St. Francis Health Services	14,121	93,926	15.0%
Centura Health - St. Mary-Corwin Medical Center	10,302	37,381	27.6%
Centura Health - St. Thomas More Hospital	2,877	9,568	30.1%
Colorado Plains Medical Center	1,573	6,653	23.6%
Community Hospital	1,319	7,667	17.2%
Conejos County Hospital	392	1,053	37.2%
Longmont United Hospital	8,794	41,121	21.4%
McKee Medical Center	4,165	19,606	21.2%
Medical Center of the Rockies	1,460	21,261	6.9%
Mercy Medical Center	3,662	16,241	22.5%
Mount San Rafael Hospital	1,239	3,641	34.0%
National Jewish Health	174	343	50.7%
Parkview Medical Center	22,838	70,921	32.2%
Pikes Peak Regional Hospital	86	800	10.8%
Platte Valley Medical Center	5,972	14,662	40.7%
Rio Grande Hospital	481	1,261	38.1%
San Luis Valley Regional Medical Center	3,847	9,973	38.6%
St. Mary's Hospital and Medical Center	17,385	66,840	26.0%
Sterling Regional MedCenter	1,259	6,331	19.9%
The Children's Hospital	41,928	73,755	56.8%
Valley View Hospital	5,804	12,017	48.3%
Yampa Valley Medical Center	1,100	5,962	18.5%

Exhibit L
Appropriations and Expenditures for FY 2009-10
Final FY 2009-10 Funding Splits

	TOTAL	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
SB 09-259 FY 2009-10 Long Bill	\$2,655,946,610	\$1,191,399,790	\$0	\$130,451,629	\$2,746,329	\$1,331,348,862
HB 10-1300 FY 2009-10 Supplemental Bill	(\$10,656,658)	(\$14,873,150)	\$0	\$5,521,168	\$128,121	(\$1,432,797)
HB 10-1376 FY 2010-11 Long Bill Add-ons	(\$7,118,771)	(\$317,301,480)	\$0	\$38,074,539	\$1,014,939	\$271,093,231
SB 09-261 Supplemental OAP Fund Moneys for Medicaid	\$0	(\$6,000,000)	\$0	\$6,000,000	\$0	\$0
SB 09-262 Breast and Cervical Cancer Prevention Funding	\$0	(\$874,603)	\$0	\$874,603	\$0	\$0
SB 09-263 Payments to Medicaid Nursing Facility Providers	(\$26,455,954)	(\$17,140,089)	\$0	\$3,912,114	\$0	(\$13,227,979)
SB 09-265 Timing of Medicaid Payments	(\$57,448,018)	(\$27,323,956)	\$0	(\$1,541,346)	\$0	(\$28,582,716)
SB 09-271 Tobacco Tax Revenues	\$0	(\$27,400,000)	\$0	\$27,400,000	\$0	\$0
HB 09-1293 Hospital Provider Fee (Section 12)	\$327,171,460	\$0	\$0	\$163,585,730	\$0	\$163,585,730
HB 10-1300 Changes to HB 09-1293 Hospital Provider Fee (Section 12)	(\$11,594,818)	\$0	\$0	(\$37,302,056)	\$0	\$25,707,238
HB 10-1372 Changes to HB 09-1293 Appropriations Clause	(\$1,416,093)	\$0	\$0	(\$1,015,901)	\$0	(\$400,192)
HB 10-1382 Repeal Delay of Payments	\$60,808,401	\$20,490,833	\$0	\$2,828,773	\$27,866	\$37,460,929
SB 10-169 HB 09-1293 ARRA Funding FY 2009-10	\$0	(\$4,929,388)	\$0	\$4,929,388	\$0	\$0
DHS - POTS Transfer	\$2,046	\$1,023	\$0	\$0	\$0	\$1,023
FY 2009-10 Spending Authority	\$2,929,238,205	\$796,048,980	\$0	\$343,718,641	\$3,917,255	\$1,785,553,329
Final Expenditures	\$2,877,812,218	\$762,936,068	\$0	\$343,695,933	\$3,917,255	\$1,767,262,963
Remaining Balance (Overexpenditure)	\$51,425,987	\$33,112,912	\$0	\$22,708	\$0	\$18,290,366
FY 2009-10 Payment Delay	\$70,232,486	\$25,197,176	\$0	\$1,839,587	\$0	\$43,195,723
Estimated FY 2009-10 Expenditures without Payment Delay	\$2,948,044,704	\$788,133,244	\$0	\$345,535,520	\$3,917,255	\$1,810,458,686
Estimated Balance without Payment Delay (Overexpenditure)	(\$18,806,499)	\$7,915,736	\$0	(\$1,816,879)	\$0	(\$24,905,357)

Exhibit L - Final Expenditures for Prior Fiscal Year by Aid Category

FY 2009-10 Final Actuals			
Aid Category	Caseload	Per Capita	Total
Adults 65 and Older (OAP-A)	38,487	\$22,560.73	\$868,294,666
Disabled Adults 60 to 64 (OAP-B)	7,049	\$18,325.09	\$129,173,576
Disabled Individuals to 59 (AND/AB)	53,264	\$15,405.78	\$820,573,294
Categorically Eligible Low-Income Adults (AFDC-A)	57,661	\$4,216.07	\$243,102,550
Expansion Adults	20,416	\$2,447.49	\$49,967,927
Breast & Cervical Cancer Program	425	\$23,782.78	\$10,107,681
Eligible Children (AFDC-C/BC)	275,672	\$1,921.39	\$529,673,390
Foster Care	18,381	\$4,078.67	\$74,970,042
Baby Care Program-Adults	7,830	\$9,624.04	\$75,356,218
Non-Citizens	3,693	\$14,673.47	\$54,189,117
Partial Dual Eligibles	15,919	\$1,407.36	\$22,403,757
TOTAL	498,797	TF	\$2,877,812,218
Total Funds include Upper Payment Limit Financing and supplemental payments.		GF	\$762,936,068
		GFE	\$0
		CF	\$343,695,933
		CFE	\$3,917,255
		FF	\$1,767,262,963

Exhibit M - FY 2009-10 Cash-Based Actuals

FY 2009-10 Cash-based COFRS Actuals												
ACUTE CARE	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	COFRS TOTAL
Physician Services & EPSDT	4,504,959	5,841,290	45,027,403	49,005,879	8,622,781	-	97,071,331	9,752,159	16,382,526	6,720,532	553	242,929,414
Emergency Transportation	132,013	206,450	1,629,961	1,035,662	185,670	-	1,553,739	202,199	184,865	87,075	-	5,217,633
Non-emergency Medical Transportation	2,230,609	868,873	4,556,037	344,058	21,575	-	964,382	100,146	44,731	1,244	-	9,131,655
Dental Services	790,484	236,617	4,188,551	3,595,409	823,709	-	73,534,295	5,281,907	353,118	2,724	43	88,806,857
Family Planning	-	24	11,970	107,725	43,538	-	110,955	17,076	-	-	-	321,975
Health Maintenance Organizations	6,690,235	6,808,868	45,687,858	17,679,228	3,678,474	-	35,072,614	902,745	1,131,694	-	-	117,651,717
Inpatient Hospitals	15,121,066	10,933,612	94,203,357	54,090,071	6,452,838	-	82,963,155	5,813,909	29,535,689	38,240,653	4,098	337,358,448
Outpatient Hospitals	2,483,053	3,912,610	33,983,522	32,186,041	10,422,381	-	51,528,633	4,616,132	4,813,849	1,009,919	-	144,956,141
Lab & X-Ray	542,175	702,690	5,366,358	9,847,442	1,862,995	-	6,592,607	1,625,242	3,462,744	145,427	638	30,148,317
Durable Medical Equipment	18,160,548	3,979,784	40,816,114	2,357,217	700,247	-	8,177,251	3,905,570	172,313	559	3,359	78,272,962
Prescription Drugs	7,741,380	13,544,934	97,612,578	33,482,234	8,258,897	618	44,622,098	18,661,722	2,189,164	-	462	226,114,086
Drug Rebate	(3,418,708)	(5,981,643)	(43,107,160)	(14,786,250)	(3,647,251)	(273)	(19,705,779)	(8,241,293)	(966,767)	-	(204)	(99,855,328)
Rural Health Centers	40,614	147,085	904,243	1,253,860	353,805	-	4,562,102	405,207	300,495	26,268	142	7,993,821
Federally Qualified Health Centers	903,859	792,591	6,070,348	11,539,676	2,347,920	-	47,091,192	1,962,149	5,080,079	456,394	154	76,244,360
Co-Insurance (Title XVIII-Medicare)	9,563,469	1,441,719	6,576,134	(69,754)	343,125	-	21,034	17,428	24,075	32	2,934,912	20,852,175
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	8,716,269	-	-	-	-	-	8,716,269
Prepaid Inpatient Health Plan Services	2,417,306	1,643,809	12,846,454	6,416,877	2,372,654	-	15,116,294	1,774,938	2,115,488	-	-	44,703,819
Other Medical Services	3,033	1,762	15,618	8,354	-	271	14,457	2,022	2,008	1,457	158	49,140
Home Health	23,855,013	6,522,006	110,646,480	411,449	92,232	-	3,749,623	10,908,657	50,128	-	212,833	156,448,421
Presumptive Eligibility	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal of Acute Care	91,761,109	51,603,080	467,035,824	208,505,177	42,935,591	8,716,886	453,039,981	57,721,528	64,893,275	46,692,284	3,157,147	1,496,061,883
COMMUNITY BASED LONG TERM CARE	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	101,286,005	14,326,522	70,577,472	8,512	4,831	-	-	77,881	-	-	144,853	186,426,075
HCBS - Mental Illness	3,418,565	2,358,037	16,839,277	80	-	-	-	22,942	-	-	42,459	22,681,360
HCBS - Disabled Children	-	-	1,762,739	-	-	-	-	471	-	-	-	1,763,210
HCBS - Persons Living with AIDS	19,745	28,343	533,292	-	-	-	-	-	-	-	25	581,405
HCBS - Consumer Directed Attendant Support	1,910,755	270,269	1,331,531	161	-	-	-	1,469	-	-	2,733	3,516,917
HCBS - Brain Injury	143,522	526,310	10,806,523	2,859	2,859	-	-	-	-	-	-	11,482,073
HCBS - Children with Autism	-	-	1,565,700	-	-	-	-	-	-	-	-	1,565,700
HCBS - Pediatric Hospice	-	-	94,295	-	-	-	-	485	-	-	-	94,781
Private Duty Nursing	1,026,115	240,541	14,816,119	-	-	-	586,102	6,561,939	-	-	-	23,230,817
Hospice	33,775,857	3,004,027	6,070,145	173,870	23,084	-	231,678	34,952	-	1,279	6,603	43,321,496
Subtotal of Community Based Long Term Care	141,580,564	20,754,049	124,397,093	185,482	30,774	-	817,780	6,700,139	-	1,279	196,672	294,663,833
LONG TERM CARE and INSURANCE	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	COFRS TOTAL
Class I Nursing Facilities	386,581,897	28,352,812	72,076,695	5,285	-	-	-	-	-	-	57,644	487,074,333
Class II Nursing Facilities	78,087	345,366	1,592,381	-	-	-	-	-	-	-	-	2,015,835
Program of All-Inclusive Care for the Elderly	61,913,944	4,981,340	2,345,339	-	-	-	-	-	-	-	-	69,240,623
Subtotal Long Term Care	448,573,929	33,679,519	76,014,415	5,285	-	-	-	-	-	-	57,644	558,330,791
Supplemental Medicare Insurance Benefit	54,965,748	3,205,285	28,812,261	180,219	-	-	-	-	-	-	15,905,077	103,068,590
Health Insurance Buy-In Program	3,244	7,611	907,337	2,920	-	-	10,334	192	-	-	-	931,637
Subtotal Insurance	54,968,992	3,212,895	29,719,598	183,139	-	-	10,334	192	-	-	15,905,077	104,000,227
Subtotal of Long Term Care and Insurance	503,542,921	36,892,414	105,734,013	188,425	-	-	10,334	192	-	-	15,962,720	662,331,019
SERVICE MANAGEMENT	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	COFRS TOTAL
Single Entry Points	11,622,897	2,068,951	9,956,430	2,637	-	-	1,458	8,329	-	41,435	5,414	23,707,551
Disease Management	4,570	2,655	23,534	12,589	-	409	21,785	3,047	3,027	-	-	71,616
Prepaid Inpatient Health Plan Administration	342,188	83,637	550,414	767,669	128,100	-	2,921,522	224,118	94,105	-	-	5,111,753
Subtotal of Service Management	11,969,656	2,155,243	10,530,379	782,895	128,100	409	2,944,764	235,494	97,132	41,435	5,414	28,890,920
FY 2009-10 COFRS Total	748,854,250	111,404,786	707,697,310	209,661,978	43,094,465	8,717,294	456,812,860	64,657,353	64,990,407	46,734,999	19,321,953	2,481,947,665

Exhibit M - Impact of FY 2009-10 Payment Delay

FY 2009-10 Cash-based COFRS Actuals - June 2010 Payment Delay												
ACUTE CARE	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	COFRS TOTAL
Physician Services & EPSDT	139,274	247,568	1,721,640	1,884,518	373,686	-	3,602,541	349,849	616,581	271,380	-	9,207,038
Emergency Transportation	3,662	13,366	85,367	35,804	4,796	-	50,303	8,725	5,046	5,052	-	212,121
Non-emergency Medical Transportation	19,534	12,770	53,010	3,249	374	-	12,518	3,675	606	-	-	105,736
Dental Services	24,991	8,317	163,583	151,826	41,492	-	3,115,764	228,434	17,308	-	-	3,751,715
Family Planning	-	-	451	6,411	2,458	-	3,054	209	358	-	-	12,941
Health Maintenance Organizations	-	-	(11)	27	-	-	17	-	-	-	-	32
Inpatient Hospitals	701,917	692,754	4,830,846	2,182,914	243,430	-	2,939,693	393,043	1,093,378	1,378,005	(4,931)	14,451,049
Outpatient Hospitals	103,161	148,966	1,892,735	1,962,548	487,537	-	2,589,324	244,629	215,601	56,662	521	7,701,685
Lab & X-Ray	22,583	30,542	246,699	424,520	95,034	-	260,269	68,093	126,528	6,709	-	1,280,976
Durable Medical Equipment	686,787	176,201	1,464,951	94,907	33,647	-	279,003	134,648	12,938	-	(451)	2,882,631
Prescription Drugs	318,002	531,682	3,811,518	1,446,505	360,318	-	1,564,142	700,017	76,891	-	-	8,809,075
Drug Rebate	-	-	-	-	-	-	-	-	-	-	-	-
Rural Health Centers	2,033	5,269	41,659	60,696	16,973	-	149,372	13,296	7,963	3,098	-	300,359
Federally Qualified Health Centers	39,192	37,269	235,274	497,414	115,206	-	1,572,983	67,107	196,118	15,893	-	2,776,457
Co-Insurance (Title XVIII-Medicare)	600,604	104,817	438,296	10,381	14,477	-	1,250	1,022	878	-	172,142	1,343,867
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	289,525	-	-	-	-	-	289,525
Prepaid Inpatient Health Plan Services	-	-	-	-	-	-	-	-	-	-	-	-
Other Medical Services	-	-	-	-	-	-	-	-	-	-	-	-
Home Health	598,271	207,762	2,924,369	7,843	3,390	-	49,209	156,115	285	-	4,404	3,951,648
Presumptive Eligibility	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal of Acute Care	3,260,010	2,217,283	17,910,388	8,769,562	1,792,819	289,525	16,189,443	2,368,862	2,370,480	1,736,799	171,684	57,076,855
COMMUNITY BASED LONG TERM CARE	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	2,100,206	300,017	1,263,788	42	-	-	-	1,267	-	-	4,507	3,669,827
HCBS - Mental Illness	54,893	33,002	270,702	-	-	-	-	658	-	-	-	359,255
HCBS - Disabled Children	-	-	77,803	-	-	-	-	-	-	-	-	77,803
HCBS - Persons Living with AIDS	791	127	16,219	-	-	-	-	-	-	-	-	17,137
HCBS - Consumer Directed Attendant Support	-	-	-	-	-	-	-	-	-	-	-	-
HCBS - Brain Injury	821	6,558	106,969	-	-	-	-	-	-	-	-	114,348
HCBS - Children with Autism	-	-	29,034	-	-	-	-	-	-	-	-	29,034
HCBS - Pediatric Hospice	-	-	7,429	-	-	-	-	-	-	-	-	7,429
Private Duty Nursing	9,137	-	320,960	-	-	-	18,618	87,024	-	-	-	435,738
Hospice	241,528	21,425	45,470	6,908	-	-	-	-	-	-	-	315,331
Subtotal of Community Based Long Term Care	2,407,375	361,129	2,138,375	6,950	-	-	18,618	88,949	-	-	4,507	5,025,903
LONG TERM CARE and INSURANCE	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	COFRS TOTAL
Class I Nursing Facilities	6,446,931	603,465	1,771,021	-	-	-	-	-	-	-	5,042	8,826,459
Class II Nursing Facilities	(116,533)	(81,268)	(602,688)	-	-	-	-	-	-	-	-	(800,488)
Program of All-Inclusive Care for the Elderly	10,615	4,790	-	-	-	-	-	-	-	-	-	15,405
Subtotal Long Term Care	6,341,014	526,987	1,168,333	-	-	-	-	-	-	-	5,042	8,041,375
Supplemental Medicare Insurance Benefit	-	-	-	-	-	-	-	-	-	-	-	-
Health Insurance Buy-In Program	308	722	86,048	277	-	-	980	18	-	-	-	88,352
Subtotal Insurance	308	722	86,048	277	-	-	980	18	-	-	-	88,352
Subtotal of Long Term Care and Insurance	6,341,321	527,708	1,254,381	277	-	-	980	18	-	-	5,042	8,129,728
SERVICE MANAGEMENT	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	COFRS TOTAL
Single Entry Points	-	-	-	-	-	-	-	-	-	-	-	-
Disease Management	-	-	-	-	-	-	-	-	-	-	-	-
Prepaid Inpatient Health Plan Administration	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal of Service Management	-	-	-	-	-	-	-	-	-	-	-	-
FY 2009-10 COFRS Total	12,008,706	3,106,120	21,303,145	8,776,789	1,792,819	289,525	16,209,040	2,457,828	2,370,480	1,736,799	181,233	70,232,486

Exhibit M - FY 2009-10 Cash-Based Actuals Adjusted for Payment Delays

FY 2009-10 Cash-based COFRS Actuals - Totals Adjusted for Payment Delay												
ACUTE CARE	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	COFRS TOTAL
Physician Services & EPSDT	\$4,644,233	\$6,088,859	\$46,749,044	\$50,890,397	\$8,996,467	\$0	\$100,673,872	\$10,102,008	\$16,999,107	\$6,991,912	\$553	\$252,136,452
Emergency Transportation	\$135,675	\$219,816	\$1,715,328	\$1,071,466	\$190,466	\$0	\$1,604,042	\$210,924	\$189,910	\$92,127	\$0	\$5,429,754
Non-emergency Medical Transportation	\$2,250,142	\$881,642	\$4,609,047	\$347,306	\$21,950	\$0	\$976,900	\$103,821	\$45,337	\$1,244	\$0	\$9,237,390
Dental Services	\$815,475	\$244,934	\$4,352,134	\$3,747,235	\$865,201	\$0	\$76,650,059	\$5,510,341	\$370,427	\$2,724	\$43	\$92,558,572
Family Planning	\$0	\$24	\$12,420	\$114,135	\$45,997	\$0	\$114,009	\$30,897	\$17,434	\$0	\$0	\$334,916
Health Maintenance Organizations	\$6,690,235	\$6,808,868	\$45,687,847	\$17,679,255	\$3,678,474	\$0	\$35,072,631	\$902,745	\$1,131,694	\$0	\$0	\$117,651,750
Inpatient Hospitals	\$15,822,984	\$11,626,366	\$99,034,203	\$56,272,985	\$6,696,268	\$0	\$85,902,848	\$6,206,952	\$30,629,066	\$39,618,658	(\$833)	\$351,809,498
Outpatient Hospitals	\$2,586,214	\$4,061,576	\$35,876,257	\$34,148,589	\$10,909,918	\$0	\$54,117,957	\$4,860,761	\$5,029,450	\$1,066,582	\$521	\$152,657,826
Lab & X-Ray	\$564,758	\$733,232	\$5,613,057	\$10,271,962	\$1,958,029	\$0	\$6,852,876	\$1,693,335	\$3,589,272	\$152,136	\$638	\$31,429,294
Durable Medical Equipment	\$18,847,335	\$4,155,984	\$42,281,065	\$2,452,124	\$733,894	\$0	\$8,456,254	\$4,040,219	\$185,251	\$559	\$2,908	\$81,155,593
Prescription Drugs	\$8,059,382	\$14,076,616	\$101,424,097	\$34,928,739	\$8,619,215	\$618	\$46,186,239	\$19,361,739	\$2,266,055	\$0	\$462	\$234,923,161
Drug Rebate	(\$3,418,708)	(\$5,981,643)	(\$43,107,160)	(\$14,786,250)	(\$3,647,251)	(\$273)	(\$19,705,779)	(\$8,241,293)	(\$966,767)	\$0	(\$204)	(\$99,855,328)
Rural Health Centers	\$42,647	\$152,354	\$945,902	\$1,314,556	\$370,778	\$0	\$4,711,474	\$418,503	\$308,458	\$29,366	\$142	\$8,294,180
Federally Qualified Health Centers	\$943,051	\$829,861	\$6,305,622	\$12,037,090	\$2,463,126	\$0	\$48,664,174	\$2,029,256	\$5,276,198	\$472,287	\$154	\$79,020,818
Co-Insurance (Title XVIII-Medicare)	\$10,164,073	\$1,546,536	\$7,014,431	(\$59,373)	\$357,602	\$0	\$22,284	\$18,450	\$24,953	\$32	\$3,107,054	\$22,196,042
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$9,005,795	\$0	\$0	\$0	\$0	\$0	\$9,005,795
Prepaid Inpatient Health Plan Services	\$2,417,306	\$1,643,809	\$12,846,454	\$6,416,877	\$2,372,654	\$0	\$15,116,294	\$1,774,938	\$2,115,488	\$0	\$0	\$44,703,819
Other Medical Services	\$3,033	\$1,762	\$15,618	\$8,354	\$0	\$271	\$14,457	\$2,022	\$2,008	\$1,457	\$158	\$49,140
Home Health	\$24,453,284	\$6,729,768	\$113,570,849	\$419,291	\$95,623	\$0	\$3,798,833	\$11,064,772	\$50,413	\$0	\$217,237	\$160,400,069
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$95,021,119	\$53,820,363	\$484,946,213	\$217,274,739	\$44,728,410	\$9,006,411	\$469,229,424	\$60,090,390	\$67,263,755	\$48,429,084	\$3,328,831	\$1,553,138,739
COMMUNITY BASED LONG TERM CARE	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	\$103,386,211	\$14,626,539	\$71,841,260	\$8,554	\$4,831	\$0	\$0	\$79,147	\$0	\$0	\$149,360	\$190,095,902
HCBS - Mental Illness	\$3,473,457	\$2,391,039	\$17,109,979	\$80	\$0	\$0	\$0	\$23,600	\$0	\$0	\$42,459	\$23,040,614
HCBS - Disabled Children	\$0	\$0	\$1,840,542	\$0	\$0	\$0	\$0	\$471	\$0	\$0	\$0	\$1,841,013
HCBS - Persons Living with AIDS	\$20,536	\$28,470	\$549,511	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$598,542
HCBS - Consumer Directed Attendant Support	\$1,910,755	\$270,269	\$1,331,531	\$161	\$0	\$0	\$0	\$1,469	\$0	\$0	\$2,733	\$3,516,917
HCBS - Brain Injury	\$144,343	\$532,868	\$10,913,491	\$2,859	\$2,859	\$0	\$0	\$0	\$0	\$0	\$0	\$11,596,421
HCBS - Children with Autism	\$0	\$0	\$1,594,735	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,594,735
HCBS - Pediatric Hospice	\$0	\$0	\$101,725	\$0	\$0	\$0	\$0	\$485	\$0	\$0	\$0	\$102,210
Private Duty Nursing	\$1,035,252	\$240,541	\$15,137,079	\$0	\$0	\$0	\$604,720	\$6,648,963	\$0	\$0	\$0	\$23,666,555
Hospice	\$34,017,386	\$3,025,452	\$6,115,615	\$180,778	\$23,084	\$0	\$231,678	\$34,952	\$0	\$1,279	\$6,603	\$43,636,826
Subtotal of Community Based Long Term Care	\$143,987,940	\$21,115,178	\$126,535,468	\$192,432	\$30,774	\$0	\$836,398	\$6,789,088	\$0	\$1,279	\$201,179	\$299,689,736
LONG TERM CARE and INSURANCE	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	COFRS TOTAL
Class I Nursing Facilities	\$393,028,828	\$28,956,277	\$73,847,716	\$5,285	\$0	\$0	\$0	\$0	\$0	\$0	\$62,685	\$495,900,792
Class II Nursing Facilities	(\$38,446)	\$264,098	\$989,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,215,347
Program of All-Inclusive Care for the Elderly	\$61,924,560	\$4,986,130	\$2,345,339	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,256,028
Subtotal Long Term Care	\$454,914,942	\$34,206,505	\$77,182,749	\$5,285	\$0	\$0	\$0	\$0	\$0	\$0	\$62,685	\$566,372,167
Supplemental Medicare Insurance Benefit	\$54,965,748	\$3,205,285	\$28,812,261	\$180,219	\$0	\$0	\$0	\$0	\$0	\$0	\$15,905,077	\$103,068,590
Health Insurance Buy-In Program	\$3,552	\$8,332	\$993,385	\$3,197	\$0	\$0	\$11,314	\$210	\$0	\$0	\$0	\$1,019,989
Subtotal Insurance	\$54,969,300	\$3,213,617	\$29,805,646	\$183,416	\$0	\$0	\$11,314	\$210	\$0	\$0	\$15,905,077	\$104,088,580
Subtotal of Long Term Care and Insurance	\$509,884,242	\$37,420,122	\$106,988,395	\$188,701	\$0	\$0	\$11,314	\$210	\$0	\$0	\$15,967,762	\$670,460,746
SERVICE MANAGEMENT	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	COFRS TOTAL
Single Entry Points	\$11,622,897	\$2,068,951	\$9,956,430	\$2,637	\$0	\$0	\$1,458	\$8,329	\$0	\$41,435	\$5,414	\$23,707,551
Disease Management	\$4,570	\$2,655	\$23,534	\$12,589	\$0	\$409	\$21,785	\$3,047	\$3,027	\$0	\$0	\$71,616
Prepaid Inpatient Health Plan Administration	\$342,188	\$83,637	\$550,414	\$767,669	\$128,100	\$0	\$2,921,522	\$224,118	\$94,105	\$0	\$0	\$5,111,753
Subtotal of Service Management	\$11,969,656	\$2,155,243	\$10,530,379	\$782,895	\$128,100	\$409	\$2,944,764	\$235,494	\$97,132	\$41,435	\$5,414	\$28,890,920
FY 2009-10 COFRS Total	\$760,862,956	\$114,510,906	\$729,000,455	\$218,438,767	\$44,887,285	\$9,006,820	\$473,021,900	\$67,115,182	\$67,360,887	\$48,471,798	\$19,503,186	\$2,552,180,141

Exhibit M - FY 2008-09 Cash-Based Actuals

FY 2008-09 Cash-based COFRS Actuals												
ACUTE CARE	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	COFRS TOTAL
Physician Services & EPSDT	4,994,147	6,222,450	45,788,069	45,929,303	6,388,849	-	89,495,781	9,896,241	15,568,366	8,628,882	603	232,912,692
Emergency Transportation	137,865	236,302	1,633,597	984,736	129,300	-	1,342,177	176,882	183,755	109,310	157	4,934,082
Non-emergency Medical Transportation	2,169,408	784,497	4,355,943	402,309	-	-	809,400	131,628	35,042	791	-	8,689,018
Dental Services	982,210	236,181	3,967,399	3,245,522	643,081	-	61,485,476	5,488,468	396,626	11,462	-	76,456,424
Family Planning	-	120	9,036	115,099	35,198	-	101,028	34,059	23,734	1,150	-	319,424
Health Maintenance Organizations	8,589,196	7,896,327	59,131,526	15,481,484	2,413,999	-	33,428,257	1,052,528	1,081,509	-	-	129,074,827
Inpatient Hospitals	16,801,697	13,598,479	98,702,338	57,489,437	5,455,282	-	84,101,547	6,535,184	27,109,511	46,764,468	18,694	356,576,636
Outpatient Hospitals	3,004,874	3,827,049	40,287,696	35,275,504	7,081,071	-	52,180,563	5,471,149	5,159,881	1,612,752	1,216	153,901,754
Lab & X-Ray	541,036	700,896	5,345,769	9,211,276	1,364,038	-	5,923,803	1,888,019	3,098,394	364,434	158	28,437,823
Durable Medical Equipment	19,191,857	4,023,304	40,203,019	1,972,489	450,132	-	7,113,934	3,897,828	147,294	8,611	3,345	77,011,816
Prescription Drugs	8,113,773	12,092,935	104,378,704	32,051,410	6,442,536	1,722	47,409,911	21,136,869	1,959,449	78,621	378	233,666,309
Drug Rebate	(3,188,270)	(4,751,865)	(41,015,133)	(12,594,454)	(2,531,565)	(677)	(18,629,507)	(8,305,636)	(769,957)	(30,894)	(148)	(91,818,104)
Rural Health Centers	50,160	147,174	965,699	1,145,962	272,843	-	4,193,025	300,376	348,898	34,346	-	7,458,484
Federally Qualified Health Centers	964,422	691,839	5,907,249	10,952,551	1,637,957	-	44,940,460	2,237,254	4,162,016	1,595,266	-	73,089,013
Co-Insurance (Title XVIII-Medicare)	13,247,112	1,936,238	8,768,139	(1,273)	363,789	-	31,202	20,241	41,983	1,112	3,689,845	28,098,389
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	7,042,030	-	-	-	-	-	7,042,030
Prepaid Inpatient Health Plan Services	2,152,814	1,391,106	11,142,648	5,428,896	1,193,672	-	11,529,742	1,563,092	1,587,226	-	-	35,989,196
Other Medical Services	3,147	1,760	15,560	7,453	-	212	13,048	2,059	1,783	1,776	148	46,946
Home Health	24,428,105	6,617,163	102,068,348	446,028	77,460	-	3,328,955	10,164,895	25,103	-	172,081	147,328,138
Presumptive Eligibility	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal of Acute Care	102,183,555	55,651,957	491,655,607	207,543,732	31,417,642	7,043,287	428,798,802	61,691,136	60,160,614	59,182,087	3,886,476	1,509,214,896
COMMUNITY BASED LONG TERM CARE	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	97,156,797	13,604,791	65,434,378	15,005	395	-	-	77,857	-	-	192,447	176,481,671
HCBS - Mental Illness	3,588,896	2,137,938	17,180,010	-	1,005	-	-	6,584	-	-	44,433	22,958,866
HCBS - Disabled Children	-	-	1,747,600	-	-	-	50	33	-	-	-	1,747,683
HCBS - Persons Living with AIDS	12,764	32,458	546,457	-	-	-	-	-	-	-	1,066	592,744
HCBS - Consumer Directed Attendant Support	2,271,433	318,067	1,529,803	351	-	-	-	1,820	-	-	4,499	4,125,973
HCBS - Brain Injury	159,346	507,164	11,361,726	-	-	-	-	-	-	-	-	12,028,236
HCBS - Children with Autism	-	-	1,293,932	-	-	-	-	-	-	-	-	1,293,932
HCBS - Pediatric Hospice	-	-	26,940	-	-	-	-	2,372	-	-	-	29,312
Private Duty Nursing	725,106	186,844	14,728,104	-	-	-	250,793	5,460,562	-	-	-	21,351,408
Hospice	31,767,623	2,005,681	5,941,975	37,529	7,535	-	77,422	3,390	2,017	-	59,700	39,902,873
Subtotal of Community Based Long Term Care	135,681,964	18,792,943	119,790,925	52,885	8,935	-	328,265	5,552,618	2,017	-	302,145	280,512,697
LONG TERM CARE and INSURANCE	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	COFRS TOTAL
Class I Nursing Facilities	423,682,370	29,953,087	77,004,135	22,194	-	-	-	-	-	-	256,886	530,918,672
Class II Nursing Facilities	-	335,754	1,935,960	-	-	-	-	-	-	-	-	2,271,714
Program of All-Inclusive Care for the Elderly	54,470,714	4,395,937	2,183,184	-	-	-	-	-	-	-	-	61,049,836
Subtotal Long Term Care	478,153,084	34,684,778	81,123,279	22,194	-	-	-	-	-	-	256,886	594,240,222
Supplemental Medicare Insurance Benefit	49,992,538	2,915,276	26,205,375	163,913	-	-	-	-	-	-	14,466,011	93,743,114
Health Insurance Buy-In Program	(177)	3,200	917,027	5,034	-	-	16,561	-	500	-	-	942,145
Subtotal Insurance	49,992,361	2,918,475	27,122,403	168,948	-	-	16,561	-	500	-	14,466,011	94,685,260
Subtotal of Long Term Care and Insurance	528,145,446	37,603,253	108,245,682	191,142	-	-	16,561	-	500	-	14,722,898	688,925,481
SERVICE MANAGEMENT	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	COFRS TOTAL
Single Entry Points	11,356,087	1,927,170	9,708,485	3,228	-	-	1,507	7,102	-	56,818	6,779	23,067,175
Disease Management	201,459	112,661	996,159	477,141	-	13,568	835,312	131,805	114,165	-	-	2,882,271
Prepaid Inpatient Health Plan Administration	352,841	75,159	520,646	530,811	95,675	-	2,101,664	184,279	74,059	-	-	3,935,134
Subtotal of Service Management	11,910,387	2,114,989	11,225,291	1,011,181	95,675	13,568	2,938,483	323,187	188,224	56,818	6,779	29,884,581
FY 2008-09 COFRS Total	777,921,352	114,163,142	730,917,504	208,798,940	31,522,252	7,056,855	432,082,111	67,566,941	60,351,355	59,238,905	18,918,298	2,508,537,655

Exhibit M - FY 2007-08 Cash-Based Actuals

FY 2007-08 Cash-based COFRS Actuals												
ACUTE CARE	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	COFRS TOTAL
Physician Services & EPSDT	3,469,726	5,866,568	39,253,495	39,870,742	3,123,248	-	71,109,993	8,011,424	12,603,872	7,354,450	309	190,663,827
Emergency Transportation	76,213	207,485	1,572,693	907,188	74,652	-	1,291,389	163,859	150,448	106,578	-	4,550,505
Non-emergency Medical Transportation	1,890,521	807,146	3,907,628	282,264	7,100	-	713,422	99,207	24,313	2,348	-	7,733,949
Dental Services	692,450	171,089	3,093,306	2,560,792	310,745	-	42,256,272	4,543,616	250,711	14,716	189	53,893,890
Family Planning	101	-	7,167	63,821	19,695	-	70,705	30,651	8,462	1,470	-	202,073
Health Maintenance Organizations	9,349,039	5,367,124	44,519,944	12,362,626	1,532,412	-	27,309,963	873,700	902,068	-	-	102,216,877
Inpatient Hospitals	12,490,039	11,578,942	87,911,992	55,261,146	3,425,569	-	77,716,643	6,608,100	23,195,257	42,710,199	1,406	320,899,293
Outpatient Hospitals	2,279,079	3,626,609	36,371,235	29,962,722	4,019,199	-	44,067,264	4,594,124	3,998,659	1,273,061	243	130,192,196
Lab & X-Ray	415,678	628,260	4,813,487	7,519,657	680,163	-	4,844,562	1,480,894	2,110,120	281,245	175	22,774,240
Durable Medical Equipment	19,099,564	3,724,534	40,421,276	1,864,137	224,468	-	6,388,678	3,963,555	114,866	7,053	7,843	75,815,972
Prescription Drugs	6,819,298	11,618,863	102,291,859	29,776,946	4,304,511	1,305	39,162,305	21,130,262	1,689,121	69,578	90	216,864,136
Drug Rebate	(1,744,101)	(2,971,636)	(26,162,127)	(7,615,740)	(1,100,920)	(334)	(10,016,136)	(5,404,268)	(432,009)	(17,795)	(23)	(55,465,088)
Rural Health Centers	33,486	118,828	885,721	988,888	151,262	-	3,411,821	384,803	239,581	28,394	-	6,242,784
Federally Qualified Health Centers	686,433	672,208	5,232,210	9,235,273	1,057,317	-	38,528,501	2,053,130	3,358,983	1,797,419	-	62,621,473
Co-Insurance (Title XVIII-Medicare)	10,666,122	1,603,558	7,081,693	55,556	150,455	-	13,250	8,349	30,611	1,086	2,896,987	22,507,668
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	7,088,411	-	-	-	-	-	7,088,411
Prepaid Inpatient Health Plan Services	2,010,919	1,325,920	10,884,785	5,170,292	936,978	-	10,350,299	1,581,179	1,421,934	-	-	33,682,305
Other Medical Services	2,310	1,293	11,593	5,267	-	178	8,985	1,584	1,224	1,347	106	33,888
Home Health	22,853,620	6,013,415	87,841,043	495,825	28,573	-	3,209,955	8,809,726	37,335	2,426	423,280	129,715,198
Presumptive Eligibility	-	-	-	-	-	-	-	-	3,770,690	-	-	3,770,690
Subtotal of Acute Care	91,090,497	50,360,207	449,939,001	188,767,403	18,945,426	7,089,560	360,437,874	58,933,894	53,476,247	53,633,572	3,330,605	1,336,004,286
COMMUNITY BASED LONG TERM CARE	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	86,813,975	10,527,340	43,329,761	37,677	210	-	-	13,583	-	-	509,299	141,231,844
HCBS - Mental Illness	3,181,676	1,943,044	15,184,323	1,504	1,005	-	-	9,277	-	-	89,059	20,409,887
HCBS - Disabled Children	-	-	1,352,728	-	-	-	973	147	-	-	-	1,353,847
HCBS - Persons Living with AIDS	12,757	31,627	549,627	-	-	-	-	-	-	-	1,395	595,406
HCBS - Consumer Directed Attendant Support	8,673,182	1,051,738	4,328,897	3,764	-	-	-	1,357	-	-	-	14,109,819
HCBS - Brain Injury	79,917	459,639	10,226,782	-	-	-	-	-	-	-	19,249	10,785,587
HCBS - Children with Autism	-	-	693,081	-	-	-	2,504	-	-	-	-	695,586
Private Duty Nursing	313,936	207,166	13,885,052	-	-	-	500,847	4,832,273	-	-	9,988	19,749,262
Hospice	25,148,153	2,134,632	5,123,646	70,365	6,838	-	86,351	-	-	-	240,791	32,810,776
Subtotal of Community Based Long Term Care	124,223,595	16,355,185	94,673,897	113,310	8,054	-	590,675	4,856,636	-	-	920,662	241,742,014
LONG TERM CARE and INSURANCE	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	COFRS TOTAL
Class I Nursing Facilities	389,399,454	25,395,243	69,952,848	6,325	-	-	-	-	-	-	1,814,628	486,568,498
Class II Nursing Facilities	74,970	191,024	1,924,394	-	-	-	-	-	-	-	45,248	2,235,636
Program of All-Inclusive Care for the Elderly	44,272,143	3,549,809	1,596,904	-	-	-	-	-	-	-	-	49,418,855
Subtotal Long Term Care	433,746,567	29,136,075	73,474,146	6,325	-	-	-	-	-	-	1,859,876	538,222,989
Supplemental Medicare Insurance Benefit	43,978,504	2,564,572	23,052,905	144,195	-	-	-	-	-	-	12,725,770	82,465,946
Health Insurance Buy-In Program	3,274	1,762	877,995	-	-	-	16,916	1,188	2,208	-	-	904,947
Subtotal Insurance	43,981,778	2,566,334	23,930,899	145,800	-	-	16,916	1,188	2,208	-	12,725,770	83,370,893
Subtotal of Long Term Care and Insurance	477,728,345	31,702,409	97,405,046	152,125	-	-	16,916	1,188	2,208	-	14,585,646	621,593,882
SERVICE MANAGEMENT	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	COFRS TOTAL
Single Entry Points	10,894,815	1,743,587	8,992,484	2,602	-	-	1,301	2,602	-	-	119,709	21,757,100
Disease Management	165,996	92,931	833,085	378,473	-	12,812	645,653	113,811	87,964	-	-	2,330,726
Prepaid Inpatient Health Plan Administration	366,151	74,505	536,817	430,680	66,075	-	1,873,683	176,254	85,306	-	-	3,609,472
Subtotal of Service Management	11,426,962	1,911,023	10,362,386	811,756	66,075	12,812	2,520,636	292,668	173,270	-	119,709	27,697,298
FY 2007-08 COFRS Total	704,469,398	100,328,824	652,380,330	189,844,594	19,019,555	7,102,372	363,566,102	64,084,386	53,651,725	53,633,572	18,956,623	2,227,037,481

Exhibit M - FY 2006-07 Cash-Based Actuals

FY 2006-07 Cash-based COFRS Actuals												
ACUTE CARE	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	COFRS TOTAL
Physician Services & EPSDT	2,557,590	4,913,899	32,157,433	38,985,126	1,224,479	-	61,863,460	6,843,560	9,019,205	6,665,024	2,652	164,232,428
Emergency Transportation	75,398	169,825	1,386,996	922,395	33,151	-	1,313,302	139,118	129,933	114,504	-	4,284,622
Non-emergency Medical Transportation	(18,672)	(8,454)	(25,794)	(1,823)	-	-	(4,150)	(1,652)	(176)	(17)	(2)	(60,740)
Dental Services	662,760	164,830	2,924,310	2,681,114	152,231	-	38,168,661	4,365,105	239,992	8,130	-	49,367,133
Family Planning	-	-	464	(1,854)	8,904	-	7,323	3,119	422	55	-	18,433
Health Maintenance Organizations	9,906,026	5,316,092	44,014,281	18,339,469	832,261	-	28,259,688	667,693	1,093,523	-	-	108,429,033
Inpatient Hospitals	12,785,899	10,333,981	77,352,935	59,552,000	1,558,745	-	74,070,764	5,149,408	19,508,543	44,375,127	-	304,687,402
Outpatient Hospitals	1,996,199	3,500,504	31,579,126	30,497,019	1,404,553	-	38,657,701	3,944,746	2,972,677	1,214,531	217	115,767,273
Lab & X-Ray	336,966	575,229	4,080,667	7,613,932	294,448	(112)	4,565,655	1,172,479	1,552,063	255,725	91	20,447,143
Durable Medical Equipment	17,788,206	3,417,083	34,532,449	1,944,867	77,764	-	5,382,698	3,535,980	114,018	7,737	21,364	66,822,166
Prescription Drugs	6,520,078	10,234,109	88,778,681	29,066,474	1,602,085	1,088	33,279,711	19,027,403	1,277,899	45,745	174	189,833,449
Drug Rebate	(2,014,232)	(3,161,599)	(27,426,192)	(8,979,439)	(494,928)	(336)	(10,281,023)	(5,878,091)	(394,778)	(14,132)	(54)	(58,644,804)
Rural Health Centers	33,187	105,329	792,378	1,019,191	68,417	-	3,407,281	221,847	212,217	20,555	-	5,880,402
Federally Qualified Health Centers	603,731	558,662	4,565,903	9,985,268	495,431	-	36,599,910	1,514,903	2,874,034	1,762,260	-	58,960,102
Co-Insurance (Title XVIII-Medicare)	9,351,692	1,308,275	5,742,590	28,897	71,544	-	6,279	8,956	17,869	-	2,440,303	18,976,405
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	5,554,934	-	-	-	-	-	5,554,934
Prepaid Inpatient Health Plan Services	1,945,740	1,211,269	9,687,896	5,975,266	228,327	-	9,675,290	1,395,920	1,165,608	-	-	31,285,316
Other Medical Services	1,879	1,007	8,697	4,562	-	122	7,155	1,185	855	1,192	82	26,736
Home Health	20,648,369	5,431,838	72,782,098	489,136	13,061	-	2,622,088	7,357,801	18,370	1,011	283,291	109,647,063
Presumptive Eligibility	-	-	-	-	-	-	-	-	7,849,344	-	-	7,849,344
Subtotal of Acute Care	83,180,816	44,071,879	382,934,916	198,121,602	7,570,473	5,555,696	327,601,793	49,469,480	47,651,618	54,457,447	2,748,118	1,203,363,838
COMMUNITY BASED LONG TERM CARE	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	77,897,470	9,019,369	36,497,817	37,957	2,506	-	-	5,953	-	-	211,964	123,673,036
HCBS - Mental Illness	2,759,506	1,696,177	12,752,277	4	2,373	-	-	470	-	-	35,513	17,246,320
HCBS - Disabled Children	-	-	904,544	-	-	-	264	-	-	-	75	904,883
HCBS - Persons Living with AIDS	16,836	17,189	468,801	-	-	-	-	-	-	-	704	503,530
HCBS - Consumer Directed Attendant Support	7,923,897	917,469	3,712,636	3,861	255	-	-	606	-	-	21,561	12,580,285
HCBS - Brain Injury	73,747	313,937	10,724,693	151	-	-	-	-	-	-	-	11,112,528
HCBS - Children with Autism	-	-	18,801	-	-	-	-	-	-	-	-	18,801
Private Duty Nursing	354,877	155,949	12,205,855	-	-	-	562,535	3,983,279	-	-	37,261	17,299,756
Hospice	23,913,110	1,986,641	5,611,231	46,496	-	-	141,295	-	-	-	88,575	31,787,348
Subtotal of Community Based Long Term Care	112,939,443	14,106,731	82,896,656	88,469	5,134	-	704,094	3,990,308	-	-	395,653	215,126,488
LONG TERM CARE and INSURANCE	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	COFRS TOTAL
Class I Nursing Facilities	384,275,629	24,171,304	68,903,820	1,596	-	-	-	-	-	-	951,138	478,303,487
Class II Nursing Facilities	106,064	27,660	2,100,702	-	-	-	-	-	-	-	35,710	2,270,136
Program of All-Inclusive Care for the Elderly	37,878,793	3,182,900	1,810,588	-	-	-	-	-	-	-	-	42,872,281
Subtotal Long Term Care	422,260,486	27,381,864	72,815,110	1,596	-	-	-	-	-	-	986,848	523,445,904
Supplemental Medicare Insurance Benefit	44,106,993	2,572,065	23,120,257	144,616	-	-	-	-	-	-	12,762,950	82,706,881
Health Insurance Buy-In Program	1,797	20,389	704,579	2,008	-	-	9,795	651	3,133	-	-	742,352
Subtotal Insurance	44,108,790	2,592,454	23,824,836	146,624	-	-	9,795	651	3,133	-	12,762,950	83,449,233
Subtotal of Long Term Care and Insurance	466,369,276	29,974,318	96,639,946	148,220	-	-	9,795	651	3,133	-	13,749,798	606,895,137
SERVICE MANAGEMENT	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	COFRS TOTAL
Single Entry Points	9,171,616	1,415,981	7,352,685	4,528	-	-	-	1,132	-	-	56,594	18,002,536
Disease Management	31,652	16,971	146,541	76,859	-	2,053	120,548	19,962	14,413	-	-	428,999
Prepaid Inpatient Health Plan Administration	505,046	102,136	772,630	518,429	1,000	-	2,412,273	223,401	85,502	-	-	4,620,417
Subtotal of Service Management	9,708,314	1,535,088	8,271,856	599,816	1,000	2,053	2,532,821	244,495	99,915	-	56,594	23,051,952
FY 2006-07 COFRS Total	672,197,849	89,688,016	570,743,374	198,958,107	7,576,607	5,557,749	330,848,503	53,704,934	47,754,666	54,457,447	16,950,163	2,048,437,415

* Note: In February 2008, totals for Prepaid Inpatient Health Plan - Services were adjusted. Totals for Non-Citizens and Partial Dual Eligibles were reapportioned to other aid categories. As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2005-06 Cash-Based Actuals

FY 2005-06 Cash-based COFRS Actuals												
ACUTE CARE	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	COFRS TOTAL
Physician Services & EPSDT	3,975,272	3,688,514	26,408,980	36,098,754	-	-	53,028,974	6,111,311	8,343,332	6,611,091	195	144,266,423
Emergency Transportation	84,353	126,114	1,133,549	817,029	-	-	1,140,132	130,357	86,656	93,252	(1)	3,611,441
Non-emergency Medical Transportation	(3,432)	(1,554)	(4,741)	(335)	-	-	(763)	(304)	(32)	(3)	-	(11,164)
Dental Services	1,262,181	236,029	2,930,118	3,071,227	-	-	34,885,122	4,088,844	217,730	11,716	2,547	46,705,514
Family Planning	(2)	-	10,347	210,459	-	-	106,209	69,728	11,612	765	1	409,119
Health Maintenance Organizations	11,735,631	9,400,251	75,960,961	23,941,548	-	-	32,559,940	460,293	718,326	-	5,241	154,782,191
Inpatient Hospitals	10,886,225	8,621,491	71,253,901	62,945,736	-	-	74,754,190	4,709,489	18,737,044	44,892,047	1	296,800,124
Outpatient Hospitals	3,098,381	2,915,529	26,382,059	28,536,153	-	-	35,812,801	4,051,514	2,854,896	1,562,291	119	105,213,743
Lab & X-Ray	425,283	446,360	3,377,104	7,490,295	-	-	4,504,927	1,169,897	1,570,143	266,156	(128)	19,250,037
Durable Medical Equipment	16,326,787	2,961,537	29,468,163	1,671,729	-	-	4,639,863	3,416,206	88,577	10,521	68,786	58,652,169
Prescription Drugs	50,125,835	12,867,087	104,466,003	24,828,668	-	2,157	26,344,076	17,140,550	1,101,109	46,195	26,145	236,947,825
Drug Rebate	(16,726,807)	(4,293,700)	(34,859,921)	(8,285,235)	-	(720)	(8,790,921)	(5,719,738)	(367,436)	(15,415)	(8,724)	(79,068,617)
Rural Health Centers	32,519	90,334	605,016	864,162	-	-	2,760,432	214,943	151,959	31,966	(1)	4,751,330
Federally Qualified Health Centers	641,668	452,609	3,870,384	11,207,906	-	-	39,458,275	1,483,125	3,048,685	1,795,167	(101)	61,957,718
Co-Insurance (Title XVIII-Medicare)	8,937,877	1,204,618	5,757,919	38,324	-	-	5,379	7,029	17,058	-	1,954,240	17,922,444
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	6,808,264	-	-	-	-	-	6,808,264
Prepaid Inpatient Health Plan Services	10,011,353	1,849,416	18,565,065	413,087	-	-	1,384,133	724,620	38,826	-	730	32,987,230
Other Medical Services	3,822	1,206	10,800	4,420	-	61	5,670	1,074	1,445	1,344	61	29,903
Home Health	18,536,187	4,997,032	59,760,483	402,401	-	-	2,009,317	6,476,083	26,958	-	18,990	92,227,451
Presumptive Eligibility	-	-	-	-	-	-	-	-	2,644,540	-	-	2,644,540
Subtotal of Acute Care	119,353,133	45,562,873	395,096,190	194,256,328	-	6,809,762	304,607,756	44,535,021	39,291,428	55,307,093	2,068,101	1,206,887,685
COMMUNITY BASED LONG TERM CARE	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	66,647,516	7,757,981	32,802,759	37,971	-	-	-	-	-	-	30,338	107,276,565
HCBS - Mental Illness	2,278,956	1,441,905	11,259,932	-	-	-	-	1,113	-	-	2,267	14,984,173
HCBS - Disabled Children	(1)	-	658,623	-	-	-	3,201	-	-	-	-	661,823
HCBS - Persons Living with AIDS	16,218	-	456,565	-	-	-	-	-	-	-	-	472,783
HCBS - Consumer Directed Attendant Support	4,916,492	401,883	1,919,448	66	-	-	-	-	-	-	-	7,237,889
HCBS - Brain Injury	12,788	11,846	8,788,436	616	-	-	-	-	-	-	-	8,813,686
Private Duty Nursing	157,164	405,549	10,536,627	-	-	-	397,273	4,120,147	-	-	-	15,616,760
Hospice	21,266,594	2,111,240	4,880,020	111,898	-	-	128,732	-	-	-	8,603	28,507,087
Subtotal of Community Based Long Term Care	95,295,727	12,130,404	71,302,410	150,551	-	-	529,206	4,121,260	-	-	41,208	183,570,766
LONG TERM CARE and INSURANCE	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	COFRS TOTAL
Class I Nursing Facilities	370,539,529	22,631,623	63,039,217	(10,541)	-	-	1,810	-	-	-	318,690	456,520,328
Class II Nursing Facilities	69,154	-	1,367,696	-	-	-	-	-	-	-	-	1,436,850
Program of All-Inclusive Care for the Elderly	35,666,638	2,962,484	1,841,368	-	-	-	-	-	-	-	-	40,470,490
Subtotal Long Term Care	406,275,321	25,594,107	66,248,281	(10,541)	-	-	1,810	-	-	-	318,690	498,427,668
Supplemental Medicare Insurance Benefit	37,744,128	2,201,019	19,784,933	123,754	-	-	-	-	-	-	10,921,770	70,775,604
Health Insurance Buy-In Program	212,695	18,547	157,102	37,769	-	-	63,030	10,566	13,231	8,200	3,054	524,194
Subtotal Insurance	37,956,823	2,219,566	19,942,035	161,523	-	-	63,030	10,566	13,231	8,200	10,924,824	71,299,798
Subtotal of Long Term Care and Insurance	444,232,144	27,813,673	86,190,316	150,982	-	-	64,840	10,566	13,231	8,200	11,243,514	569,727,466
SERVICE MANAGEMENT	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	COFRS TOTAL
Single Entry Points	8,671,602	1,294,860	6,568,161	2,262	-	-	2,262	-	-	-	7,916	16,547,063
Disease Management	38,074	13,320	114,902	52,228	-	637	80,668	12,989	9,537	-	-	322,355
Prepaid Inpatient Health Plan Administration	518,021	113,193	895,454	617,504	-	-	2,912,859	202,140	81,570	-	-	5,340,741
Subtotal of Service Management	9,227,697	1,421,373	7,578,517	671,994	-	637	2,995,789	215,129	91,107	-	7,916	22,210,159
FY 2005-06 COFRS Total	668,108,701	86,928,323	560,167,433	195,229,855	-	6,810,399	308,197,591	48,881,976	39,395,766	55,315,293	13,360,739	1,982,396,076

As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2004-05 Cash-Based Actuals

FY 2004-05 Cash-based COFRS Actuals												
ACUTE CARE	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	COFRS TOTAL
Physician Services & EPSDT	3,423,604	3,193,975	21,628,805	32,599,653	-	-	43,820,013	5,026,864	8,927,565	5,498,719	142	124,119,339
Emergency Transportation	154,437	125,096	1,062,237	761,877	-	-	1,030,699	114,920	115,808	108,563	104	3,473,741
Non-emergency Medical Transportation	65,695	29,745	90,757	6,414	-	-	14,601	5,811	618	60	5	213,706
Dental Services	1,138,025	185,567	2,573,418	3,009,041	-	-	29,245,153	3,562,887	266,892	32,867	-	40,013,849
Family Planning	-	26	4,351	97,103	-	-	46,021	29,939	7,912	669	-	186,021
Health Maintenance Organizations	14,841,610	10,000,351	80,033,438	22,355,311	-	-	34,237,510	(91,468)	713,180	-	315	162,090,246
Inpatient Hospitals	12,100,223	8,017,452	58,771,508	59,068,158	-	-	70,183,080	4,604,884	17,929,034	35,337,108	-	266,011,447
Outpatient Hospitals	2,308,115	2,676,602	22,949,379	25,028,931	-	-	32,440,056	3,875,487	3,256,924	1,082,574	49	93,618,116
Lab & X-Ray	383,268	393,747	2,972,445	6,616,645	-	-	3,692,266	1,040,626	2,080,982	304,349	427	17,484,755
Durable Medical Equipment	13,866,449	2,344,377	24,809,129	1,387,625	-	-	4,463,726	3,231,168	84,778	15,993	96,006	50,299,251
Prescription Drugs	80,910,411	14,897,365	122,641,655	21,534,152	-	-	24,054,575	15,406,676	1,297,940	79,392	108,732	280,930,899
Drug Rebate	(25,860,524)	(3,853,558)	(33,644,073)	(2,532,799)	-	-	(2,541,517)	(2,821,952)	(363,610)	(1,803)	(36,838)	(71,656,675)
Rural Health Centers	49,536	71,821	593,992	806,931	-	-	2,749,051	172,803	123,398	30,392	471	4,598,395
Federally Qualified Health Centers	554,197	478,212	3,082,202	10,107,145	-	-	35,200,815	1,398,913	3,824,437	2,198,858	786	56,845,564
Co-Insurance (Title XVIII-Medicare)	8,401,158	1,189,659	5,961,109	65,701	-	-	3,136	3,446	14,758	-	1,718,734	17,357,700
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	2,490,090	-	-	-	-	-	2,490,090
Prepaid Inpatient Health Plan Services	18,252,319	3,212,600	34,792,621	2,184,708	-	-	8,483,223	1,319,961	228,776	-	96	68,474,304
Other Medical Services	3,767	1,188	10,643	4,356	-	60	5,588	1,058	1,424	1,325	59	29,468
Home Health	13,643,727	3,729,460	49,395,318	315,958	-	-	2,142,906	5,260,733	34,531	7,192	4,787	74,534,611
Subtotal of Acute Care	144,236,015	46,693,687	397,728,931	183,416,908		2,490,150	289,270,900	42,142,756	38,545,346	44,696,256	1,893,876	1,191,114,826
COMMUNITY BASED LONG TERM CARE	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	63,998,370	5,231,339	24,985,616	857	-	-	-	-	-	-	-	94,216,182
HCBS - Mental Illness	2,003,427	1,267,654	9,747,334	891	-	-	-	-	-	-	157	13,019,463
HCBS - Disabled Children	242,689	30,421	195,393	437	-	-	2,061	10,913	7	-	5	481,927
HCBS - Persons Living with AIDS	14,775	480	443,196	-	-	-	-	-	-	-	-	458,451
HCBS - Consumer Directed Attendant Support	2,977,355	373,212	2,397,120	5,362	-	-	25,291	133,881	90	-	61	5,912,371
HCBS - Brain Injury	5,499	99,150	9,119,694	1,248	-	-	-	-	-	-	-	9,225,591
Private Duty Nursing	119,147	360,893	9,569,473	-	-	-	505,864	3,516,516	-	-	-	14,071,893
Hospice	17,144,015	1,326,788	4,807,057	117,796	-	-	156,717	4,293	2,364	-	-	23,559,031
Subtotal of Community Based Long Term Care	86,505,276	8,689,937	61,264,884	126,591			689,933	3,665,603	2,461		224	160,944,908
LONG TERM CARE and INSURANCE	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	COFRS TOTAL
Class I Nursing Facilities	342,142,204	19,699,056	61,974,535	56,072	-	-	-	-	-	-	6,466	423,878,333
Class II Nursing Facilities	-	-	1,383,445	-	-	-	-	-	-	-	-	1,383,445
Program of All-Inclusive Care for the Elderly	31,140,652	2,557,598	1,461,755	-	-	-	-	-	-	-	-	35,160,005
Subtotal Long Term Care	373,282,857	22,256,654	64,819,734	56,072							6,466	460,421,784
Supplemental Medicare Insurance Benefit	31,170,839	1,817,703	16,339,309	102,202	-	-	-	-	-	-	9,019,700	58,449,753
Health Insurance Buy-In Program	246,429	21,489	182,018	43,760	-	-	73,026	12,242	15,329	9,501	3,538	607,332
Subtotal Insurance	31,417,268	1,839,192	16,521,327	145,961			73,026	12,242	15,329	9,501	9,023,238	59,057,085
Subtotal of Long Term Care and Insurance	404,700,125	24,095,846	81,341,062	202,034			73,026	12,242	15,329	9,501	9,029,704	519,478,869
SERVICE MANAGEMENT	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	COFRS TOTAL
Single Entry Points	9,077,168	1,312,201	6,855,305	4,865	-	-	1,216	-	-	-	6,081	17,256,835
Disease Management	26,163	8,253	73,925	30,257	-	420	38,813	7,351	9,889	9,202	408	204,682
Prepaid Inpatient Health Plan Administration	373,290	76,345	697,995	487,706	-	-	2,458,050	114,363	77,587	22	88	4,285,446
Subtotal Service Management	9,476,621	1,396,799	7,627,226	522,827		420	2,498,080	121,714	87,476	9,224	6,576	21,746,963
FY 2004-05 COFRS Total	644,918,037	80,876,269	547,962,103	184,268,360		2,490,571	292,531,940	45,942,314	38,650,612	44,714,981	10,930,381	1,893,285,567

As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.

As of November 1, 2007, the Department has revised the distribution of Prepaid Inpatient Health Plan Administration expenditure

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2003-04 Cash-Based Actuals

FY 2003-04 Cash-based COFRS Actuals												
ACUTE CARE	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	COFRS TOTAL
Physician Services & EPSDT	3,871,515	3,520,279	25,923,882	34,967,666	-	-	23,226,514	5,500,090	17,403,246	8,213,373	47,103	122,673,666
Emergency Transportation	589,405	218,872	1,669,140	782,002	-	-	1,178,072	149,707	153,433	111,945	-	4,852,575
Non-emergency Medical Transportation	806,566	278,282	1,243,917	36,470	-	-	107,240	143,175	700	-	-	2,616,352
Dental Services	2,390,281	413,398	5,498,742	2,990,555	-	-	24,329,953	3,166,313	364,666	31,047	4,502	39,189,457
Family Planning	-	-	6,041	120,575	-	-	32,419	22,427	21,222	1,861	-	204,545
Health Maintenance Organizations	15,369,265	11,545,880	99,362,574	26,008,450	-	-	44,430,797	545,391	635,781	-	-	197,898,138
Inpatient Hospitals	11,297,635	8,477,930	60,780,794	54,483,931	-	-	69,238,974	5,735,633	21,617,641	41,614,823	-	273,247,361
Outpatient Hospitals	2,086,806	2,521,476	23,163,401	22,844,361	-	-	28,358,793	3,449,321	5,301,550	1,321,484	-	89,047,191
Lab & X-Ray	343,381	364,374	3,137,799	5,956,882	-	-	1,691,656	943,094	4,523,890	264,248	-	17,225,324
Durable Medical Equipment	15,032,626	2,282,023	25,537,628	1,166,432	-	-	1,968,676	3,103,265	107,680	13,259	33,928	49,245,516
Prescription Drugs	79,379,246	13,536,350	124,035,077	19,634,829	-	-	12,605,392	14,335,007	2,117,560	86,425	67,788	265,797,673
Drug Rebate	(19,302,428)	(2,876,315)	(25,112,109)	(1,890,494)	-	-	(1,897,002)	(2,106,320)	(271,400)	(1,346)	(27,496)	(53,484,910)
Rural Health Centers	26,246	76,640	497,819	772,756	-	-	2,262,303	163,086	83,294	27,166	-	3,909,310
Federally Qualified Health Centers	640,225	522,098	4,107,835	12,142,028	-	-	17,649,180	1,856,885	11,045,830	3,434,383	434	51,398,899
Co-Insurance (Title XVIII-Medicare)	9,322,772	1,280,424	6,604,447	21,924	-	-	2,475	2,777	8,276	-	1,962,635	19,205,728
Breast and Cervical Cancer Program	-	-	-	-	-	2,668,652	-	-	-	-	-	2,668,652
Prepaid Inpatient Health Plan Services	1,346,567	994,427	8,557,074	2,259,434	-	-	3,965,323	53,461	59,317	-	-	17,235,604
Other Medical Services	12,866	4,059	36,353	14,879	-	207	19,087	3,615	4,863	4,525	201	100,654
Home Health	11,572,193	3,031,991	49,085,659	278,805	-	-	863,860	4,836,114	22,643	5,790	-	69,697,057
Subtotal of Acute Care	134,785,167	46,192,187	414,136,076	182,591,483		2,668,859	230,033,711	41,903,040	63,200,191	55,128,983	2,089,094	1,172,728,792
COMMUNITY BASED LONG TERM CARE	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	64,355,491	5,260,531	25,125,040	861	-	-	-	-	-	-	-	94,741,923
HCBS - Mental Illness	2,440,729	1,455,627	11,134,445	-	-	-	-	145	-	-	-	15,030,947
HCBS - Disabled Children	184,675	20,711	145,817	378	-	-	479	6,830	-	-	0	358,891
HCBS - Persons Living with AIDS	16,669	5,220	540,329	-	-	-	-	-	-	-	-	562,218
HCBS - Consumer Directed Attendant Support	1,577,022	176,863	1,245,201	3,231	-	-	4,088	58,327	-	-	1	3,064,733
HCBS - Brain Injury	11,970	46,893	8,906,818	-	-	-	-	27,116	-	-	-	8,992,797
Private Duty Nursing	75,531	315,738	9,645,058	-	-	-	190,788	2,949,031	-	-	-	13,176,147
Hospice	17,064,571	1,016,913	4,530,283	163,150	-	-	18,029	2,715	-	-	-	22,795,661
Subtotal of Community Based Long Term Care	85,726,658	8,298,496	61,272,991	167,620			213,385	3,044,165			1	158,723,316
LONG TERM CARE and INSURANCE	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	COFRS TOTAL
Class I Nursing Facilities	336,650,323	16,720,841	62,600,540	12,286	-	-	-	-	-	-	27,022	416,011,012
Class II Nursing Facilities	-	-	1,104,554	-	-	-	-	-	-	-	-	1,104,554
Program of All-Inclusive Care for the Elderly	24,097,092	1,864,579	1,067,498	-	-	-	-	-	-	-	-	27,029,169
Subtotal Long Term Care	360,747,415	18,585,420	64,772,592	12,286							27,022	444,144,736
Supplemental Medicare Insurance Benefit	25,391,796	1,480,703	13,310,017	83,254	-	-	-	-	-	-	7,347,457	47,613,226
Health Insurance Buy-In Program	280,042	24,420	206,845	49,728	-	-	82,987	13,912	17,420	10,796	4,021	690,172
Subtotal Insurance	25,671,838	1,505,123	13,516,862	132,982			82,987	13,912	17,420	10,796	7,351,477	48,303,398
Subtotal of Long Term Care and Insurance	386,419,253	20,090,543	78,289,454	145,268			82,987	13,912	17,420	10,796	7,378,500	492,448,133
SERVICE MANAGEMENT	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	COFRS TOTAL
Single Entry Points	7,810,601	1,041,413	5,676,359	1,094	-	-	-	1,094	-	-	-	14,530,561
Prepaid Inpatient Health Plan Administration	347,815	66,518	562,748	369,742	-	-	1,829,096	76,791	55,410	-	-	3,308,119
Subtotal Service Management	8,158,415	1,107,932	6,239,107	370,836			1,829,096	77,885	55,410			17,838,681
FY 2003-04 COFRS Total	615,089,493	75,689,157	559,937,629	183,275,208		2,668,859	232,159,179	45,039,001	63,273,022	55,139,779	9,467,595	1,841,738,922

As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.

As of November 1, 2007, the Department has moved payments for Prepaid Inpatient Health Plan Administration from the Prepaid Inpatient Health Plan Services to a separate category in Service Management.

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2002-03 Cash-Based Actuals

FY 2002-03 Cash-based COFRS Actuals												
ACUTE CARE	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	COFRS TOTAL
Physician Services & EPSDT	2,350,213	2,087,400	16,786,125	17,040,021	-	-	25,028,976	3,634,441	9,735,284	6,335,965	4,921	83,003,347
Emergency Transportation	366,756	136,832	1,248,148	368,202	-	-	592,516	134,651	97,341	98,880	-	3,043,325
Non-emergency Medical Transportation	1,254,567	322,166	2,656,391	105,878	-	-	846,012	446,100	9,278	-	-	5,640,392
Dental Services	827,857	171,229	2,669,003	2,538,488	-	-	23,616,124	3,089,857	351,322	30,825	-	33,294,705
Family Planning	-	101	17,948	201,204	-	-	52,763	26,986	58,261	1,680	-	358,943
Health Maintenance Organizations	20,646,980	14,240,362	131,773,821	56,185,799	-	-	88,014,098	2,005,546	4,716,481	-	-	317,583,086
Inpatient Hospitals	9,382,004	5,967,268	57,709,075	34,737,751	-	-	46,826,280	5,741,280	14,265,255	39,106,558	-	213,735,470
Outpatient Hospitals	1,379,278	1,585,598	15,031,149	11,205,361	-	-	12,953,766	2,620,105	3,507,929	1,025,520	-	49,308,708
Lab & X-Ray	214,632	246,132	2,203,846	3,167,766	-	-	1,552,669	566,332	3,290,305	235,615	-	11,477,297
Durable Medical Equipment	11,729,994	1,705,805	21,550,715	516,612	-	-	2,086,919	2,618,219	65,277	13,570	22,848	40,309,959
Prescription Drugs	66,073,968	10,613,493	92,621,792	9,831,376	-	-	11,002,607	10,053,182	1,249,104	82,220	11,724	201,539,466
Drug Rebate	(9,663,917)	(1,440,051)	(12,572,581)	(946,491)	-	-	(949,749)	(1,054,546)	(135,879)	(674)	(13,766)	(26,777,654)
Rural Health Centers	25,323	57,553	413,435	528,704	-	-	1,566,879	117,970	53,809	5,879	111	2,769,662
Federally Qualified Health Centers	184,637	193,590	1,552,826	3,889,538	-	-	13,214,200	857,372	5,220,567	1,786,259	790	26,899,779
Co-Insurance (Title XVIII-Medicare)	10,656,249	1,272,212	7,044,586	23,978	-	-	2,944	206	6,758	261	1,870,782	20,877,974
Mental Health Capitation	-	-	-	-	-	-	-	-	-	-	-	-
Under 21 Psych	-	-	-	-	-	-	-	-	-	-	-	-
Breast and Cervical Cancer Program	-	-	-	-	-	1,428,787	-	-	-	-	-	1,428,787
Other Medical Services	(716)	(207)	(1,995)	(697)	-	(7)	(1,131)	(186)	(219)	(251)	(12)	(5,421)
Home Health	12,541,929	2,653,610	44,522,466	160,020	-	-	1,144,301	3,844,456	19,332	1,795	-	64,887,909
Subtotal of Acute Care	127,969,752	39,813,094	385,226,750	139,553,510	-	1,428,780	227,550,173	34,701,970	42,510,204	48,724,102	1,897,397	1,049,375,733
COMMUNITY BASED LONG TERM CARE	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	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	62,096,545	5,075,881	24,243,124	831	-	-	-	-	-	-	-	91,416,381
HCBS - Mental Illness	2,456,763	1,347,553	10,296,781	-	-	-	-	7,509	-	-	-	14,108,607
HCBS - Disabled Children	209,800	24,232	167,968	200	-	-	1,088	7,987	0	-	-	411,275
HCBS - Persons Living with AIDS	32,772	25,067	655,809	-	-	-	-	-	-	-	-	713,649
HCBS - Consumer Directed Attendant Support	140,727	16,254	112,667	134	-	-	730	5,357	0	-	-	275,869
HCBS - Brain Injury	13,902	90,088	8,057,505	3,449	-	-	-	46,422	108	-	-	8,211,474
Private Duty Nursing	54,466	285,000	9,848,981	-	-	-	356,779	2,787,699	-	-	-	13,332,925
Hospice	13,714,131	684,959	3,423,555	66,316	-	-	30,732	-	-	-	-	17,919,693
Subtotal of Community Based Long Term Care	78,719,107	7,549,034	56,806,389	70,931	-	-	389,329	2,854,975	109	-	-	146,389,874
LONG TERM CARE and INSURANCE	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	COFRS TOTAL
Class I Nursing Facilities	310,462,191	14,101,811	55,720,354	20,259	-	-	-	-	-	3,078	47,162	380,354,855
Class II Nursing Facilities	-	-	1,320,373	-	-	-	-	-	-	-	-	1,320,373
Program of All-Inclusive Care for the Elderly	18,818,222	943,551	604,368	-	-	-	-	-	-	-	-	20,366,142
Subtotal Long Term Care	329,280,413	15,045,363	57,645,096	20,259	-	-	-	-	-	3,078	47,162	402,041,370
Supplemental Medicare Insurance Benefit	20,688,182	1,206,415	10,844,450	67,832	-	-	-	-	-	-	5,986,403	38,793,282
Health Insurance Buy-In Program	179,279	15,633	132,420	31,836	-	-	53,127	8,906	11,152	6,912	2,574	441,840
Subtotal Insurance	20,867,462	1,222,048	10,976,870	99,667	-	-	53,127	8,906	11,152	6,912	5,988,977	39,235,122
Subtotal of Long Term Care and Insurance	350,147,875	16,267,411	68,621,965	119,926	-	-	53,127	8,906	11,152	9,990	6,036,139	441,276,492
SERVICE MANAGEMENT	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	COFRS TOTAL
Single Entry Points	7,791,287	1,050,130	5,784,183	1,059	-	-	-	2,117	-	-	-	14,628,776
FY 2002-03 COFRS Total	564,628,021	64,679,670	516,439,288	139,745,425	-	1,428,780	227,992,629	37,567,968	42,521,465	48,734,092	7,933,536	1,651,670,874

As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2001-02 Cash-Based Actuals

FY 2001-02 Cash-based COFRS Actuals										
ACUTE CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	1,849,488	1,727,300	14,209,240	12,560,359	20,590,580	3,181,214	6,497,571	4,260,613	-	64,876,365
Emergency Transportation	638,403	155,409	1,343,543	262,229	601,494	114,281	80,656	59,217	-	3,255,231
Non-emergency Medical Transportation	1,828,174	435,669	4,397,791	166,601	1,181,462	842,258	10,274	7	-	8,862,235
Dental Services	583,741	142,489	2,376,928	1,931,066	16,972,712	2,581,915	293,387	8,502	-	24,890,741
Family Planning	638	440	51,582	429,878	95,286	69,989	147,992	(29)	-	795,775
Health Maintenance Organizations	27,465,789	14,689,807	118,749,173	41,919,811	103,758,840	2,237,576	5,290,620	474	5,443	314,117,532
Inpatient Hospitals	9,910,479	5,299,715	52,497,961	27,123,521	47,191,043	5,569,093	11,020,008	33,420,799	-	192,032,620
Outpatient Hospitals	1,169,798	1,636,586	13,804,193	8,326,111	11,086,017	2,992,935	3,537,776	699,426	-	43,252,843
Lab & X-Ray	169,258	221,332	1,955,398	2,274,932	1,173,664	562,450	2,622,446	102,385	-	9,081,865
Durable Medical Equipment	11,034,084	1,548,592	19,430,357	350,597	1,524,315	2,444,394	40,180	21,020	10,258	36,403,798
Prescription Drugs	64,676,864	9,927,121	83,031,896	6,927,469	7,556,897	8,538,430	985,411	(355)	8,006	181,651,740
Drug Rebate	(12,317,697)	(1,835,499)	(16,025,100)	(1,206,405)	(1,210,557)	(1,344,132)	(173,192)	(859)	(17,546)	(34,130,987)
Rural Health Centers	11,020	75,043	393,142	343,589	1,269,473	80,148	48,969	477	240	2,222,103
Federally Qualified Health Centers	97,419	121,904	999,167	2,480,374	7,778,934	609,451	3,496,971	778,737	175	16,363,132
Co-Insurance (Title XVIII-Medicare)	13,345,616	1,544,096	8,915,359	18,992	632	1,829	11,713	7	2,137,537	25,975,780
Mental Health Capitation	-	-	-	-	-	-	-	-	-	-
Under 21 Psych	-	-	-	-	(12,073)	-	-	-	-	(12,073)
Other Medical Services	63,400	17,578	163,824	46,009	97,404	15,249	14,597	16,593	924	435,579
Home Health	11,309,196	2,148,708	43,073,849	84,387	835,612	4,659,648	12,417	-	-	62,123,816
Subtotal of Acute Care	131,835,670	37,856,289	349,368,303	104,039,520	220,491,735	33,156,728	33,937,796	39,367,016	2,145,037	952,198,094
COMMUNITY BASED LONG TERM CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	58,222,968	4,759,248	22,730,840	779	-	-	-	-	-	85,713,835
HCBS - Mental Illness	7,476,557	845,752	4,305,867	1,668	-	895	-	-	21	12,630,759
HCBS - Disabled Children	186,760	19,981	118,762	222	51	102	-	-	0	325,878
HCBS - Persons Living with AIDS	32,920	18,873	691,820	-	-	-	-	-	-	743,613
HCBS - Brain Injury	3,368	40,600	6,292,976	2,688	1,770	1,178	-	-	-	6,342,581
Private Duty Nursing	9,281,065	992,983	5,901,873	11,014	2,513	5,048	-	-	22	16,194,518
Hospice	10,724,903	721,977	2,919,229	67,894	17,360	29,683	-	-	-	14,481,047
Subtotal of Community Based Long Term Care	85,928,541	7,399,415	42,961,368	84,265	21,694	36,905	-	-	44	136,432,232
LONG TERM CARE and INSURANCE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	309,141,654	13,323,547	54,791,472	10,182	-	3,748	-	-	(29,233)	377,241,370
Class II Nursing Facilities	-	-	1,012,033	-	-	-	-	-	-	1,012,033
Program of All-Inclusive Care for the Elderly	15,769,828	471,289	343,888	-	-	-	-	-	-	16,585,005
Subtotal Long Term Care	324,911,482	13,794,836	56,147,393	10,182	-	3,748	-	-	(29,233)	394,838,408
Supplemental Medicare Insurance Benefit	20,737,483	1,209,290	10,870,293	67,993	-	-	-	-	6,000,669	38,885,728
Health Insurance Buy-In Program	140,709	12,270	103,931	24,986	41,698	6,990	8,753	5,425	2,020	346,783
Subtotal Insurance	20,878,193	1,221,560	10,974,224	92,980	41,698	6,990	8,753	5,425	6,002,689	39,232,511
Subtotal of Long Term Care and Insurance	345,789,675	15,016,396	67,121,617	103,162	41,698	10,738	8,753	5,425	5,973,456	434,070,919
SERVICE MANAGEMENT	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	7,511,496	1,012,419	5,576,469	1,021	-	2,041	-	-	-	14,103,446
FY 2001-02 COFRS Total	571,065,382	61,284,519	465,027,758	104,227,966	220,555,126	33,206,413	33,946,549	39,372,440	8,118,537	1,536,804,691

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2000-01 Cash-Based Actuals

FY 2000-01 Cash-based COFRS Actuals										
ACUTE CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	1,791,760	1,811,476	14,311,053	11,045,504	17,505,730	3,052,922	5,970,279	3,815,581	57	59,304,363
Emergency Transportation	875,433	194,787	1,448,022	197,558	280,607	114,125	64,695	64,304	-	3,239,532
Non-emergency Medical Transportation	1,550,036	349,757	3,914,553	147,393	1,122,923	1,101,377	11,863	12	705	8,198,620
Dental Services	469,891	132,992	2,114,974	1,363,951	12,786,702	2,427,096	228,705	49,085	224	19,573,620
Family Planning	2,113	713	49,281	259,462	55,063	52,955	113,122	725	-	533,434
Health Maintenance Organizations	30,310,869	16,283,084	116,005,895	33,327,061	96,266,766	2,244,969	4,839,031	669	10,547	299,288,890
Inpatient Hospitals	8,222,736	6,100,860	61,124,368	25,469,997	39,353,335	5,922,161	11,216,111	30,983,513	4,705	188,397,785
Outpatient Hospitals	1,226,143	1,785,266	17,600,051	8,062,124	12,220,526	3,658,219	3,938,127	1,246,547	-	49,737,002
Lab & X-Ray	167,231	219,157	1,891,740	1,845,336	920,294	507,294	1,968,093	129,570	-	7,648,714
Durable Medical Equipment	10,692,425	1,468,993	17,704,623	343,718	1,213,422	1,980,812	18,896	2,673	-	33,425,563
Prescription Drugs	57,819,416	8,611,857	75,061,557	5,527,594	5,532,701	6,979,591	884,520	1,551	14,588	160,433,374
Drug Rebate	(11,865,770)	(1,768,156)	(15,437,152)	(1,162,143)	(1,166,143)	(1,294,817)	(166,838)	(827)	(16,903)	(32,878,747)
Rural Health Centers	8,201	82,139	390,239	331,874	1,157,218	76,433	43,617	1,457	903	2,092,081
Federally Qualified Health Centers	71,018	91,498	888,487	1,623,212	4,928,408	466,195	2,335,925	611,155	354	11,016,252
Co-Insurance (Title XVIII-Medicare)	13,618,620	1,369,858	9,448,938	13,733	545	223	6,537	15,264	2,287,657	26,761,376
Mental Health Capitation	-	-	-	-	-	-	-	-	-	-
Under 21 Psych	-	-	-	-	-	-	-	-	-	-
Other Medical Services	200	58	528	128	276	47	45	53	3	1,339
Home Health	11,409,470	1,992,823	39,336,601	95,465	654,739	3,370,691	23,677	3,506	-	56,886,972
Subtotal of Acute Care	126,369,794	38,727,163	345,853,758	88,491,965	192,833,114	30,660,294	31,496,405	36,924,837	2,302,841	893,660,171
COMMUNITY BASED LONG TERM CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	48,941,194	4,000,539	19,107,141	655	-	-	-	-	-	72,049,529
HCBS - Mental Illness	5,468,803	584,146	2,901,167	732	-	624	-	-	212	8,955,684
HCBS - Disabled Children	154,689	16,636	94,636	261	151	132	-	-	5	266,511
HCBS - Persons Living with AIDS	40,548	19,384	627,283	-	-	-	-	-	-	687,215
HCBS - Brain Injury	-	62,380	4,881,554	295	3,239	-	-	-	-	4,947,468
Private Duty Nursing	-	3,698,321	9,842,451	74,123	636,894	-	-	-	-	14,251,789
Hospice	6,964,184	632,267	2,357,067	87,930	39,580	43,182	-	-	-	10,124,208
Subtotal of Community Based Long Term Care	61,569,418	9,013,673	39,811,298	163,996	679,864	43,938	-	-	217	111,282,405
LONG TERM CARE and INSURANCE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	290,882,131	11,296,090	48,974,866	16,105	-	33,520	(1,180)	-	99,892	351,301,425
Class II Nursing Facilities	-	-	940,412	-	-	-	-	-	-	940,412
Program of All-Inclusive Care for the Elderly	10,268,587	-	-	-	-	-	-	-	-	10,268,587
Subtotal Long Term Care	301,150,719	11,296,090	49,915,278	16,105	-	33,520	(1,180)	-	99,892	362,510,424
Supplemental Medicare Insurance Benefit	18,723,760	1,091,861	9,814,728	61,391	-	-	-	-	5,417,971	35,109,711
Health Insurance Buy-In Program	134,494	11,728	99,340	23,883	39,856	6,681	8,366	5,185	1,931	331,463
Subtotal Insurance	18,858,253	1,103,589	9,914,068	85,273	39,856	6,681	8,366	5,185	5,419,902	35,441,174
Subtotal of Long Term Care and Insurance	320,008,972	12,399,679	59,829,346	101,379	39,856	40,201	7,187	5,185	5,519,794	397,951,598
SERVICE MANAGEMENT	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	7,265,322	979,239	5,393,712	987	-	1,974	-	-	-	13,641,234
FY 2000-01 COFRS Total	515,213,506	61,119,754	450,888,114	88,758,327	193,552,834	30,746,407	31,503,592	36,930,022	7,822,852	1,416,535,408

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 1999-00 Cash-Based Actuals

FY 1999-00 Cash-based COFRS Actuals										
ACUTE CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	2,007,626	1,853,802	14,481,765	11,643,219	17,738,068	2,970,283	6,629,512	2,527,271	405	59,851,950
Emergency Transportation	1,124,116	231,914	1,711,834	223,783	319,559	105,680	63,984	45,023	7	3,825,898
Non-emergency Medical Transportation	946,804	260,674	3,120,338	126,757	933,493	1,113,118	13,476	70	-	6,514,731
Dental Services	361,468	108,091	2,043,212	1,196,787	12,053,588	2,424,967	197,952	40,251	-	18,426,314
Family Planning	449	150	43,504	237,749	59,636	55,477	90,157	-	-	487,122
Health Maintenance Organizations	24,108,775	15,476,127	109,203,025	23,639,335	64,809,479	1,481,878	4,203,559	-	6,239	242,928,418
Inpatient Hospitals	8,697,029	6,708,320	57,302,251	27,696,818	48,538,477	6,063,741	14,161,115	25,612,451	30,554	194,810,756
Outpatient Hospitals	1,260,399	1,614,516	18,634,673	8,416,316	13,538,730	3,788,720	3,952,291	963,842	-	52,169,487
Lab & X-Ray	166,993	216,633	2,041,598	1,931,390	942,833	503,285	1,923,577	108,704	-	7,835,014
Durable Medical Equipment	10,199,164	1,542,004	16,615,461	294,640	1,247,524	1,684,211	43,986	4,003	-	31,630,993
Prescription Drugs	44,088,843	6,564,751	57,696,602	4,309,933	4,291,229	4,822,678	611,199	3,074	63,046	122,451,354
Drug Rebate	(8,947,444)	(1,333,287)	(11,640,462)	(876,319)	(879,336)	(976,363)	(125,805)	(624)	(12,746)	(24,792,385)
Rural Health Centers	8,425	45,869	272,642	192,998	874,358	68,499	43,715	68	236	1,506,808
Federally Qualified Health Centers	61,685	106,295	904,520	1,602,177	4,381,534	385,497	1,673,154	362,485	225	9,477,572
Co-Insurance (Title XVIII-Medicare)	13,315,266	1,137,483	7,925,273	9,311	7,755	734	9,405	-	1,811,241	24,216,468
Mental Health Capitation	-	-	-	-	-	-	-	-	-	-
Under 21 Psych	-	-	-	-	-	-	-	-	-	-
Other Medical Services	-	-	-	-	-	-	-	-	-	-
Home Health	12,373,979	2,080,884	36,588,852	139,345	689,610	2,939,012	27,196	441	-	54,839,319
Subtotal of Acute Care	109,773,578	36,614,227	316,945,087	80,784,239	169,546,536	27,431,418	33,518,472	29,667,057	1,899,206	806,179,820
COMMUNITY BASED LONG TERM CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	44,248,953	3,616,987	17,275,242	592	-	-	-	-	-	65,141,775
HCBS - Mental Illness	3,928,070	428,346	1,863,863	576	-	41	-	-	47	6,220,943
HCBS - Disabled Children	132,655	14,889	74,008	80	49	51	-	-	1	221,734
HCBS - Persons Living with AIDS	22,252	30,128	603,536	-	-	-	-	-	-	655,916
HCBS - Brain Injury	111	75,544	3,849,055	-	-	-	-	-	-	3,924,709
Private Duty Nursing	6,283,637	705,249	3,505,642	3,804	2,320	2,417	-	-	67	10,503,136
Hospice	5,317,002	639,926	2,130,161	24,427	18,889	19,214	-	-	-	8,149,619
Subtotal of Community Based Long Term Care	59,932,681	5,511,069	29,301,508	29,479	21,258	21,723	-	-	115	94,817,833
LONG TERM CARE and INSURANCE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	296,382,517	10,837,077	45,058,799	9,437	-	19,597	2,305	-	-	352,309,732
Class II Nursing Facilities	-	-	997,453	-	-	-	-	-	-	997,453
Program of All-Inclusive Care for the Elderly	7,479,000	-	-	-	-	-	-	-	-	7,479,000
Subtotal Long Term Care	303,861,517	10,837,077	46,056,251	9,437	-	19,597	2,305	-	-	360,786,185
Supplemental Medicare Insurance Benefit	17,517,679	1,021,530	9,182,518	57,436	-	-	-	-	5,068,975	32,848,138
Health Insurance Buy-In Program	139,006	15,620	117,065	22,830	47,040	8,447	9,516	8,555	568	368,647
Subtotal Insurance	17,656,685	1,037,150	9,299,582	80,266	47,040	8,447	9,516	8,555	5,069,543	33,216,785
Subtotal of Long Term Care and Insurance	321,518,202	11,874,227	55,355,834	89,704	47,040	28,044	11,821	8,555	5,069,543	394,002,970
SERVICE MANAGEMENT	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	7,147,214	963,320	5,306,030	971	-	1,942	-	-	-	13,419,477
FY 1999-00 COFRS Total	498,371,676	54,962,843	406,908,458	80,904,393	169,614,835	27,483,127	33,530,293	29,675,611	6,968,865	1,308,420,100

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 1998-99 Cash-Based Actuals

FY 1998-99 Cash-based COFRS Actuals										
ACUTE CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	2,448,785	1,862,056	15,191,100	12,182,914	17,684,587	2,685,587	6,763,228	1,823,723	2,698	60,644,678
Emergency Transportation	1,218,280	241,233	1,724,405	248,637	297,634	108,767	35,636	16,577	-	3,891,169
Non-emergency Medical Transportation	837,661	205,196	2,676,149	91,864	702,696	728,043	2,901	49	-	5,244,559
Dental Services	134,043	39,382	1,286,774	645,866	9,092,023	1,989,700	128,595	11,131	784	13,328,297
Family Planning	148	767	66,003	293,532	79,347	61,747	95,517	155	-	597,216
Health Maintenance Organizations	11,876,971	10,949,758	72,380,304	16,249,645	53,253,408	573,943	2,802,003	128	21,957	168,108,118
Inpatient Hospitals	11,144,908	7,195,274	62,286,026	27,470,657	46,100,269	5,229,727	15,444,594	18,106,931	18,862	192,997,249
Outpatient Hospitals	961,150	1,359,862	16,314,055	6,494,313	10,521,701	3,000,938	2,623,975	473,614	6,772	41,756,381
Lab & X-Ray	160,380	222,848	2,039,796	1,645,579	828,723	466,462	1,329,572	53,011	283	6,746,654
Durable Medical Equipment	9,736,142	1,277,192	14,217,701	221,784	978,013	1,485,843	34,388	175	648	27,951,886
Prescription Drugs	43,419,715	6,445,737	57,857,957	4,470,405	4,632,039	4,613,518	631,086	556	35,349	122,106,363
Drug Rebate	(8,689,179)	(1,289,925)	(11,575,284)	(894,620)	(926,966)	(923,260)	(126,293)	(111)	(7,074)	(24,432,713)
Rural Health Centers	3,383	31,583	176,773	122,626	549,744	46,676	19,504	112	-	950,402
Federally Qualified Health Centers	60,757	136,703	1,215,265	1,894,345	4,955,746	457,799	1,593,067	212,377	406	10,526,466
Co-Insurance (Title XVIII-Medicare)	12,585,794	851,935	5,820,764	4,018	703	555	6,908	-	1,343,990	20,614,667
Mental Health Capitation	180,933	56,371	489,154	121,847	256,367	38,816	52,657	34,014	2,321	1,232,481
Under 21 Psych	-	-	(2,568)	-	2,693	(18,625)	-	-	-	(18,500)
Other Medical Services	-	-	-	-	-	-	-	-	-	-
Home Health	13,531,195	2,194,366	33,496,744	133,099	520,852	1,902,031	25,441	123	2,626	51,806,477
Subtotal of Acute Care	99,611,066	31,780,339	275,661,117	71,396,513	149,529,580	22,448,268	31,462,780	20,732,564	1,429,623	704,051,850
COMMUNITY BASED LONG TERM CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	40,550,999	3,692,654	16,989,572	3,402	-	-	-	-	21,717	61,258,344
HCBS - Mental Illness	1,394,857	139,453	612,349	211	-	-	-	-	-	2,146,869
HCBS - Disabled Children	71,486	7,354	41,113	77	84	567	0	-	54	120,735
HCBS - Persons Living with AIDS	8,635	24,350	576,706	-	-	-	-	-	-	609,691
HCBS - Brain Injury	-	85,579	2,628,424	6,699	-	-	-	-	25,415	2,746,117
Private Duty Nursing	66,814	43,067	7,832,769	-	43,267	863,466	-	-	-	8,849,383
Hospice	4,059,337	570,703	1,842,473	37,000	36,147	7,804	68	-	-	6,553,533
Subtotal of Community Based Long Term Care	46,152,127	4,563,159	30,523,406	47,389	79,498	871,837	68	-	47,186	82,284,671
LONG TERM CARE and INSURANCE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	288,818,508	10,247,803	40,127,710	15,011	-	-	-	-	38,765	339,247,796
Class II Nursing Facilities	7,476	2,362	969,518	-	-	-	-	-	-	979,356
Program of All-Inclusive Care for the Elderly	5,910,025	-	-	-	-	-	-	-	-	5,910,025
Subtotal Long Term Care	294,736,008	10,250,165	41,097,228	15,011	-	-	-	-	38,765	346,137,177
Supplemental Medicare Insurance Benefit	16,703,329	1,062,350	8,930,334	30,185	-	-	-	-	4,669,378	31,395,577
Health Insurance Buy-In Program	132,508	13,214	98,323	19,477	39,876	6,592	8,628	5,678	923	325,218
Subtotal Insurance	16,835,838	1,075,563	9,028,657	49,662	39,876	6,592	8,628	5,678	4,670,301	31,720,794
Subtotal of Long Term Care and Insurance	311,571,846	11,325,728	50,125,885	64,673	39,876	6,592	8,628	5,678	4,709,066	377,857,972
SERVICE MANAGEMENT	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	6,411,928	864,216	4,760,160	871	-	1,742	-	-	-	12,038,918
FY 1998-99 COFRS Total	463,746,968	48,533,442	361,070,568	71,509,445	149,648,954	23,328,439	31,471,476	20,738,242	6,185,875	1,176,233,410

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 1997-98 Cash-Based Actuals

FY 1997-98 Cash-based COFRS Actuals										
ACUTE CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services	2,385,876	1,850,768	16,645,939	12,198,823	16,371,965	2,678,685	5,573,633	1,496,855	6,326	59,208,870
Emergency Transportation	998,089	226,654	1,635,991	275,350	254,464	92,996	-	-	-	3,483,544
Non-emergency Medical Transportation	554,184	120,369	1,919,383	76,237	567,863	602,460	-	-	-	3,840,496
Dental Services	-	-	511,964	197,193	5,351,148	1,052,519	83,459	5,993	-	7,202,276
Family Planning	442	-	68,681	295,014	57,185	53,213	82,353	-	-	556,889
Health Maintenance Organizations	10,453,572	5,100,146	46,607,577	23,225,712	52,715,764	321,399	3,892,453	3,090	97,233	142,416,946
Inpatient Hospitals	8,250,336	6,081,964	66,085,749	27,369,513	38,414,504	5,560,614	12,441,259	15,374,951	62,040	179,640,930
Outpatient Hospitals	928,542	1,411,912	19,628,010	6,343,504	9,885,510	3,613,623	1,998,358	416,261	3,835	44,229,555
Lab & X-Ray	147,631	202,613	2,117,908	1,480,465	768,927	384,310	1,082,302	33,354	596	6,218,105
Durable Medical Equipment	8,375,618	1,118,025	13,510,362	204,436	999,165	1,624,133	31,723	-	1,250	25,864,712
Prescription Drugs	36,937,768	5,195,742	50,258,067	4,282,552	3,938,888	3,359,001	525,691	-	17,955	104,515,664
Drug Rebate	(6,966,973)	(979,989)	(9,479,365)	(807,748)	(742,929)	(629,575)	(99,153)	-	(3,387)	(19,709,117)
Rural Health Centers	2,880	28,446	173,333	113,763	611,786	43,634	35,456	403	-	1,009,701
Federally Qualified Health Centers	54,854	148,959	1,646,493	2,088,575	4,642,733	445,661	1,570,039	128,796	991	10,727,100
Co-Insurance (Title XVIII-Medicare)	13,210,514	691,084	5,555,885	5,356	1,092	219	1,814	-	1,117,025	20,582,988
Mental Health Capitation	5,346,838	1,453,164	15,220,426	4,846,118	8,394,085	1,299,375	1,705,537	1,090,198	82,585	39,438,326
Under 21 Psych	-	-	56,773	(1,252)	73,793	508,291	-	-	-	637,604
Other Medical Services	-	-	-	-	-	-	-	-	-	-
Home Health	10,175,686	2,061,524	26,795,245	175,497	482,872	1,091,502	17,920	-	19,521	40,819,768
Subtotal of Acute Care	90,855,859	24,711,381	258,958,421	82,369,107	142,788,816	22,102,057	28,942,845	18,549,901	1,405,971	670,684,357
COMMUNITY BASED LONG TERM CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	33,986,415	2,776,416	13,280,011	1,343	-	-	-	-	15,907	50,060,093
HCBS - Mental Illness	-	-	-	-	-	-	-	-	-	-
HCBS - Disabled Children	67,320	5,883	41,992	29	246	1,178	26	-	39	116,713
HCBS - Persons Living with AIDS	65	20,083	530,682	-	-	-	-	-	-	550,830
HCBS - Brain Injury	1,340	18,325	1,306,159	0	-	-	-	-	5,591	1,331,415
Private Duty Nursing	(8,464)	19,917	6,517,618	-	133,511	647,079	-	-	-	7,309,660
Hospice	3,110,090	406,059	1,378,813	14,327	1,794	1,419	14,410	-	-	4,926,912
Subtotal of Community Based Long Term Care	37,156,766	3,246,682	23,055,275	15,700	135,551	649,676	14,436	-	21,537	64,295,623
LONG TERM CARE and INSURANCE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	276,865,532	8,809,314	37,282,139	56,864	-	7,497	-	-	38,712	323,060,058
Class II Nursing Facilities	92,376	30,773	1,461,438	-	-	-	-	-	-	1,584,587
Program of All-Inclusive Care for the Elderly	4,549,850	-	-	-	-	-	-	-	26,015	4,575,865
Subtotal Long Term Care	281,507,758	8,840,087	38,743,577	56,864	-	7,497	-	-	64,727	329,220,509
Supplemental Medicare Insurance Benefit	15,961,655	930,791	8,366,872	52,334	-	-	-	-	4,618,719	29,930,372
Health Insurance Buy-In Program	103,934	8,939	77,348	18,495	31,592	5,269	6,555	4,285	1,425	257,841
Subtotal Insurance	16,065,589	939,730	8,444,220	70,830	31,592	5,269	6,555	4,285	4,620,144	30,188,213
Subtotal of Long Term Care and Insurance	297,573,347	9,779,817	47,187,796	127,694	31,592	12,766	6,555	4,285	4,684,871	359,408,722
SERVICE MANAGEMENT	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	8,766,346	287,545	1,388,614	3,721	931	376	193	126	134,436	10,582,289
FY 1997-98 COFRS Total	434,352,319	38,025,425	330,590,106	82,516,222	142,956,889	22,764,875	28,964,028	18,554,312	6,246,815	1,104,970,992

Exhibit M - FY 1996-97 Cash-Based Actuals

FY 1996-97 Cash-based COFRS Actuals										
ACUTE CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services	2,541,967	1,857,537	17,666,789	15,977,439	19,133,014	2,820,841	6,868,089	1,350,534	3,535	68,219,744
Emergency Transportation	1,262,541	217,374	1,838,541	331,427	314,624	87,469	-	-	-	4,051,975
Non-emergency Medical Transportation	482,125	116,999	1,834,225	98,344	479,671	483,808	-	-	-	3,495,171
Dental Services	-	9,057	577,539	283,358	5,529,552	884,689	91,108	6,468	-	7,381,773
Family Planning	854	338	80,529	469,297	96,684	53,772	71,747	171	-	773,393
Health Maintenance Organizations	8,732,686	3,869,948	48,399,995	31,677,704	44,062,012	226,710	7,400,677	324	339,960	144,710,016
Inpatient Hospitals	10,760,039	6,921,747	73,191,001	35,570,519	39,696,302	6,647,107	16,190,697	15,316,772	5,212	204,299,396
Outpatient Hospitals	973,464	1,371,165	18,791,115	7,358,194	10,005,215	3,446,607	2,023,779	313,714	4,108	44,287,360
Lab & X-Ray	194,383	232,265	2,500,741	2,018,039	894,507	400,686	1,173,216	29,805	799	7,444,442
Durable Medical Equipment	8,529,843	1,257,009	14,512,314	238,296	1,011,350	1,678,282	36,932	-	2,187	27,266,215
Prescription Drugs	33,332,658	4,541,898	44,365,304	4,927,321	4,186,674	2,706,891	536,761	26	14,048	94,611,582
Drug Rebate	(6,223,106)	(847,959)	(8,282,868)	(919,916)	(781,639)	(505,368)	(100,212)	(5)	(2,623)	(17,663,695)
Rural Health Centers	3,424	23,066	196,730	135,251	619,566	40,106	36,483	-	-	1,054,626
Federally Qualified Health Centers	56,318	136,333	1,438,233	2,241,436	4,168,968	303,526	1,480,412	47,274	4,430	9,876,930
Co-Insurance (Title XVIII-Medicare)	15,196,414	847,710	6,438,265	5,550	50	28,362	2,417	459	1,316,540	23,835,767
Mental Health Capitation	3,648,839	979,177	10,791,786	4,412,878	5,724,220	889,251	1,546,729	709,606	69,609	28,772,096
Under 21 Psych	-	-	104,481	1,354	127,022	689,719	-	-	-	922,575
Other Medical Services	393,917	105,709	1,165,045	476,400	617,968	96,001	166,980	76,607	7,515	3,106,140
Home Health	6,669,545	1,786,501	22,422,169	162,709	433,224	806,457	17,958	-	2,688	32,301,251
Subtotal of Acute Care	86,555,911	23,425,871	258,031,934	105,465,599	136,318,983	21,784,915	37,543,774	17,851,756	1,768,008	688,746,756
COMMUNITY BASED LONG TERM CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	29,604,437	2,341,797	11,286,827	278	-	-	-	-	14,078	43,247,418
HCBS - Mental Illness	-	-	-	-	-	-	-	-	-	-
HCBS - Disabled Children	58,555	4,968	34,891	13	228	760	-	-	31	99,446
HCBS - Persons Living with AIDS	-	8,133	641,688	-	-	41	-	-	-	649,861
HCBS - Brain Injury	-	-	457,368	-	-	-	-	-	-	457,368
Private Duty Nursing	63,921	135,075	5,984,339	-	94,766	444,039	-	-	-	6,722,140
Hospice	3,469,720	329,480	1,483,614	7,123	37,522	-	-	-	3,297	5,330,758
Subtotal of Community Based Long Term Care	33,196,634	2,819,452	19,888,727	7,414	132,517	444,840	-	-	17,406	56,506,991
LONG TERM CARE and INSURANCE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	294,542,820	9,615,934	39,383,377	8,416	-	116,332	-	-	(13,144)	343,653,735
Class II Nursing Facilities	299,247	135,895	3,608,831	-	-	-	-	-	-	4,043,972
Program of All-Inclusive Care for the Elderly	4,320,739	-	-	-	-	-	-	-	60,741	4,381,480
Subtotal Long Term Care	299,162,806	9,751,829	42,992,208	8,416	-	116,332	-	-	47,596	352,079,187
Supplemental Medicare Insurance Benefit	9,714,603	973,163	8,423,121	85,216	-	-	-	-	4,650,355	23,846,458
Health Insurance Buy-In Program	279,745	-	-	-	-	-	-	-	-	279,745
Subtotal Insurance	9,994,348	973,163	8,423,121	85,216	-	-	-	-	4,650,355	24,126,203
Subtotal of Long Term Care and Insurance	309,157,154	10,724,992	51,415,328	93,632	-	116,332	-	-	4,697,951	376,205,390
SERVICE MANAGEMENT	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	5,302,116	184,158	889,596	1,619	-	1,993	-	-	81,170	6,460,651
FY 1996-97 COFRS Total	434,211,816	37,154,477	330,225,585	105,568,264	136,451,500	22,348,080	37,543,774	17,851,756	6,564,535	1,127,919,788

Exhibit M - FY 1995-96 Cash-Based Actuals

FY 1995-96 Cash-based COFRS Actuals										
ACUTE CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services	2,020,342	1,657,989	15,384,495	13,907,481	18,425,853	2,385,806	8,232,085	1,135,820	5,919	63,155,791
Emergency Transportation	761,657	171,739	1,371,494	347,044	310,954	70,764	-	-	-	3,033,652
Non-emergency Medical Transportation	391,449	119,788	1,496,811	98,320	511,912	306,050	-	290	-	2,924,621
Dental Services	-	-	474,685	269,600	4,762,524	602,287	140,379	2,672	-	6,252,147
Family Planning	835	990	60,546	479,302	52,655	36,637	87,051	177	-	718,194
Health Maintenance Organizations	5,021,071	3,106,492	30,440,217	25,258,606	37,063,240	176,899	5,520,424	6,464	254,201	106,847,615
Inpatient Hospitals	11,024,296	7,630,489	72,133,973	31,791,746	49,332,153	7,043,439	20,025,564	11,519,274	47,181	210,548,116
Outpatient Hospitals	787,045	1,135,993	16,709,160	7,318,405	11,269,575	2,660,197	2,450,692	307,575	9,958	42,648,602
Lab & X-Ray	164,248	208,244	2,271,540	2,496,521	1,009,923	301,374	1,265,107	25,146	243	7,742,346
Durable Medical Equipment	6,546,673	940,994	11,617,268	1,250,755	1,172,910	1,246,879	35,194	-	8,004	22,818,677
Prescription Drugs	29,163,020	3,992,424	36,824,213	5,109,517	4,436,095	1,854,710	657,069	18	29,668	82,066,735
Drug Rebate	(6,090,323)	(833,767)	(7,690,266)	(1,067,057)	(926,422)	(387,332)	(137,221)	(4)	(6,196)	(17,138,587)
Rural Health Centers	2,187	18,140	121,654	103,274	355,739	23,555	26,878	139	-	651,566
Federally Qualified Health Centers	64,437	117,900	1,485,536	2,506,181	5,142,708	259,365	1,972,416	22,762	557	11,571,863
Co-Insurance (Title XVIII-Medicare)	11,435,932	682,771	5,689,201	7,866	2,477	138	10,610	41	1,065,668	18,894,704
Mental Health Capitation	3,088,380	1,027,246	10,651,076	4,870,985	7,244,349	994,527	2,167,072	683,830	73,565	30,801,030
Under 21 Psych	-	-	503,116	-	451,187	1,468,487	63	-	-	2,422,853
Other Medical Services	400,884	133,341	1,382,553	632,274	940,346	129,094	281,295	88,764	9,549	3,998,100
Home Health	708,698	703,114	14,149,650	187,870	547,478	830,114	33,149	-	326	17,160,401
Subtotal of Acute Care	65,490,832	20,813,888	215,076,923	95,568,690	142,105,656	20,002,990	42,767,829	13,792,970	1,498,645	617,118,424
COMMUNITY BASED LONG TERM CARE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	21,163,676	2,028,058	12,967,942	2,250	-	-	-	-	27,498	36,189,425
HCBS - Mental Illness	-	-	-	-	-	-	-	-	-	-
HCBS - Disabled Children	57,100	5,789	37,710	6,322	34	6	-	-	68	107,029
HCBS - Persons Living with AIDS	-	-	456,804	-	-	1,735	-	-	-	458,539
HCBS - Brain Injury	-	-	241,816	-	-	-	-	-	-	241,816
Private Duty Nursing	-	-	-	-	-	-	-	-	-	-
Hospice	2,693,268	387,470	1,989,598	161,123	13,768	311	-	-	1,027	5,246,564
Subtotal of Community Based Long Term Care	23,914,044	2,421,317	15,693,871	169,696	13,802	2,051	-	-	28,593	42,243,374
LONG TERM CARE and INSURANCE	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	248,508,528	9,392,964	33,577,579	2,628	(8,716)	23,338	-	-	77,101	291,573,422
Class II Nursing Facilities	329,222	343,097	4,486,593	-	-	-	-	-	-	5,158,912
Program of All-Inclusive Care for the Elderly	3,465,032	-	-	-	-	-	-	-	68,084	3,533,117
Subtotal Long Term Care	252,302,782	9,736,062	38,064,172	2,628	(8,716)	23,338	-	-	145,185	300,265,450
Supplemental Medicare Insurance Benefit	10,233,653	943,853	8,092,198	98,067	4,310	-	-	-	4,306,620	23,678,700
Health Insurance Buy-In Program	82,336	7,946	64,864	23,017	33,035	4,510	9,666	3,019	1,299	229,692
Subtotal Insurance	10,315,989	951,799	8,157,062	121,084	37,345	4,510	9,666	3,019	4,307,918	23,908,392
Subtotal of Long Term Care and Insurance	262,618,771	10,687,860	46,221,234	123,711	28,629	27,848	9,666	3,019	4,453,103	324,173,843
SERVICE MANAGEMENT	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)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	6,254,109	253,323	1,087,878	2,933	869	691	287	90	99,659	7,699,838
FY 1995-96 COFRS Total	358,277,756	34,176,388	278,079,906	95,865,030	142,148,956	20,033,580	42,777,782	13,796,079	6,080,000	991,235,479

Exhibit N - Expenditure History by Service Category

ACUTE CARE	FY 2009-10	Percent Change From Prior Year	FY 2008-09	Percent Change From Prior Year	FY 2007-08	Percent Change From Prior Year	FY 2006-07	Percent Change From Prior Year	FY 2005-06	Percent Change From Prior Year	FY 2004-05	Percent Change From Prior Year	FY 2003-04	Percent Change From Prior Year
Physician Services & EPSDT	\$242,929,414	4.30%	\$232,912,692	22.16%	\$190,663,827	16.09%	\$164,232,428	13.84%	\$144,266,423	16.23%	\$124,119,339	1.18%	\$122,673,666	47.79%
Emergency Transportation	\$5,217,633	5.75%	\$4,934,082	8.43%	\$4,550,505	6.21%	\$4,284,622	18.64%	\$3,611,441	3.96%	\$3,473,741	-28.41%	\$4,852,575	59.45%
Non-emergency Medical Transportation	\$9,131,655	5.09%	\$8,689,018	12.35%	\$7,733,949	-	(\$60,740)	444.07%	(\$11,164)	-105.22%	\$213,706	-91.83%	\$2,616,352	-53.61%
Dental Services	\$88,806,857	16.15%	\$76,456,424	41.86%	\$53,893,890	9.17%	\$49,367,133	5.70%	\$46,705,514	16.72%	\$40,013,849	2.10%	\$39,189,457	17.70%
Family Planning	\$321,975	0.80%	\$319,424	58.07%	\$202,073	996.27%	\$18,433	-95.49%	\$409,119	119.93%	\$186,021	-9.06%	\$204,545	-43.01%
Health Maintenance Organizations	\$117,651,717	-8.85%	\$129,074,827	26.28%	\$102,216,877	-5.73%	\$108,429,033	-29.95%	\$154,782,191	-4.51%	\$162,090,246	-18.09%	\$197,898,138	-37.69%
Inpatient Hospitals	\$337,358,448	-5.39%	\$356,576,636	11.12%	\$320,899,293	5.32%	\$304,687,402	2.66%	\$296,800,124	11.57%	\$266,011,447	-2.65%	\$273,247,361	27.84%
Outpatient Hospitals	\$144,956,141	-5.81%	\$153,901,754	18.21%	\$130,192,196	12.46%	\$115,767,273	10.03%	\$105,213,743	12.39%	\$93,618,116	5.13%	\$89,047,191	80.59%
Lab & X-Ray	\$30,148,317	6.01%	\$28,437,823	24.87%	\$22,774,240	11.38%	\$20,447,143	6.22%	\$19,250,037	10.10%	\$17,484,755	1.51%	\$17,225,324	50.08%
Durable Medical Equipment	\$78,272,962	1.64%	\$77,011,816	1.58%	\$75,815,972	13.46%	\$66,822,166	13.93%	\$58,652,169	16.61%	\$50,299,251	2.14%	\$49,245,516	22.17%
Prescription Drugs	\$226,114,086	-3.23%	\$233,666,309	7.75%	\$216,864,136	14.24%	\$189,833,449	-19.88%	\$236,947,825	-15.66%	\$280,930,899	5.69%	\$265,797,673	31.88%
Drug Rebate	(\$99,855,328)	8.75%	(\$91,818,104)	65.54%	(\$55,465,088)	-5.42%	(\$58,644,804)	-25.83%	(\$79,068,617)	10.34%	(\$71,656,675)	33.98%	(\$53,484,910)	99.74%
Rural Health Centers	\$7,993,821	7.18%	\$7,458,484	19.47%	\$6,242,784	6.16%	\$5,880,402	23.76%	\$4,751,330	3.33%	\$4,598,395	17.63%	\$3,909,310	41.15%
Federally Qualified Health Centers	\$76,244,360	4.32%	\$73,089,013	16.72%	\$62,621,473	6.21%	\$58,960,102	-4.84%	\$61,957,718	8.99%	\$56,845,564	10.60%	\$51,398,899	91.08%
Co-Insurance (Title XVIII-Medicare)	\$20,852,175	-25.79%	\$28,098,389	24.84%	\$22,507,668	18.61%	\$18,976,405	5.88%	\$17,922,444	3.25%	\$17,357,700	-9.62%	\$19,205,728	-8.01%
Mental Health Capitation	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Under 21 Psych	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Breast and Cervical Cancer Treatment Program	\$8,716,269	23.77%	\$7,042,030	-0.65%	\$7,088,411	27.61%	\$5,554,934	-18.41%	\$6,808,264	173.41%	\$2,490,090	-6.69%	\$2,668,652	86.78%
Prepaid Inpatient Health Plan Services	\$44,703,819	24.21%	\$35,989,196	6.85%	\$33,682,305	7.66%	\$31,285,316	-5.16%	\$32,987,230	-51.83%	\$68,474,304	297.28%	\$17,235,604	100.00%
Other Medical Services	\$49,140	4.67%	\$46,946	38.53%	\$33,888	26.75%	\$26,736	-10.59%	\$29,903	1.48%	\$29,468	-70.72%	\$100,654	-1956.70%
Home Health	\$156,448,421	6.19%	\$147,328,138	13.58%	\$129,715,198	18.30%	\$109,647,063	18.89%	\$92,227,451	23.74%	\$74,534,611	6.94%	\$69,697,057	7.41%
Presumptive Eligibility	\$0	0.00%	\$0	-100.00%	\$3,770,690	-51.96%	\$7,849,344	196.81%	\$2,644,540	100.00%	\$0	0.00%	\$0	0.00%
Subtotal of Acute Care	\$1,496,061,883	-0.87%	\$1,509,214,896	12.96%	\$1,336,004,286	11.02%	\$1,203,363,838	-0.29%	\$1,206,887,685	1.32%	\$1,191,114,826	1.57%	\$1,172,728,792	11.75%
COMMUNITY BASED LONG TERM CARE														
HCBS - Elderly, Blind, and Disabled	\$186,426,075	5.63%	\$176,481,671	24.96%	\$141,231,844	14.20%	\$123,673,036	15.28%	\$107,276,565	13.86%	\$94,216,182	-0.55%	\$94,741,923	3.64%
HCBS - Mental Illness	\$22,681,360	-1.21%	\$22,958,866	12.49%	\$20,409,887	18.34%	\$17,246,320	15.10%	\$14,984,173	15.09%	\$13,019,463	-13.38%	\$15,030,947	6.54%
HCBS - Disabled Children	\$1,763,210	0.89%	\$1,747,683	29.09%	\$1,353,847	49.62%	\$904,883	36.73%	\$661,823	37.33%	\$481,927	34.28%	\$358,891	-12.74%
HCBS - Persons Living with AIDS	\$581,405	-1.91%	\$592,744	-0.45%	\$595,406	18.25%	\$503,530	6.50%	\$472,783	3.13%	\$458,451	-18.46%	\$562,218	-21.22%
HCBS - Consumer Directed Attendant Support	\$3,516,917	-14.76%	\$4,125,973	-70.76%	\$14,109,819	12.16%	\$12,580,285	73.81%	\$7,237,889	22.42%	\$5,912,371	92.92%	\$3,064,733	1010.94%
HCBS - Brain Injury	\$11,482,073	-4.54%	\$12,028,236	11.52%	\$10,785,587	-2.94%	\$11,112,528	26.08%	\$8,813,686	-4.46%	\$9,225,591	2.59%	\$8,992,797	9.52%
HCBS - Children with Autism	\$1,565,700	21.00%	\$1,293,932	86.02%	\$695,586	3599.64%	\$18,801	100.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
HCBS - Pediatric Hospice	\$94,781	223.36%	\$29,312											
Private Duty Nursing	\$23,230,817	8.80%	\$21,351,408	8.11%	\$19,749,262	14.16%	\$17,299,756	10.78%	\$15,616,760	10.98%	\$14,071,893	6.80%	\$13,176,147	-1.18%
Hospice	\$43,321,496	8.57%	\$39,902,873	21.62%	\$32,810,776	3.22%	\$31,787,348	11.51%	\$28,507,087	21.00%	\$23,559,031	3.35%	\$22,795,661	27.21%
Subtotal of Community Based Long Term Care	\$294,663,833	5.04%	\$280,512,697	16.04%	\$241,742,014	12.37%	\$215,126,488	17.19%	\$183,570,766	14.06%	\$160,944,908	1.40%	\$158,723,316	8.43%
LONG TERM CARE AND INSURANCE														
Class I Nursing Facilities	\$487,074,333	-8.26%	\$530,918,672	9.11%	\$486,568,498	1.73%	\$478,303,487	4.77%	\$456,520,328	7.70%	\$423,878,333	1.89%	\$416,011,012	9.37%
Class II Nursing Facilities	\$2,015,835	-11.26%	\$2,271,714	1.61%	\$2,235,636	-1.52%	\$2,270,136	57.99%	\$1,436,850	3.86%	\$1,383,445	25.25%	\$1,104,554	-16.35%
Program of All-Inclusive Care for the Elderly	\$69,240,623	13.42%	\$61,049,836	23.54%	\$49,418,855	15.27%	\$42,872,281	5.93%	\$40,470,490	15.10%	\$35,160,005	30.08%	\$27,029,169	32.72%
Supplemental Medicare Insurance Benefit	\$103,068,590	9.95%	\$93,743,114	13.67%	\$82,465,946	-0.29%	\$82,706,881	16.86%	\$70,775,604	21.09%	\$58,449,753	22.76%	\$47,613,226	22.74%
Health Insurance Buy-In Program	\$931,637	-1.12%	\$942,145	4.11%	\$904,947	21.90%	\$742,352	41.62%	\$524,194	-13.69%	\$607,332	-12.00%	\$690,172	56.20%
Subtotal of Long Term Care and Insurance	\$662,331,019	-3.86%	\$688,925,481	10.83%	\$621,593,882	2.42%	\$606,895,137	6.52%	\$569,727,466	9.67%	\$519,478,869	5.49%	\$492,448,133	11.60%
SERVICE MANAGEMENT														
Single Entry Points	\$23,707,551	2.78%	\$23,067,175	6.02%	\$21,757,100	20.86%	\$18,002,536	8.80%	\$16,547,063	-4.11%	\$17,256,835	18.76%	\$14,530,561	-0.67%
Disease Management	\$71,616	-97.52%	\$2,882,271	23.66%	\$2,330,726	443.29%	\$428,999	33.08%	\$322,355	57.49%	\$204,682	100.00%	\$0	0.00%
Prepaid Inpatient Health Plan Administration	\$5,111,753	29.90%	\$3,935,134	9.02%	\$3,609,472	-21.88%	\$4,620,417	-13.49%	\$5,340,741	24.63%	\$4,285,446	29.54%	\$3,308,119	100.00%
Subtotal Service Management	\$28,890,920	-3.32%	\$29,884,581	7.90%	\$27,697,298	20.15%	\$23,051,952	3.79%	\$22,210,159	2.13%	\$21,746,963	49.66%	\$14,530,561	-0.67%
COFRS Total	\$2,481,947,656	-1.06%	\$2,508,537,655	12.64%	\$2,227,037,481	8.72%	\$2,048,437,415	3.33%	\$1,982,396,076	4.71%	\$1,893,285,567	2.98%	\$1,838,430,863	11.31%
	Amounts exclude Upper Payment Limit Financing and other financing.													
	As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.													

Exhibit N - Expenditure History by Service Category

	FY 2002-03	Percent Change From Prior Year	FY 2001-02	Percent Change From Prior Year	FY 2000-01	Percent Change From Prior Year	FY 1999-00	Percent Change From Prior Year	FY 1998-99	Percent Change From Prior Year	FY 1997-98	Percent Change From Prior Year	FY 1996-97	Percent Change From Prior Year
ACUTE CARE														
Physician Services & EPSDT	\$83,003,347	27.94%	\$64,876,365	9.40%	\$59,304,363	-0.91%	\$59,851,950	-1.31%	\$60,644,678	2.42%	\$59,208,870	-13.21%	\$68,219,744	8.02%
Emergency Transportation	\$3,043,325	-6.51%	\$3,255,231	0.48%	\$3,239,532	-15.33%	\$3,825,898	-1.68%	\$3,891,169	11.70%	\$3,483,544	-14.03%	\$4,051,975	33.57%
Non-emergency Medical Transportation	\$5,640,392	-36.35%	\$8,862,235	8.09%	\$8,198,620	25.85%	\$6,514,731	24.22%	\$5,244,559	36.56%	\$3,840,496	9.88%	\$3,495,171	19.51%
Dental Services	\$33,294,705	33.76%	\$24,890,741	27.16%	\$19,573,620	6.23%	\$18,426,314	38.25%	\$13,328,297	85.06%	\$7,202,276	-2.43%	\$7,381,773	18.07%
Family Planning	\$358,943	-54.89%	\$795,775	49.18%	\$533,434	9.51%	\$487,122	-18.43%	\$597,216	7.24%	\$556,889	-27.99%	\$773,393	7.69%
Health Maintenance Organizations	\$317,583,086	1.10%	\$314,117,532	4.95%	\$299,288,890	23.20%	\$242,928,418	44.51%	\$168,108,118	18.04%	\$142,416,946	-1.58%	\$144,710,016	35.44%
Inpatient Hospitals	\$213,735,470	11.30%	\$192,032,620	1.93%	\$188,397,785	-3.29%	\$194,810,756	0.94%	\$192,997,249	7.44%	\$179,640,930	-12.07%	\$204,299,396	-2.97%
Outpatient Hospitals	\$49,308,708	14.00%	\$43,252,843	-13.04%	\$49,737,002	-4.66%	\$52,169,487	24.94%	\$41,756,381	-5.59%	\$44,229,555	-0.13%	\$44,287,360	3.84%
Lab & X-Ray	\$11,477,297	26.38%	\$9,081,865	18.74%	\$7,648,714	-2.38%	\$7,835,014	16.13%	\$6,746,654	8.50%	\$6,218,105	-16.47%	\$7,444,442	-3.85%
Durable Medical Equipment	\$40,309,959	10.73%	\$36,403,798	8.91%	\$33,425,563	5.67%	\$31,630,993	13.16%	\$27,951,886	8.07%	\$25,864,712	-5.14%	\$27,266,215	19.49%
Prescription Drugs	\$201,539,466	10.95%	\$181,651,740	13.23%	\$160,433,374	31.02%	\$122,451,354	0.28%	\$122,106,363	16.83%	\$104,515,664	10.47%	\$94,611,582	15.29%
Drug Rebate	(\$26,777,654)	-21.54%	(\$34,130,987)	3.81%	(\$32,878,747)	32.62%	(\$24,792,385)	1.47%	(\$24,432,713)	23.97%	(\$19,709,117)	11.58%	(\$17,663,695)	3.06%
Rural Health Centers	\$2,769,662	24.64%	\$2,222,103	6.21%	\$2,092,081	38.84%	\$1,506,808	58.54%	\$950,402	-5.87%	\$1,009,701	-4.26%	\$1,054,626	61.86%
Federally Qualified Health Centers	\$26,899,779	64.39%	\$16,363,132	48.54%	\$11,016,252	16.23%	\$9,477,572	-9.96%	\$10,526,466	-1.87%	\$10,727,100	8.61%	\$9,876,930	-14.65%
Co-Insurance (Title XVIII-Medicare)	\$20,877,974	-19.63%	\$25,975,780	-2.94%	\$26,761,376	10.51%	\$24,216,468	17.47%	\$20,614,667	0.15%	\$20,582,988	-13.65%	\$23,835,767	26.15%
Mental Health Capitation	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	-100.00%	\$1,232,481	-96.87%	\$39,438,326	37.07%	\$28,772,096	-6.59%
Under 21 Psych	\$0	-100.00%	(\$12,073)	100.00%	\$0	0.00%	\$0	-100.00%	(\$18,500)	-102.90%	\$637,604	-30.89%	\$922,575	-61.92%
Breast and Cervical Cancer Treatment Program	\$1,428,787	100.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Prepaid Inpatient Health Plan Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other Medical Services	(\$5,421)	-101.24%	\$435,579	32433.54%	\$1,339	100.00%	\$0	0.00%	\$0	0.00%	\$0	-100.00%	\$3,106,140	-22.31%
Home Health	\$64,887,909	4.45%	\$62,123,816	9.21%	\$56,886,972	3.73%	\$54,839,319	5.85%	\$51,806,477	26.92%	\$40,819,768	26.37%	\$32,301,251	88.23%
Presumptive Eligibility	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Subtotal of Acute Care	\$1,049,375,733	10.21%	\$952,198,094	6.55%	\$893,660,171	10.85%	\$806,179,820	14.51%	\$704,051,850	4.98%	\$670,684,357	-2.62%	\$688,746,756	11.61%
COMMUNITY BASED LONG TERM CARE														
HCBS - Elderly, Blind, and Disabled	\$91,416,381	6.65%	\$85,713,835	18.97%	\$72,049,529	10.60%	\$65,141,775	6.34%	\$61,258,344	22.37%	\$50,060,093	15.75%	\$43,247,418	19.50%
HCBS - Mental Illness	\$14,108,607	11.70%	\$12,630,759	41.04%	\$8,955,684	43.96%	\$6,220,943	189.77%	\$2,146,869	100.00%	\$0	0.00%	\$0	0.00%
HCBS - Disabled Children	\$411,275	26.21%	\$325,878	22.28%	\$266,511	20.19%	\$221,734	83.65%	\$120,735	3.45%	\$116,713	17.36%	\$99,446	-7.08%
HCBS - Persons Living with AIDS	\$713,649	-4.03%	\$743,613	8.21%	\$687,215	4.77%	\$655,916	7.58%	\$609,691	10.69%	\$550,830	-15.24%	\$649,861	41.72%
HCBS - Consumer Directed Attendant Support	\$275,869	100.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
HCBS - Brain Injury	\$8,211,474	29.47%	\$6,342,581	28.20%	\$4,947,468	26.06%	\$3,924,709	42.92%	\$2,746,117	106.26%	\$1,331,415	191.10%	\$457,368	89.14%
HCBS - Children with Autism	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
HCBS - Pediatric Hospice														
Private Duty Nursing	\$13,332,925	-17.67%	\$16,194,518	13.63%	\$14,251,789	35.69%	\$10,503,136	18.69%	\$8,849,383	21.06%	\$7,309,660	8.74%	\$6,722,140	100.00%
Hospice	\$17,919,693	23.75%	\$14,481,047	43.03%	\$10,124,208	24.23%	\$8,149,619	24.35%	\$6,553,533	33.02%	\$4,926,912	-7.58%	\$5,330,758	1.60%
Subtotal of Community Based Long Term Care	\$146,389,874	7.30%	\$136,432,232	22.60%	\$111,282,405	17.36%	\$94,817,833	15.23%	\$82,284,671	27.98%	\$64,295,623	13.78%	\$56,506,991	33.77%
LONG TERM CARE AND INSURANCE														
Class I Nursing Facilities	\$380,354,855	0.83%	\$377,241,370	7.38%	\$351,301,425	-0.29%	\$352,309,732	3.85%	\$339,247,796	5.01%	\$323,060,058	-5.99%	\$343,653,735	17.86%
Class II Nursing Facilities	\$1,320,373	30.47%	\$1,012,033	7.62%	\$940,412	-5.72%	\$997,453	1.85%	\$979,356	-38.19%	\$1,584,587	-60.82%	\$4,043,972	-21.61%
Program of All-Inclusive Care for the Elderly	\$20,366,142	22.80%	\$16,585,005	61.51%	\$10,268,587	37.30%	\$7,479,000	26.55%	\$5,910,025	29.16%	\$4,575,865	4.44%	\$4,381,480	24.01%
Supplemental Medicare Insurance Benefit	\$38,793,282	-0.24%	\$38,885,728	10.75%	\$35,109,711	6.88%	\$32,848,138	4.63%	\$31,395,577	4.90%	\$29,930,372	25.51%	\$23,846,458	0.71%
Health Insurance Buy-In Program	\$441,840	27.41%	\$346,783	4.62%	\$331,463	-10.09%	\$368,647	13.35%	\$325,218	26.13%	\$257,841	-7.83%	\$279,745	21.79%
Subtotal of Long Term Care and Insurance	\$441,276,492	1.66%	\$434,070,919	9.08%	\$397,951,598	1.00%	\$394,002,970	4.27%	\$377,857,972	5.13%	\$359,408,722	-4.46%	\$376,205,390	16.05%
SERVICE MANAGEMENT														
Single Entry Points	\$14,628,776	3.72%	\$14,103,446	3.39%	\$13,641,234	1.65%	\$13,419,477	11.47%	\$12,038,918	13.76%	\$10,582,289	63.80%	\$6,460,651	-16.09%
Disease Management	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Prepaid Inpatient Health Plan Administration	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Subtotal Service Management	\$14,628,776	3.72%	\$14,103,446	3.39%	\$13,641,234	1.65%	\$13,419,477	11.47%	\$12,038,918	13.76%	\$10,582,289	63.80%	\$6,460,651	-16.09%
COFRS Total	\$1,651,670,874	7.47%	\$1,536,804,691	8.49%	\$1,416,535,408	8.26%	\$1,308,420,100	11.24%	\$1,176,233,410	6.45%	\$1,104,970,992	-2.03%	\$1,127,919,788	13.79%

Exhibit N - Expenditure History by Service Category - Adjusted for Payment Delays

ACUTE CARE	FY 2009-10	Percent Change From Prior Year	FY 2008-09	Percent Change From Prior Year	FY 2007-08	Percent Change From Prior Year	FY 2006-07	Percent Change From Prior Year	FY 2005-06	Percent Change From Prior Year	FY 2004-05	Percent Change From Prior Year	FY 2003-04	Percent Change From Prior Year
Physician Services & EPSDT	\$252,136,452	8.25%	\$232,912,692	22.16%	\$190,663,827	16.09%	\$164,232,428	13.84%	\$144,266,423	16.23%	\$124,119,339	1.18%	\$122,673,666	47.79%
Emergency Transportation	\$5,429,754	10.05%	\$4,934,082	8.43%	\$4,550,505	6.21%	\$4,284,622	18.64%	\$3,611,441	3.96%	\$3,473,741	-28.41%	\$4,852,575	59.45%
Non-emergency Medical Transportation	\$9,237,390	6.31%	\$8,689,018	12.35%	\$7,733,949	-	(\$60,740)	444.07%	(\$11,164)	-105.22%	\$213,706	-91.83%	\$2,616,352	-53.61%
Dental Services	\$92,558,572	21.06%	\$76,456,424	41.86%	\$53,893,890	9.17%	\$49,367,133	5.70%	\$46,705,514	16.72%	\$40,013,849	2.10%	\$39,189,457	17.70%
Family Planning	\$334,916	4.85%	\$319,424	58.07%	\$202,073	996.27%	\$18,433	-95.49%	\$409,119	119.93%	\$186,021	-9.06%	\$204,545	-43.01%
Health Maintenance Organizations	\$117,651,750	-8.85%	\$129,074,827	26.28%	\$102,216,877	-5.73%	\$108,429,033	-29.95%	\$154,782,191	-4.51%	\$162,090,246	-18.09%	\$197,898,138	-37.69%
Inpatient Hospitals	\$351,809,498	-1.34%	\$356,576,636	11.12%	\$320,899,293	5.32%	\$304,687,402	2.66%	\$296,800,124	11.57%	\$266,011,447	-2.65%	\$273,247,361	27.84%
Outpatient Hospitals	\$152,657,826	-0.81%	\$153,901,754	18.21%	\$130,192,196	12.46%	\$115,767,273	10.03%	\$105,213,743	12.39%	\$93,618,116	5.13%	\$89,047,191	80.59%
Lab & X-Ray	\$31,429,294	10.52%	\$28,437,823	24.87%	\$22,774,240	11.38%	\$20,447,143	6.22%	\$19,250,037	10.10%	\$17,484,755	1.51%	\$17,225,324	50.08%
Durable Medical Equipment	\$81,155,593	5.38%	\$77,011,816	1.58%	\$75,815,972	13.46%	\$66,822,166	13.93%	\$58,652,169	16.61%	\$50,299,251	2.14%	\$49,245,516	22.17%
Prescription Drugs	\$234,923,161	0.54%	\$233,666,309	7.75%	\$216,864,136	14.24%	\$189,833,449	-19.88%	\$236,947,825	-15.66%	\$280,930,899	5.69%	\$265,797,673	31.88%
Drug Rebate	(\$99,855,328)	8.75%	(\$91,818,104)	65.54%	(\$55,465,088)	-5.42%	(\$58,644,804)	-25.83%	(\$79,068,617)	10.34%	(\$71,656,675)	33.98%	(\$53,484,910)	99.74%
Rural Health Centers	\$8,294,180	11.20%	\$7,458,484	19.47%	\$6,242,784	6.16%	\$5,880,402	23.76%	\$4,751,330	3.33%	\$4,598,395	17.63%	\$3,909,310	41.15%
Federally Qualified Health Centers	\$79,020,818	8.12%	\$73,089,013	16.72%	\$62,621,473	6.21%	\$58,960,102	-4.84%	\$61,957,718	8.99%	\$56,845,564	10.60%	\$51,398,899	91.08%
Co-Insurance (Title XVIII-Medicare)	\$22,196,042	-21.01%	\$28,098,389	24.84%	\$22,507,668	18.61%	\$18,976,405	5.88%	\$17,922,444	3.25%	\$17,357,700	-9.62%	\$19,205,728	-8.01%
Mental Health Capitation	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Under 21 Psych	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Breast and Cervical Cancer Treatment Program	\$9,005,795	27.89%	\$7,042,030	-0.65%	\$7,088,411	27.61%	\$5,554,934	-18.41%	\$6,808,264	173.41%	\$2,490,090	-6.69%	\$2,668,652	86.78%
Prepaid Inpatient Health Plan Services	\$44,703,819	24.21%	\$35,989,196	6.85%	\$33,682,305	7.66%	\$31,285,316	-5.16%	\$32,987,230	-51.83%	\$68,474,304	297.28%	\$17,235,604	100.00%
Other Medical Services	\$49,140	4.67%	\$46,946	38.53%	\$33,888	26.75%	\$26,736	-10.59%	\$29,903	1.48%	\$29,468	-70.72%	\$100,654	-1956.70%
Home Health	\$160,400,069	8.87%	\$147,328,138	13.58%	\$129,715,198	18.30%	\$109,647,063	18.89%	\$92,227,451	23.74%	\$74,534,611	6.94%	\$69,697,057	7.41%
Presumptive Eligibility	\$0	0.00%	\$0	-100.00%	\$3,770,690	-51.96%	\$7,849,344	196.81%	\$2,644,540	100.00%	\$0	0.00%	\$0	0.00%
Subtotal of Acute Care	\$1,553,138,739	2.91%	\$1,509,214,896	12.96%	\$1,336,004,286	11.02%	\$1,203,363,838	-0.29%	\$1,206,887,685	1.32%	\$1,191,114,826	1.57%	\$1,172,728,792	11.75%
COMMUNITY BASED LONG TERM CARE														
HCBS - Elderly, Blind, and Disabled	\$190,095,902	7.71%	\$176,481,671	24.96%	\$141,231,844	14.20%	\$123,673,036	15.28%	\$107,276,565	13.86%	\$94,216,182	-0.55%	\$94,741,923	3.64%
HCBS - Mental Illness	\$23,040,614	0.36%	\$22,958,866	12.49%	\$20,409,887	18.34%	\$17,246,320	15.10%	\$14,984,173	15.09%	\$13,019,463	-13.38%	\$15,030,947	6.54%
HCBS - Disabled Children	\$1,841,013	5.34%	\$1,747,683	29.09%	\$1,353,847	49.62%	\$904,883	36.73%	\$661,823	37.33%	\$481,927	34.28%	\$358,891	-12.74%
HCBS - Persons Living with AIDS	\$598,542	0.98%	\$592,744	-0.45%	\$595,406	18.25%	\$503,530	6.50%	\$472,783	3.13%	\$458,451	-18.46%	\$562,218	-21.22%
HCBS - Consumer Directed Attendant Support	\$3,516,917	-14.76%	\$4,125,973	-70.76%	\$14,109,819	12.16%	\$12,580,285	73.81%	\$7,237,889	22.42%	\$5,912,371	92.92%	\$3,064,733	1010.94%
HCBS - Brain Injury	\$11,596,421	-3.59%	\$12,028,236	11.52%	\$10,785,587	-2.94%	\$11,112,528	26.08%	\$8,813,686	-4.46%	\$9,225,591	2.59%	\$8,992,797	9.52%
HCBS - Children with Autism	\$1,594,735	23.25%	\$1,293,932	86.02%	\$695,586	3599.64%	\$18,801	100.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
HCBS - Pediatric Hospice	\$102,210	248.70%	\$29,312											
Private Duty Nursing	\$23,666,555	10.84%	\$21,351,408	8.11%	\$19,749,262	14.16%	\$17,299,756	10.78%	\$15,616,760	10.98%	\$14,071,893	6.80%	\$13,176,147	-1.18%
Hospice	\$43,636,826	9.36%	\$39,902,873	21.62%	\$32,810,776	3.22%	\$31,787,348	11.51%	\$28,507,087	21.00%	\$23,559,031	3.35%	\$22,795,661	27.21%
Subtotal of Community Based Long Term Care	\$299,689,736	6.84%	\$280,512,697	16.04%	\$241,742,014	12.37%	\$215,126,488	17.19%	\$183,570,766	14.06%	\$160,944,908	1.40%	\$158,723,316	8.43%
LONG TERM CARE and INSURANCE														
Class I Nursing Facilities	\$495,900,792	-6.60%	\$530,918,672	9.11%	\$486,568,498	1.73%	\$478,303,487	4.77%	\$456,520,328	7.70%	\$423,878,333	1.89%	\$416,011,012	9.37%
Class II Nursing Facilities	\$1,215,347	-46.50%	\$2,271,714	1.61%	\$2,235,636	-1.52%	\$2,270,136	57.99%	\$1,436,850	3.86%	\$1,383,445	25.25%	\$1,104,554	-16.35%
Program of All-Inclusive Care for the Elderly	\$69,256,028	13.44%	\$61,049,836	23.54%	\$49,418,855	15.27%	\$42,872,281	5.93%	\$40,470,490	15.10%	\$35,160,005	30.08%	\$27,029,169	32.72%
Supplemental Medicare Insurance Benefit	\$103,068,590	9.95%	\$93,743,114	13.67%	\$82,465,946	-0.29%	\$82,706,881	16.86%	\$70,775,604	21.09%	\$58,449,753	22.76%	\$47,613,226	22.74%
Health Insurance Buy-In Program	\$1,019,989	8.26%	\$942,145	4.11%	\$904,947	21.90%	\$742,352	41.62%	\$524,194	-13.69%	\$607,332	-12.00%	\$690,172	56.20%
Subtotal of Long Term Care and Insurance	\$670,460,746	-2.68%	\$688,925,481	10.83%	\$621,593,882	2.42%	\$606,895,137	6.52%	\$569,727,466	9.67%	\$519,478,869	5.49%	\$492,448,133	11.60%
SERVICE MANAGEMENT														
Single Entry Points	\$23,707,551	2.78%	\$23,067,175	6.02%	\$21,757,100	20.86%	\$18,002,536	8.80%	\$16,547,063	-4.11%	\$17,256,835	18.76%	\$14,530,561	-0.67%
Disease Management	\$71,616	-97.52%	\$2,882,271	23.66%	\$2,330,726	443.29%	\$428,999	33.08%	\$322,355	57.49%	\$204,682	100.00%	\$0	0.00%
Prepaid Inpatient Health Plan Administration	\$5,111,753	29.90%	\$3,935,134	9.02%	\$3,609,472	-21.88%	\$4,620,417	-13.49%	\$5,340,741	24.63%	\$4,285,446	29.54%	\$3,308,119	100.00%
Subtotal Service Management	\$28,890,920	-3.32%	\$29,884,581	7.90%	\$27,697,298	20.15%	\$23,051,952	3.79%	\$22,210,159	2.13%	\$21,746,963	49.66%	\$14,530,561	-0.67%
COFRS Total	\$2,552,180,141	1.74%	\$2,508,537,655	12.64%	\$2,227,037,481	8.72%	\$2,048,437,415	3.33%	\$1,982,396,076	4.71%	\$1,893,285,567	2.98%	\$1,838,430,803	11.31%
	Amounts exclude Upper Payment Limit Financing and other financing.													
	As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.													

Exhibit N - Expenditure History by Service Category - Adjusted for Payment Delays

ACUTE CARE	FY 2002-03	Percent Change From Prior Year	FY 2001-02	Percent Change From Prior Year	FY 2000-01	Percent Change From Prior Year	FY 1999-00	Percent Change From Prior Year	FY 1998-99	Percent Change From Prior Year	FY 1997-98	Percent Change From Prior Year	FY 1996-97	Percent Change From Prior Year
Physician Services & EPSDT	\$83,003,347	27.94%	\$64,876,365	9.40%	\$59,304,363	-0.91%	\$59,851,950	-1.31%	\$60,644,678	2.42%	\$59,208,870	-13.21%	\$68,219,744	8.02%
Emergency Transportation	\$3,043,325	-6.51%	\$3,255,231	0.48%	\$3,239,532	-15.33%	\$3,825,898	-1.68%	\$3,891,169	11.70%	\$3,483,544	-14.03%	\$4,051,975	33.57%
Non-emergency Medical Transportation	\$5,640,392	-36.35%	\$8,862,235	8.09%	\$8,198,620	25.85%	\$6,514,731	24.22%	\$5,244,559	36.56%	\$3,840,496	9.88%	\$3,495,171	19.51%
Dental Services	\$33,294,705	33.76%	\$24,890,741	27.16%	\$19,573,620	6.23%	\$18,426,314	38.25%	\$13,328,297	85.06%	\$7,202,276	-2.43%	\$7,381,773	18.07%
Family Planning	\$358,943	-54.89%	\$795,775	49.18%	\$533,434	9.51%	\$487,122	-18.43%	\$597,216	7.24%	\$556,889	-27.99%	\$773,393	7.69%
Health Maintenance Organizations	\$317,583,086	1.10%	\$314,117,532	4.95%	\$299,288,890	23.20%	\$242,928,418	44.51%	\$168,108,118	18.04%	\$142,416,946	-1.58%	\$144,710,016	35.44%
Inpatient Hospitals	\$213,735,470	11.30%	\$192,032,620	1.93%	\$188,397,785	-3.29%	\$194,810,756	0.94%	\$192,997,249	7.44%	\$179,640,930	-12.07%	\$204,299,396	-2.97%
Outpatient Hospitals	\$49,308,708	14.00%	\$43,252,843	-13.04%	\$49,737,002	-4.66%	\$52,169,487	24.94%	\$41,756,381	-5.59%	\$44,229,555	-0.13%	\$44,287,360	3.84%
Lab & X-Ray	\$11,477,297	26.38%	\$9,081,865	18.74%	\$7,648,714	-2.38%	\$7,835,014	16.13%	\$6,746,654	8.50%	\$6,218,105	-16.47%	\$7,444,442	-3.85%
Durable Medical Equipment	\$40,309,959	10.73%	\$36,403,798	8.91%	\$33,425,563	5.67%	\$31,630,993	13.16%	\$27,951,886	8.07%	\$25,864,712	-5.14%	\$27,266,215	19.49%
Prescription Drugs	\$201,539,466	10.95%	\$181,651,740	13.23%	\$160,433,374	31.02%	\$122,451,354	0.28%	\$122,106,363	16.83%	\$104,515,664	10.47%	\$94,611,582	15.29%
Drug Rebate	(\$26,777,654)	-21.54%	(\$34,130,987)	3.81%	(\$32,878,747)	32.62%	(\$24,792,385)	1.47%	(\$24,432,713)	23.97%	(\$19,709,117)	11.58%	(\$17,663,695)	3.06%
Rural Health Centers	\$2,769,662	24.64%	\$2,222,103	6.21%	\$2,092,081	38.84%	\$1,506,808	58.54%	\$950,402	-5.87%	\$1,009,701	-4.26%	\$1,054,626	61.86%
Federally Qualified Health Centers	\$26,899,779	64.39%	\$16,363,132	48.54%	\$11,016,252	16.23%	\$9,477,572	-9.96%	\$10,526,466	-1.87%	\$10,727,100	8.61%	\$9,876,930	-14.65%
Co-Insurance (Title XVIII-Medicare)	\$20,877,974	-19.63%	\$25,975,780	-2.94%	\$26,761,376	10.51%	\$24,216,468	17.47%	\$20,614,667	0.15%	\$20,582,988	-13.65%	\$23,835,767	26.15%
Mental Health Capitation	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	-100.00%	\$1,232,481	-96.87%	\$39,438,326	37.07%	\$28,772,096	-6.59%
Under 21 Psych	\$0	-100.00%	(\$12,073)	100.00%	\$0	0.00%	\$0	-100.00%	(\$18,500)	-102.90%	\$637,604	-30.89%	\$922,575	-61.92%
Breast and Cervical Cancer Treatment Program	\$1,428,787	100.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Prepaid Inpatient Health Plan Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other Medical Services	(\$5,421)	-101.24%	\$435,579	32433.54%	\$1,339	100.00%	\$0	0.00%	\$0	0.00%	\$0	-100.00%	\$3,106,140	-22.31%
Home Health	\$64,887,909	4.45%	\$62,123,816	9.21%	\$56,886,972	3.73%	\$54,839,319	5.85%	\$51,806,477	26.92%	\$40,819,768	26.37%	\$32,301,251	88.23%
Presumptive Eligibility	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Subtotal of Acute Care	\$1,049,375,733	10.21%	\$952,198,094	6.55%	\$893,660,171	10.85%	\$806,179,820	14.51%	\$704,051,850	4.98%	\$670,684,357	-2.62%	\$688,746,756	11.61%
COMMUNITY BASED LONG TERM CARE														
HCBS - Elderly, Blind, and Disabled	\$91,416,381	6.65%	\$85,713,835	18.97%	\$72,049,529	10.60%	\$65,141,775	6.34%	\$61,258,344	22.37%	\$50,060,093	15.75%	\$43,247,418	19.50%
HCBS - Mental Illness	\$14,108,607	11.70%	\$12,630,759	41.04%	\$8,955,684	43.96%	\$6,220,943	189.77%	\$2,146,869	100.00%	\$0	0.00%	\$0	0.00%
HCBS - Disabled Children	\$411,275	26.21%	\$325,878	22.28%	\$266,511	20.19%	\$221,734	83.65%	\$120,735	3.45%	\$116,713	17.36%	\$99,446	-7.08%
HCBS - Persons Living with AIDS	\$713,649	-4.03%	\$743,613	8.21%	\$687,215	4.77%	\$655,916	7.58%	\$609,691	10.69%	\$550,830	-15.24%	\$649,861	41.72%
HCBS - Consumer Directed Attendant Support	\$275,869	100.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
HCBS - Brain Injury	\$8,211,474	29.47%	\$6,342,581	28.20%	\$4,947,468	26.06%	\$3,924,709	42.92%	\$2,746,117	106.26%	\$1,331,415	191.10%	\$457,368	89.14%
HCBS - Children with Autism	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
HCBS - Pediatric Hospice														
Private Duty Nursing	\$13,332,925	-17.67%	\$16,194,518	13.63%	\$14,251,789	35.69%	\$10,503,136	18.69%	\$8,849,383	21.06%	\$7,309,660	8.74%	\$6,722,140	100.00%
Hospice	\$17,919,693	23.75%	\$14,481,047	43.03%	\$10,124,208	24.23%	\$8,149,619	24.35%	\$6,553,533	33.02%	\$4,926,912	-7.58%	\$5,330,758	1.60%
Subtotal of Community Based Long Term Care	\$146,389,874	7.30%	\$136,432,232	22.60%	\$111,282,405	17.36%	\$94,817,833	15.23%	\$82,284,671	27.98%	\$64,295,623	13.78%	\$56,506,991	33.77%
LONG TERM CARE and INSURANCE														
Class I Nursing Facilities	\$380,354,855	0.83%	\$377,241,370	7.38%	\$351,301,425	-0.29%	\$352,309,732	3.85%	\$339,247,796	5.01%	\$323,060,058	-5.99%	\$343,653,735	17.86%
Class II Nursing Facilities	\$1,320,373	30.47%	\$1,012,033	7.62%	\$940,412	-5.72%	\$997,453	1.85%	\$979,356	-38.19%	\$1,584,587	-60.82%	\$4,043,972	-21.61%
Program of All-Inclusive Care for the Elderly	\$20,366,142	22.80%	\$16,585,005	61.51%	\$10,268,587	37.30%	\$7,479,000	26.55%	\$5,910,025	29.16%	\$4,575,865	4.44%	\$4,381,480	24.01%
Supplemental Medicare Insurance Benefit	\$38,793,282	-0.24%	\$38,885,728	10.75%	\$35,109,711	6.88%	\$32,848,138	4.63%	\$31,395,577	4.90%	\$29,930,372	25.51%	\$23,846,458	0.71%
Health Insurance Buy-In Program	\$441,840	27.41%	\$346,783	4.62%	\$331,463	-10.09%	\$368,647	13.35%	\$325,218	26.13%	\$257,841	-7.83%	\$279,745	21.79%
Subtotal of Long Term Care and Insurance	\$441,276,492	1.66%	\$434,070,919	9.08%	\$397,951,598	1.00%	\$394,002,970	4.27%	\$377,857,972	5.13%	\$359,408,722	-4.46%	\$376,205,390	16.05%
SERVICE MANAGEMENT														
Single Entry Points	\$14,628,776	3.72%	\$14,103,446	3.39%	\$13,641,234	1.65%	\$13,419,477	11.47%	\$12,038,918	13.76%	\$10,582,289	63.80%	\$6,460,651	-16.09%
Disease Management	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Prepaid Inpatient Health Plan Administration	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Subtotal Service Management	\$14,628,776	3.72%	\$14,103,446	3.39%	\$13,641,234	1.65%	\$13,419,477	11.47%	\$12,038,918	13.76%	\$10,582,289	63.80%	\$6,460,651	-16.09%
COFRS Total	\$1,651,670,874	7.47%	\$1,536,804,691	8.49%	\$1,416,535,408	8.26%	\$1,308,420,100	11.24%	\$1,176,233,410	6.45%	\$1,104,970,992	-2.03%	\$1,127,919,788	13.79%

Exhibit O - Comparison of Budget Requests and Appropriations

FY 2008-09 Comparison of Requests and Appropriations										
FY 2008-09	November 1, 2007	February 15, 2008	% Change	FY 2008-09 Long Bill and Special Bills Appropriation	November 3, 2008	February 15, 2009	% Change over Appropriation	FY 2008-09 Final Appropriation	FY 2008-09 Actuals	% Change over Final Appropriation
Acute Care	\$1,292,482,914	\$1,314,241,262	1.68%	\$1,359,212,400	\$1,453,999,248	\$1,493,902,147	9.91%	\$1,457,586,478	\$1,509,214,896	3.54%
Community Based Long Term Care	\$248,068,802	\$245,294,174	-1.12%	\$249,024,941	\$259,515,815	\$273,794,058	9.95%	\$276,647,133	\$280,512,697	1.40%
Long Term Care	\$575,448,073	\$567,531,137	-1.38%	\$582,520,385	\$565,412,808	\$604,990,458	3.86%	\$605,782,883	\$594,240,222	-1.91%
Insurance	\$102,177,869	\$95,491,972	-6.54%	\$95,491,972	\$96,235,687	\$94,842,913	-0.68%	\$95,608,394	\$94,685,260	-0.97%
Service Management	\$29,347,503	\$29,548,058	0.68%	\$33,548,058	\$33,663,735	\$33,764,136	0.64%	\$31,315,630	\$29,884,581	-4.57%
Financing	\$13,265,582	\$13,531,089	2.00%	\$14,154,163	\$16,610,401	\$19,263,376	36.10%	\$29,429,191	\$18,453,787	-37.29%
Total	\$2,260,790,743	\$2,265,637,692	0.21%	\$2,333,951,919	\$2,425,437,694	\$2,520,557,088	8.00%	\$2,496,369,709	\$2,526,991,443	1.23%
Class I Nursing Facilities	\$514,997,462	\$505,518,730	-1.84%	\$517,373,050	\$505,162,843	\$532,841,808	2.99%	\$544,726,438	\$530,918,672	-2.53%

FY 2009-10 Comparison of Requests and Appropriations										
FY 2009-10	November 3, 2008	February 15, 2009	% Change	FY 2009-10 Long Bill and Special Bills Appropriation	November 2, 2009	February 15, 2010	% Change over Appropriation	FY 09-10 Final Appropriation	FY 2009-10 Actuals	% Change over Final Appropriation
Acute Care	\$1,527,556,326	\$1,584,931,164	3.76%	\$1,501,855,533	\$1,622,263,439	\$1,558,561,103	3.78%	\$1,552,952,184	\$1,571,163,491	1.17%
Community Based Long Term Care	\$269,603,995	\$293,313,560	8.79%	\$281,246,469	\$295,457,286	\$300,094,070	6.70%	\$299,862,085	\$299,689,736	-0.06%
Long Term Care	\$604,700,067	\$644,097,986	6.52%	\$602,939,360	\$596,411,234	\$596,918,714	-1.00%	\$610,007,471	\$613,823,579	0.63%
Insurance	\$102,155,514	\$100,407,771	-1.71%	\$102,007,071	\$99,254,333	\$104,853,621	2.79%	\$104,062,091	\$104,088,580	0.03%
Service Management	\$35,158,825	\$35,635,941	1.36%	\$33,903,391	\$29,087,541	\$29,826,978	-12.02%	\$29,378,461	\$28,890,920	-1.66%
Financing	\$17,229,193	\$19,884,413	15.41%	\$348,143,490	\$279,891,697	\$330,324,799	-5.12%	\$332,973,867	\$330,388,398	-0.78%
Total	\$2,556,403,920	\$2,678,270,835	4.77%	\$2,870,095,314	\$2,922,365,530	\$2,920,579,285	1.76%	\$2,929,236,159	\$2,948,044,704	0.64%
Class I Nursing Facilities	\$527,582,647	\$564,759,876	7.05%	\$529,602,773	\$523,401,823	\$530,323,834	0.14%	\$539,282,492	\$543,352,204	0.75%

FY 2010-11 Comparison of Requests and Appropriations										
FY 2010-11	November 3, 2009	February 15, 2010	% Change	FY 2010-11 Long Bill and Special Bills Appropriation	November 1, 2010	February 15, 2011	% Change over Appropriation	FY 10-11 Final Appropriation	JBC Staff Placeholder	% Change over Feb. 15
Acute Care	\$1,817,833,344	\$1,726,068,473	-5.05%	\$1,676,041,654	\$1,704,740,814					
Community Based Long Term Care	\$316,627,466	\$324,965,364	2.63%	\$317,177,074	\$324,524,665					
Long Term Care	\$647,638,356	\$651,246,648	0.56%	\$637,084,088	\$631,054,441					
Insurance	\$105,641,289	\$119,159,548	12.80%	\$114,705,505	\$120,865,705					
Service Management	\$47,855,679	\$49,280,859	2.98%	\$32,966,743	\$33,560,570					
Financing	\$272,640,497	\$323,073,599	18.50%	\$328,883,062	\$481,607,230					
Total	\$3,208,236,631	\$3,193,794,491	-0.45%	\$3,106,858,126	\$3,296,353,425					
Class I Nursing Facilities	\$558,617,741	\$570,960,660	2.21%	\$558,653,333	\$551,778,173					

Exhibit P - Global Reasonableness

Fiscal Year	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-CBC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 1996-97	\$434,211,816	\$37,154,477	\$330,225,585	\$105,568,264	\$0	\$0	\$136,451,500	\$22,348,080	\$37,543,774	\$17,851,756	\$6,564,535	\$1,127,919,788
FY 1997-98	\$434,352,319	\$38,025,425	\$330,590,106	\$82,516,222	\$0	\$0	\$142,956,889	\$22,764,875	\$28,964,028	\$18,554,312	\$6,246,815	\$1,104,970,992
FY 1998-99	\$463,746,968	\$48,533,442	\$361,070,568	\$71,509,445	\$0	\$0	\$149,648,954	\$23,328,439	\$31,471,476	\$20,738,242	\$6,185,875	\$1,176,233,410
FY 1999-00	\$498,371,676	\$54,962,843	\$406,908,458	\$80,904,393	\$0	\$0	\$169,614,835	\$27,483,127	\$33,530,293	\$29,675,611	\$6,968,865	\$1,308,420,100
FY 2000-01	\$515,213,506	\$61,119,754	\$450,888,114	\$88,758,327	\$0	\$0	\$193,552,834	\$30,746,407	\$31,503,592	\$36,930,022	\$7,822,852	\$1,416,535,408
FY 2001-02	\$571,065,382	\$61,284,519	\$465,027,758	\$104,227,966	\$0	\$0	\$220,555,126	\$33,206,413	\$33,946,549	\$39,372,440	\$8,118,537	\$1,536,804,691
FY 2002-03	\$564,628,021	\$64,679,670	\$516,439,288	\$139,745,425	\$0	\$1,428,780	\$227,992,629	\$37,567,968	\$42,521,465	\$48,734,092	\$7,933,536	\$1,651,670,874
FY 2003-04	\$615,089,493	\$75,689,157	\$559,937,629	\$183,275,208	\$0	\$2,668,859	\$232,159,179	\$45,039,001	\$63,273,022	\$55,139,779	\$9,467,595	\$1,841,738,922
FY 2004-05	\$644,918,037	\$80,876,269	\$547,962,103	\$184,268,360	\$0	\$2,490,571	\$292,531,940	\$45,942,314	\$38,650,612	\$44,714,981	\$10,930,381	\$1,893,285,567
FY 2005-06	\$668,108,701	\$86,928,323	\$560,167,433	\$195,229,855	\$0	\$6,810,399	\$308,197,591	\$48,881,976	\$39,395,766	\$55,315,293	\$13,360,739	\$1,982,396,076
FY 2006-07	\$672,197,849	\$89,688,016	\$570,743,374	\$198,958,107	\$7,576,607	\$5,557,749	\$330,848,503	\$53,704,934	\$47,754,666	\$54,457,447	\$16,950,163	\$2,048,437,415
FY 2007-08	\$704,469,398	\$100,328,824	\$652,380,330	\$189,844,594	\$19,019,555	\$7,102,372	\$363,566,102	\$64,084,386	\$53,651,725	\$53,633,572	\$18,956,623	\$2,227,037,481
FY 2008-09	\$777,921,352	\$114,163,142	\$730,917,504	\$208,798,940	\$31,522,252	\$7,056,855	\$432,082,111	\$67,566,941	\$60,351,355	\$59,238,905	\$18,918,298	\$2,508,537,655
FY 2009-10	\$760,862,956	\$114,510,906	\$729,000,455	\$218,438,767	\$44,887,285	\$9,006,820	\$473,021,900	\$67,115,182	\$67,360,887	\$48,471,798	\$19,503,186	\$2,552,180,141

Fiscal Year	Expenditures	Percent Change	Dollar Increase/Decrease	Average Yearly Percent Change From FY 97-98	Percent Change	Three-year Moving Average	Percent Change
FY 1996-97	\$1,127,919,788	--	--	--	--	--	--
FY 1997-98	\$1,104,970,992	-2.03%	(\$22,948,796)	--	--	--	--
FY 1998-99	\$1,176,233,410	6.45%	\$71,262,418	2.21%	--	--	--
FY 1999-00	\$1,308,420,100	11.24%	\$132,186,690	5.22%	136.38%	5.22%	--
FY 2000-01	\$1,416,535,408	8.26%	\$108,115,307	5.98%	14.59%	8.65%	65.79%
FY 2001-02	\$1,536,804,691	8.49%	\$120,269,284	6.48%	8.40%	9.33%	7.87%
FY 2002-03	\$1,651,670,874	7.47%	\$114,866,182	6.65%	2.55%	8.08%	-13.45%
FY 2003-04	\$1,841,738,922	11.51%	\$190,068,048	7.34%	10.45%	9.16%	13.39%
FY 2004-05	\$1,893,285,567	2.80%	\$51,546,645	6.77%	-7.73%	7.26%	-20.72%
FY 2005-06	\$1,982,396,076	4.71%	\$89,110,509	6.54%	-3.39%	6.34%	-12.71%
FY 2006-07	\$2,048,437,415	3.33%	\$66,041,339	6.22%	-4.91%	3.61%	-43.00%
FY 2007-08	\$2,227,037,481	8.72%	\$178,600,065	6.45%	3.65%	5.59%	54.63%
FY 2008-09	\$2,508,537,655	12.64%	\$281,500,175	6.97%	8.00%	8.23%	47.34%
FY 2009-10	\$2,552,180,141	1.74%	\$43,642,486	6.56%	-5.77%	7.70%	-6.45%
	Official Projection	Percent Change	Dollar Increase/Decrease	Projection Using Most Recent Average Change	Percent Change over Official Projection	Projection Using Most Recent Three-year Average	Percent Change over Premium Workbook Projection
FY 2010-11 Projection	\$3,296,353,425	31.41%	\$787,815,770	\$2,729,947,981	-17.18%	\$2,762,227,564	-16.20%
FY 2011-12 Projection	\$3,549,866,261	7.69%	\$253,512,836	\$2,909,124,445	-18.05%	\$2,974,907,306	-16.20%
FY 2010-11 Appropriation	\$3,106,858,127						
Difference Between FY 2010-11 Projections and FY 2010-11 Appropriation	\$189,495,298	6.10%		(\$376,910,146)	-12.13%	(\$344,630,563)	-11.09%
Difference Between FY 2011-12 Projections and FY 2010-11 Appropriation	\$443,008,134	14.26%		(\$197,733,682)	-6.36%	(\$131,950,821)	-4.25%

Actuals, Projection, and Appropriation exclude Upper Payment Limit Financing.

Exhibit P - Expenditure and Caseload History

Fiscal Year	Total Expenditures*	Annual % Change	Total Caseload**	Annual % Change
FY 1996-97	\$1,127,919,788		250,098	
FY 1997-98	\$1,104,970,992	-2.03%	238,594	-4.60%
FY 1998-99	\$1,176,233,410	6.45%	237,598	-0.42%
FY 1999-00	\$1,308,420,100	11.24%	253,254	6.59%
FY 2000-01	\$1,416,535,408	8.26%	275,399	8.74%
FY 2001-02	\$1,536,804,691	8.49%	295,413	7.27%
FY 2002-03	\$1,651,670,874	7.47%	331,800	12.32%
FY 2003-04	\$1,841,738,922	11.51%	367,559	10.78%
FY 2004-05	\$1,893,285,567	2.80%	406,024	10.46%
FY 2005-06	\$1,982,396,076	4.71%	402,218	-0.94%
FY 2006-07	\$2,048,437,415	3.33%	392,228	-2.48%
FY 2007-08	\$2,227,037,481	8.72%	391,962	-0.07%
FY 2008-09	\$2,508,537,655	12.64%	436,812	11.44%
FY 2009-10	\$2,552,180,141	1.74%	498,797	14.19%
FY 2010-11 Projection	\$2,814,746,195	10.29%	551,570	10.58%
FY 2011-12 Projection	\$3,051,252,133	8.40%	610,025	10.60%

*Expenditures are for Medical Services Premiums only. Upper Payment Limit financing and supplemental payments are excluded.

**Caseload does not include retroactivity.

**Exhibit P - Estimate of FY Expenditures with Prior Year
Cash Flow Pattern (For Reference Only-Not the Department Request)**

Service Category	FY 2010-11 COFRS Actuals (July- September)	FY 2009-10 Cash Flow % (July- September)	FY 2010-11 Year End ROUGH Projection	FY 2010-11 Appropriation	Long Bill Appropriation Minus Cash Flow
ACUTE CARE					
Physician Services & EPSDT	\$72,660,742	24.20%	\$300,283,449	N/A	N/A
Emergency Transportation	\$1,622,310	24.72%	\$6,563,926	N/A	N/A
Non-emergency Medical Transportation	\$2,674,331	24.45%	\$10,939,310	N/A	N/A
Dental Services	\$30,179,070	23.57%	\$128,030,899	N/A	N/A
Family Planning	\$124,501	26.55%	\$468,843	N/A	N/A
Health Maintenance Organizations	\$26,669,491	26.46%	\$100,805,147	N/A	N/A
Inpatient Hospitals	\$100,593,922	25.22%	\$398,840,620	N/A	N/A
Outpatient Hospitals	\$56,269,318	27.22%	\$206,746,024	N/A	N/A
Lab & X-Ray	\$9,699,989	24.52%	\$39,564,688	N/A	N/A
Durable Medical Equipment	\$24,034,234	23.46%	\$102,453,266	N/A	N/A
Prescription Drugs	\$70,651,924	24.25%	\$291,316,028	N/A	N/A
Drug Rebate	(\$19,529,896)	15.75%	(\$123,971,081)	N/A	N/A
Rural Health Centers	\$2,687,209	20.40%	\$13,170,613	N/A	N/A
Federally Qualified Health Centers	\$22,091,785	23.74%	\$93,063,397	N/A	N/A
Co-Insurance (Title XVIII-Medicare)	\$7,114,121	16.27%	\$43,717,615	N/A	N/A
Breast and Cervical Cancer Treatment Program	\$2,802,591	22.89%	\$12,242,011	N/A	N/A
Prepaid Inpatient Health Plan Services	\$13,475,443	19.97%	\$67,474,282	N/A	N/A
Other Medical Services	\$2,427	2.43%	\$99,697	N/A	N/A
Home Health	\$45,259,458	24.61%	\$183,902,425	N/A	N/A
Subtotal of Acute Care	\$469,082,970		\$1,875,711,159	\$1,676,041,654	\$199,669,505
COMMUNITY BASED LONG TERM CARE					
HCBS - Elderly, Blind, and Disabled	\$59,977,155	25.26%	\$237,434,999	N/A	N/A
HCBS - Mental Illness	\$7,203,257	25.74%	\$27,987,807	N/A	N/A
HCBS - Disabled Children	\$536,524	22.74%	\$2,359,321	N/A	N/A
HCBS - Persons Living with AIDS	\$187,377	24.71%	\$758,358	N/A	N/A
HCBS - Consumer Directed Attendant Support	\$575,153	30.32%	\$1,896,766	N/A	N/A
HCBS - Brain Injury	(\$2,378,727)	25.68%	\$12,557,402	N/A	N/A
HCBS - Children with Autism	\$494,312	23.24%	\$2,126,559	N/A	N/A
HCBS - Pediatric Hospice	\$49,423	17.27%	\$286,210	N/A	N/A
Private Duty Nursing	\$7,149,779	23.13%	\$30,915,167	N/A	N/A
Hospice	\$9,121,346	24.02%	\$37,975,933	N/A	N/A
Subtotal of Community Based Long Term Care	\$82,915,599		\$354,298,522	\$317,177,074	\$37,121,448
LONG TERM CARE and INSURANCE					
Class I Nursing Facilities	\$136,827,932	26.86%	\$509,404,768	\$558,653,333	N/A
Class II Nursing Facilities	\$731,928	46.71%	\$1,566,919	\$2,272,237	N/A
Program for All-Inclusive Care for the Elderly	\$19,293,331	23.63%	\$81,639,953	\$76,158,518	N/A
Subtotal Long Term Care	\$156,853,191		\$592,611,640	\$637,084,088	
Supplemental Medicare Insurance Benefit	\$28,391,143	25.00%	\$113,564,570	\$113,523,523	N/A
Health Insurance Buy-In Program	\$340,153	23.40%	\$1,453,601	\$1,181,982	N/A
Subtotal Insurance	\$28,731,296		\$115,018,171	\$114,705,505	
Subtotal of Long Term Care and Insurance	\$185,584,487		\$707,629,811	\$751,789,593	(\$44,159,782)
SERVICE MANAGEMENT					
Single Entry Points	\$3,857,082	25.48%	\$15,137,208	\$23,771,726	N/A
Disease Management	\$0	25.00%	\$0	\$0	N/A
Prepaid Inpatient Health Plan Administration	\$1,569,169	0.00%	\$9,538,911	\$9,195,017	N/A
Subtotal Service Management	\$5,426,251		\$24,676,119	\$32,966,743	(\$8,290,624)
Total	\$743,009,307		\$2,962,315,611	\$2,777,975,064	\$184,340,547

The FY 2010-11 Appropriation amounts include totals from HB 10-1376 plus special bills that passed during the 2010 legislative session.

In instances where prior year cash flow is not assumed to be applicable, the Department uses a flat 25%. For HCBS - Brain Injury, the projected totals is based on the actual current year projection for Community Based Long Term Care. For Prepaid Inpatient Health Plan administration, the Department uses the actual current year projection.

This is a rough projection utilizing past expenditure patterns as a guide to future expenditures. The Cash Flow Pattern is one forecasting tool used to estimate final expenditures on a monthly basis. It is not meant to replace the extensive forecasting used in the official Budget Request and is not always a predictor of future expenditures.

Exhibit Q- Medicaid Caseload History

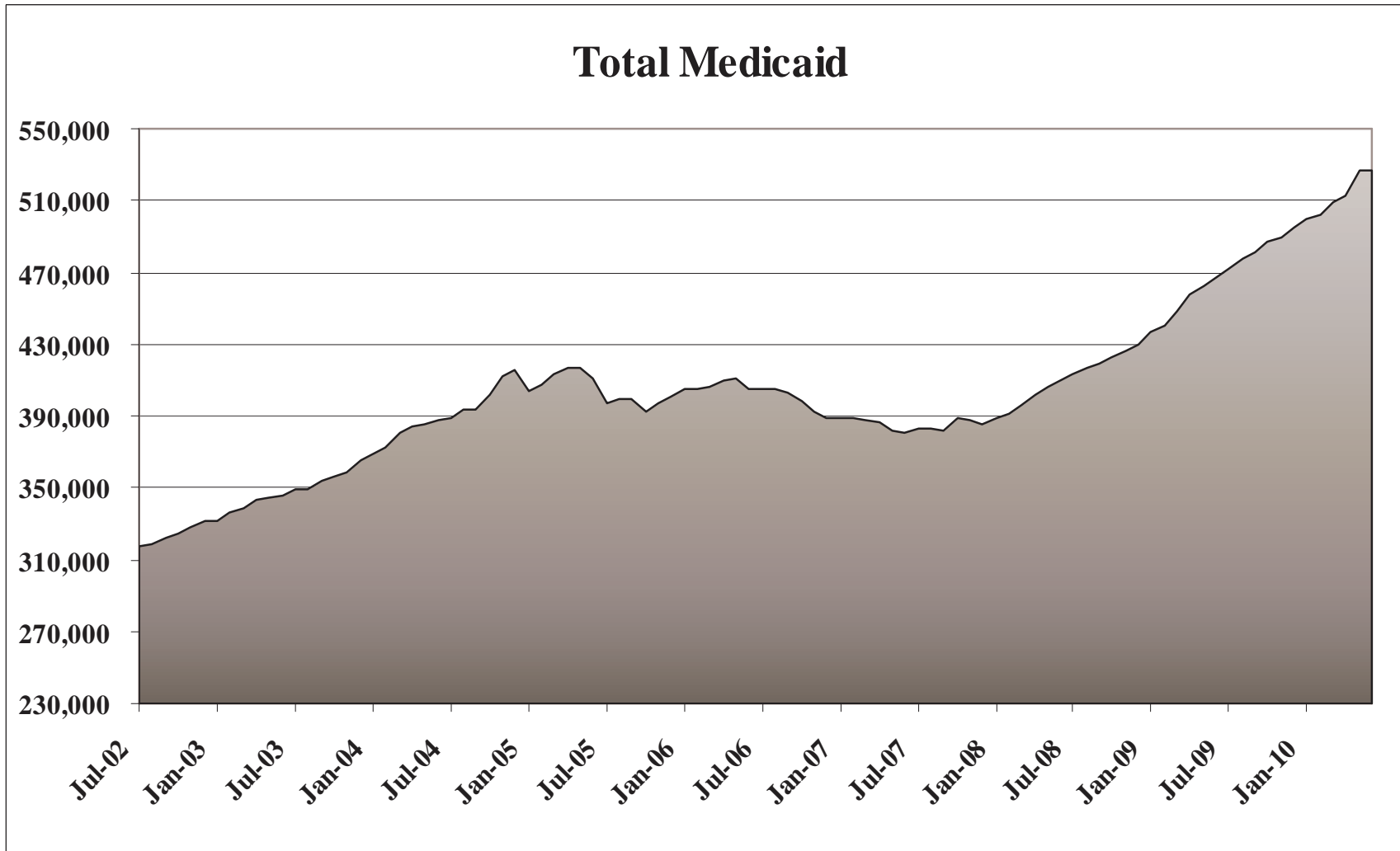


Exhibit Q- Medicaid Caseload History

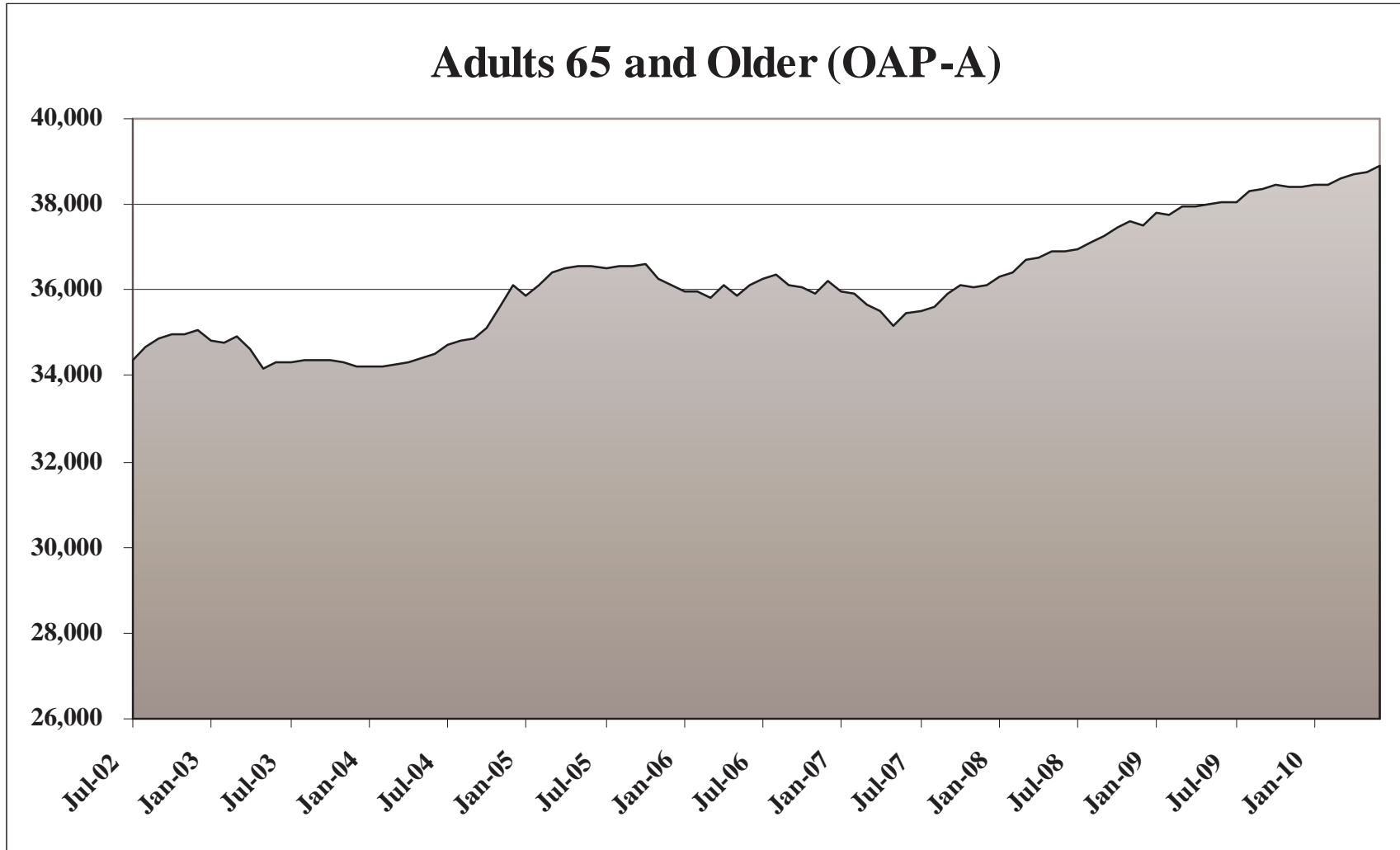


Exhibit Q- Medicaid Caseload History

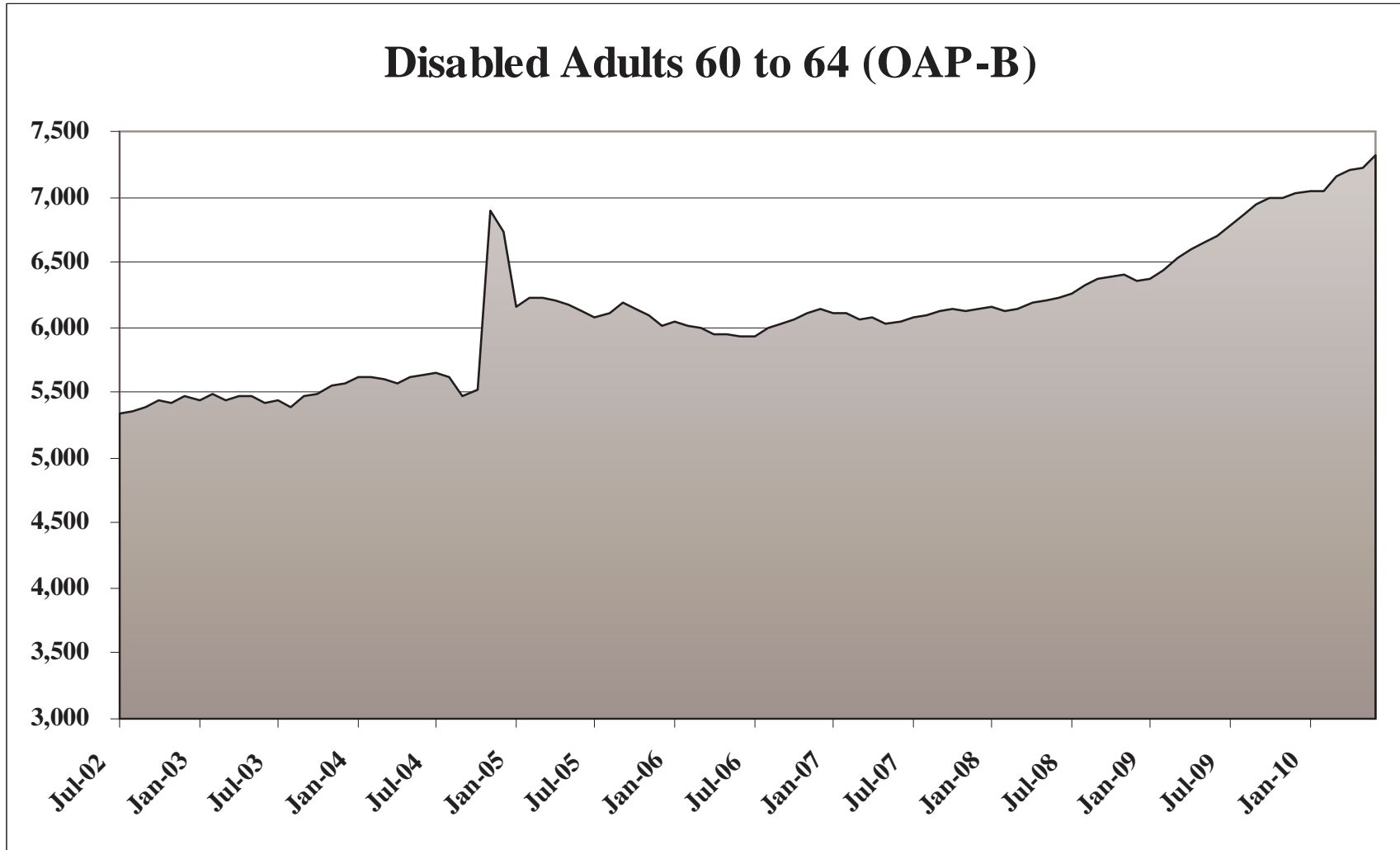


Exhibit Q- Medicaid Caseload History

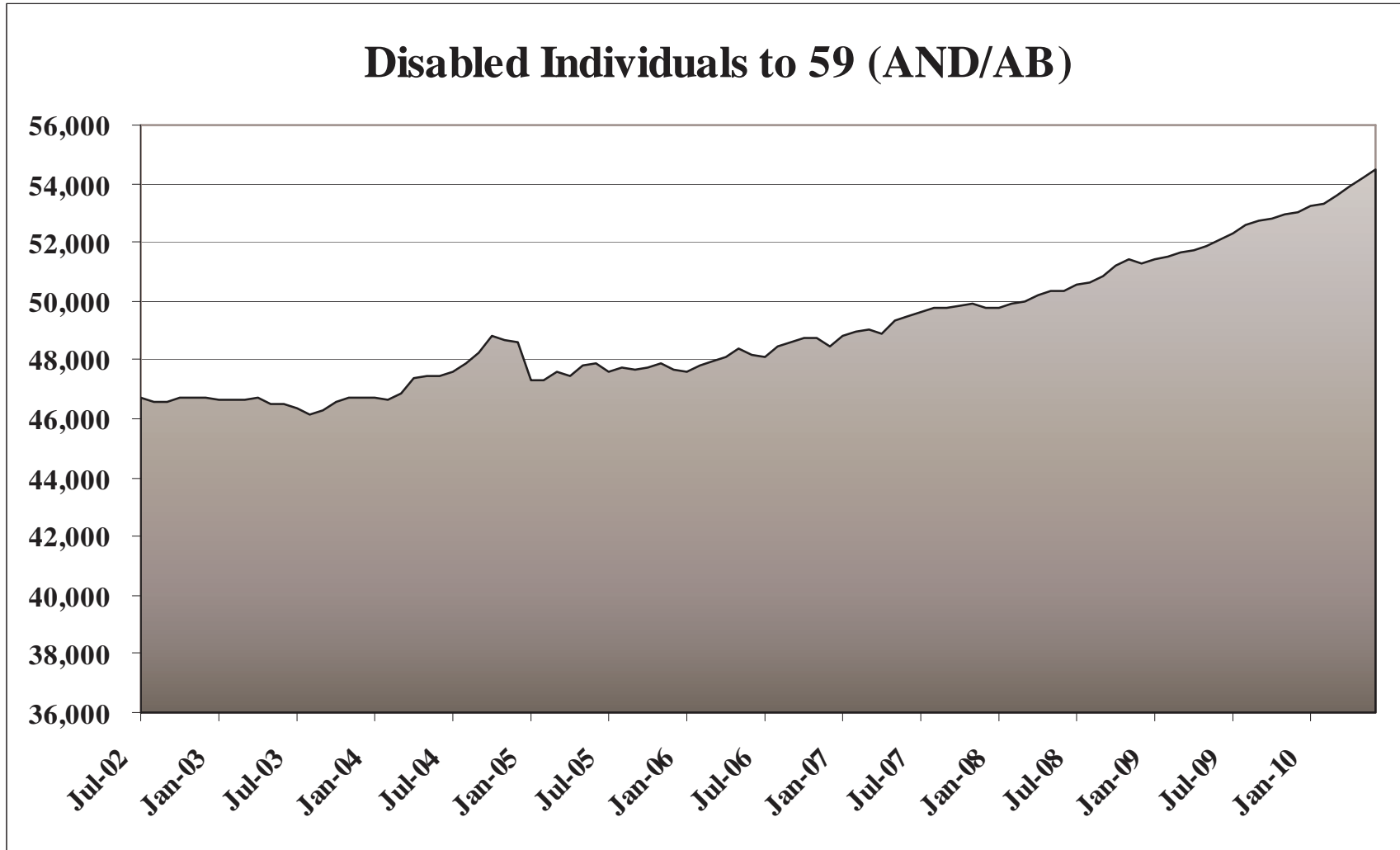


Exhibit Q- Medicaid Caseload History

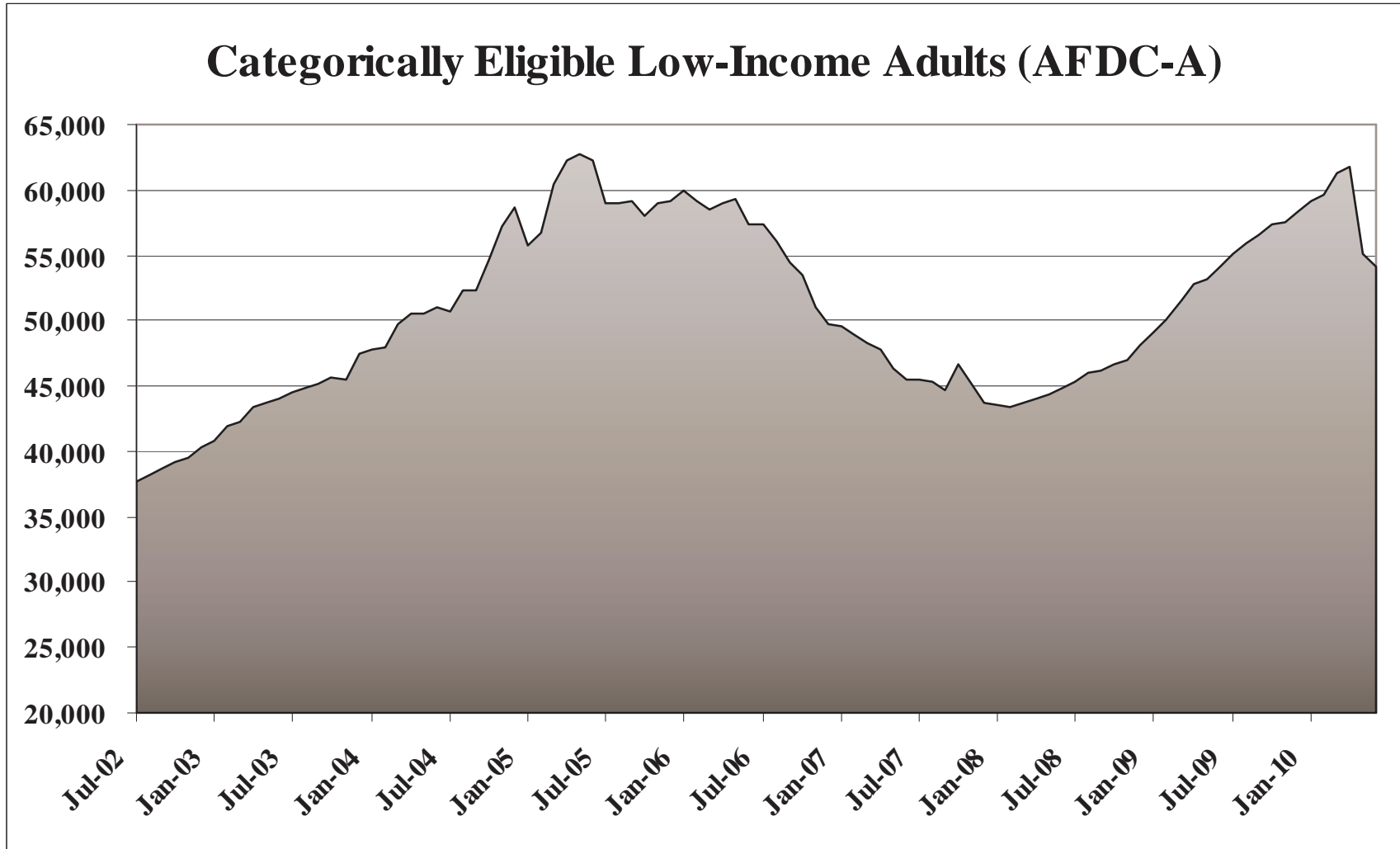


Exhibit Q- Medicaid Caseload History

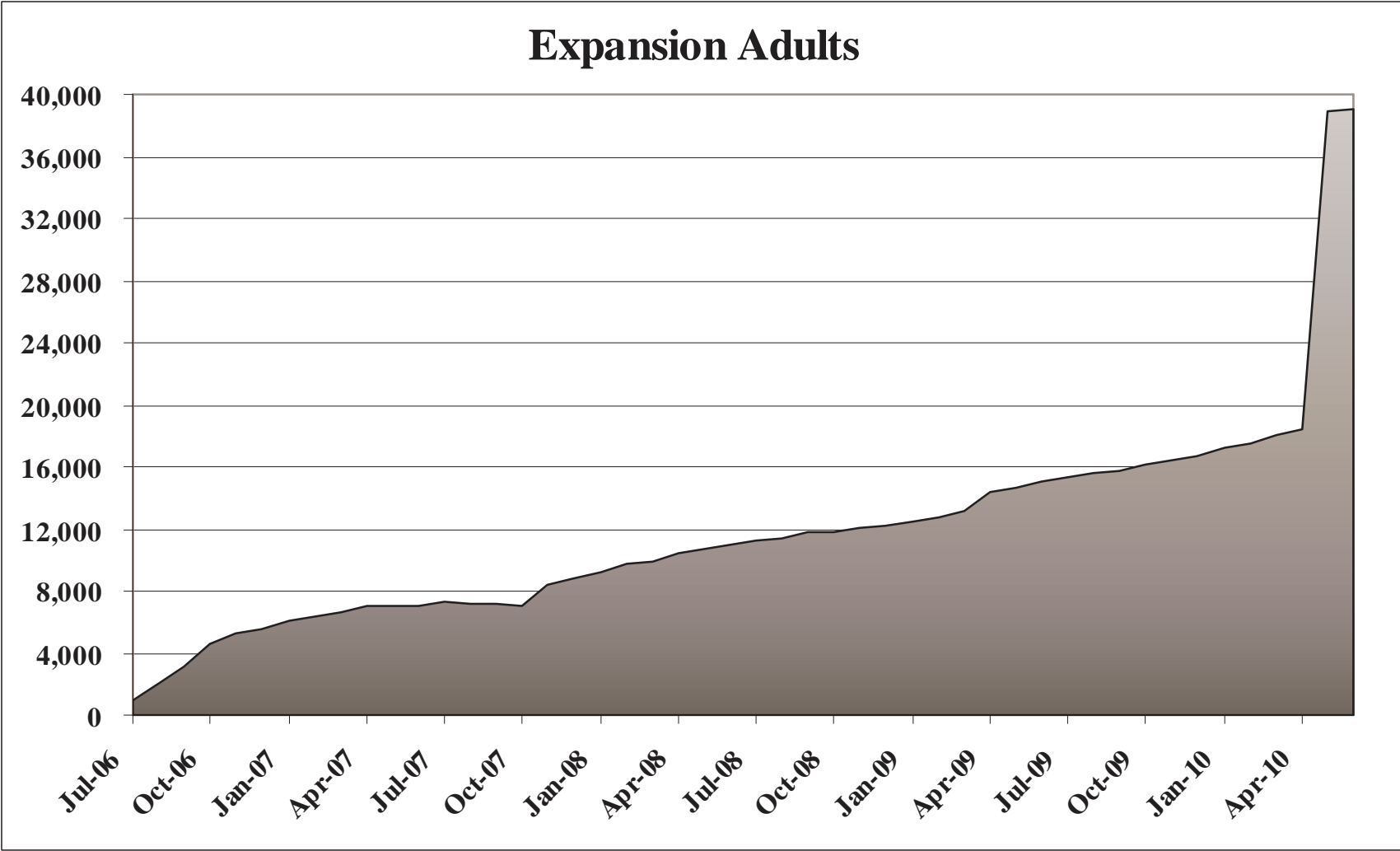


Exhibit Q- Medicaid Caseload History

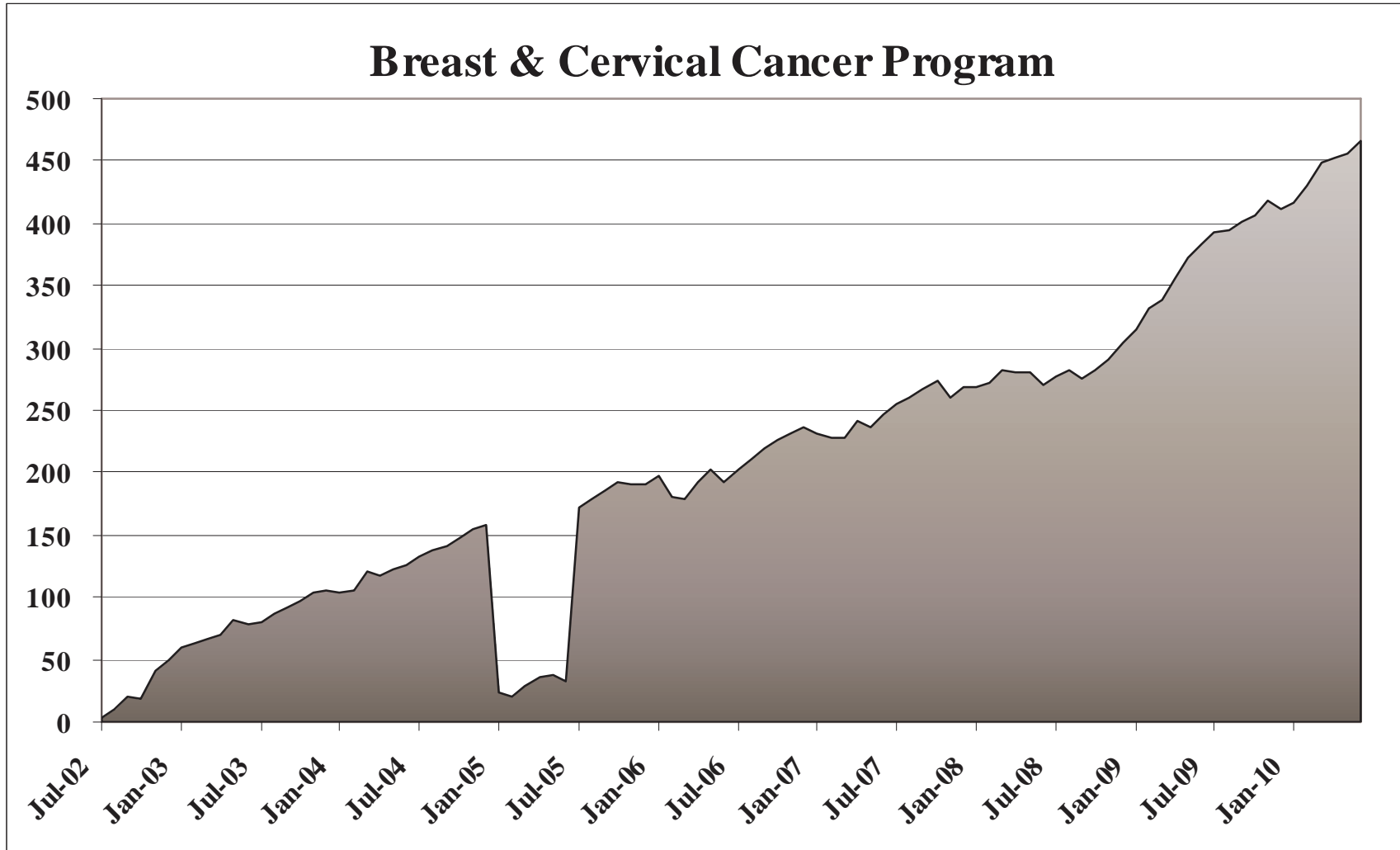


Exhibit Q- Medicaid Caseload History

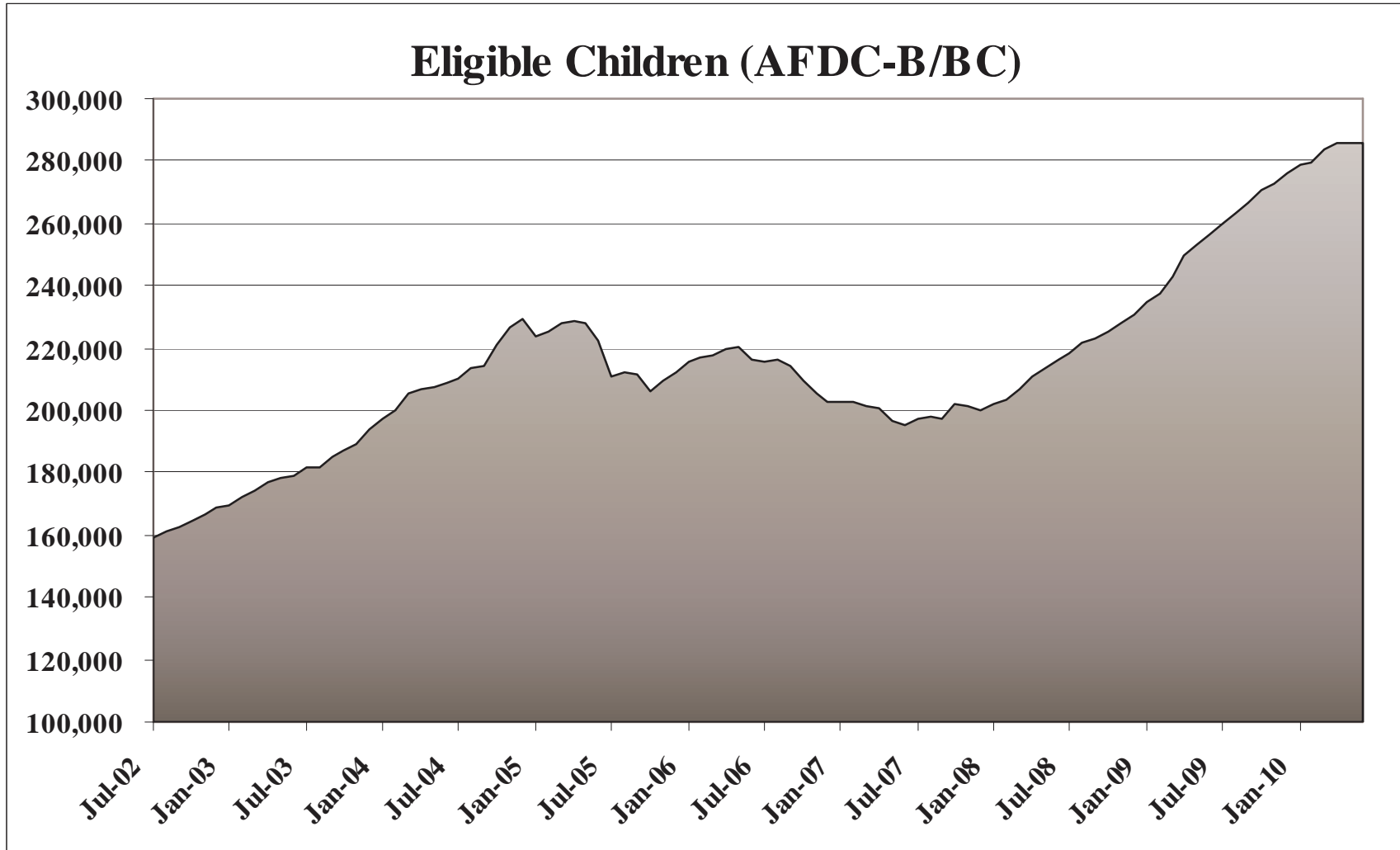


Exhibit Q- Medicaid Caseload History

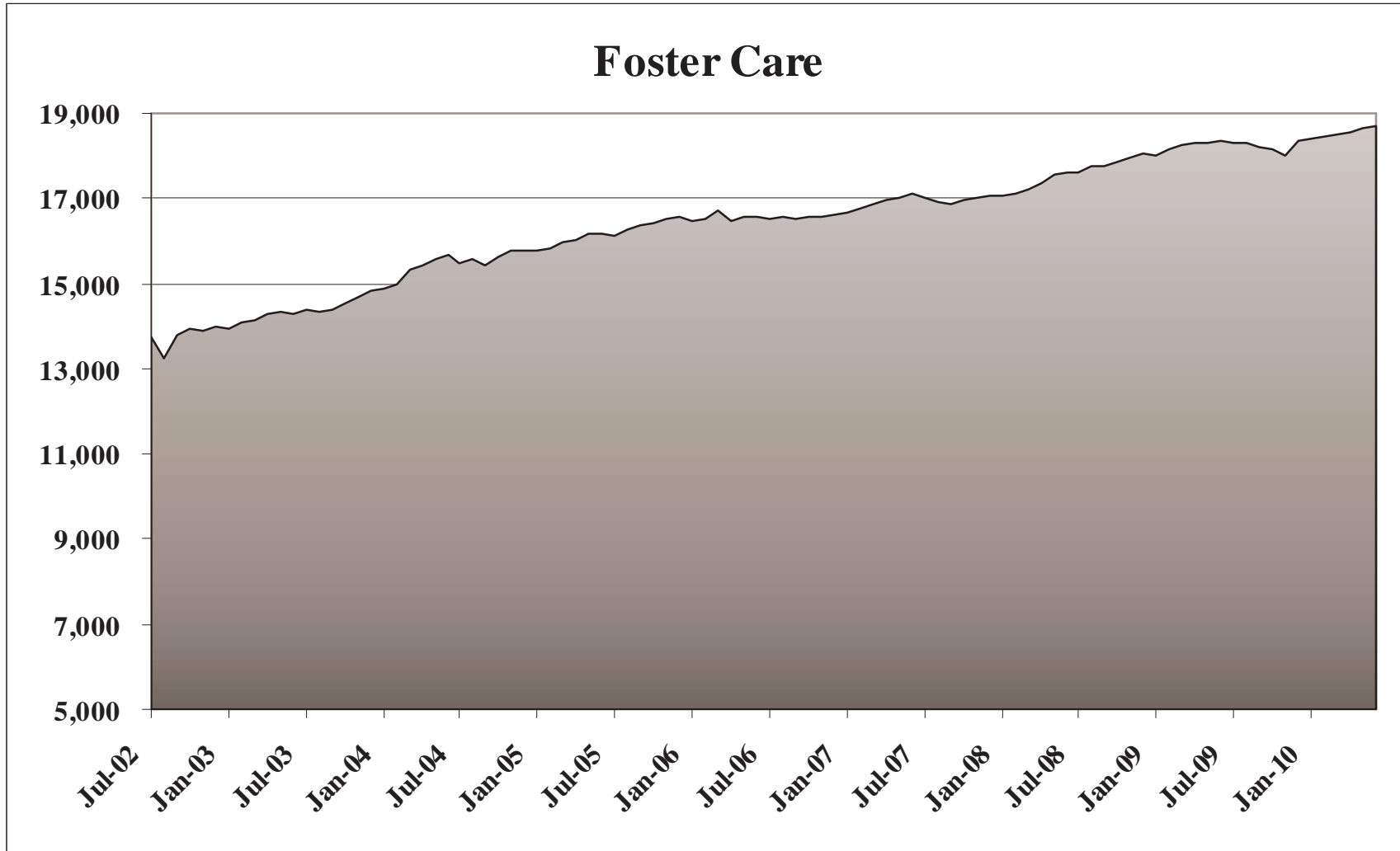


Exhibit Q- Medicaid Caseload History

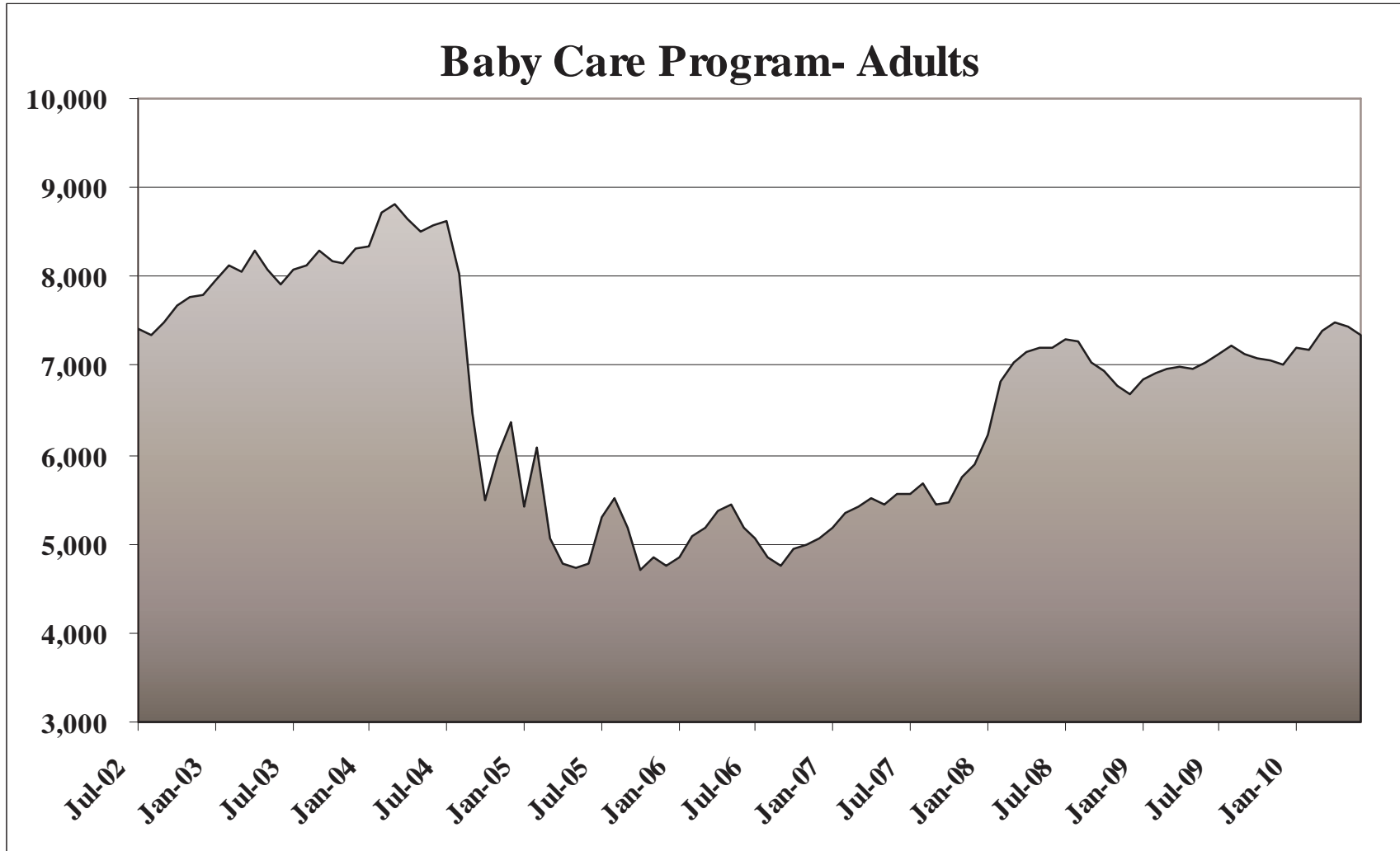


Exhibit Q- Medicaid Caseload History

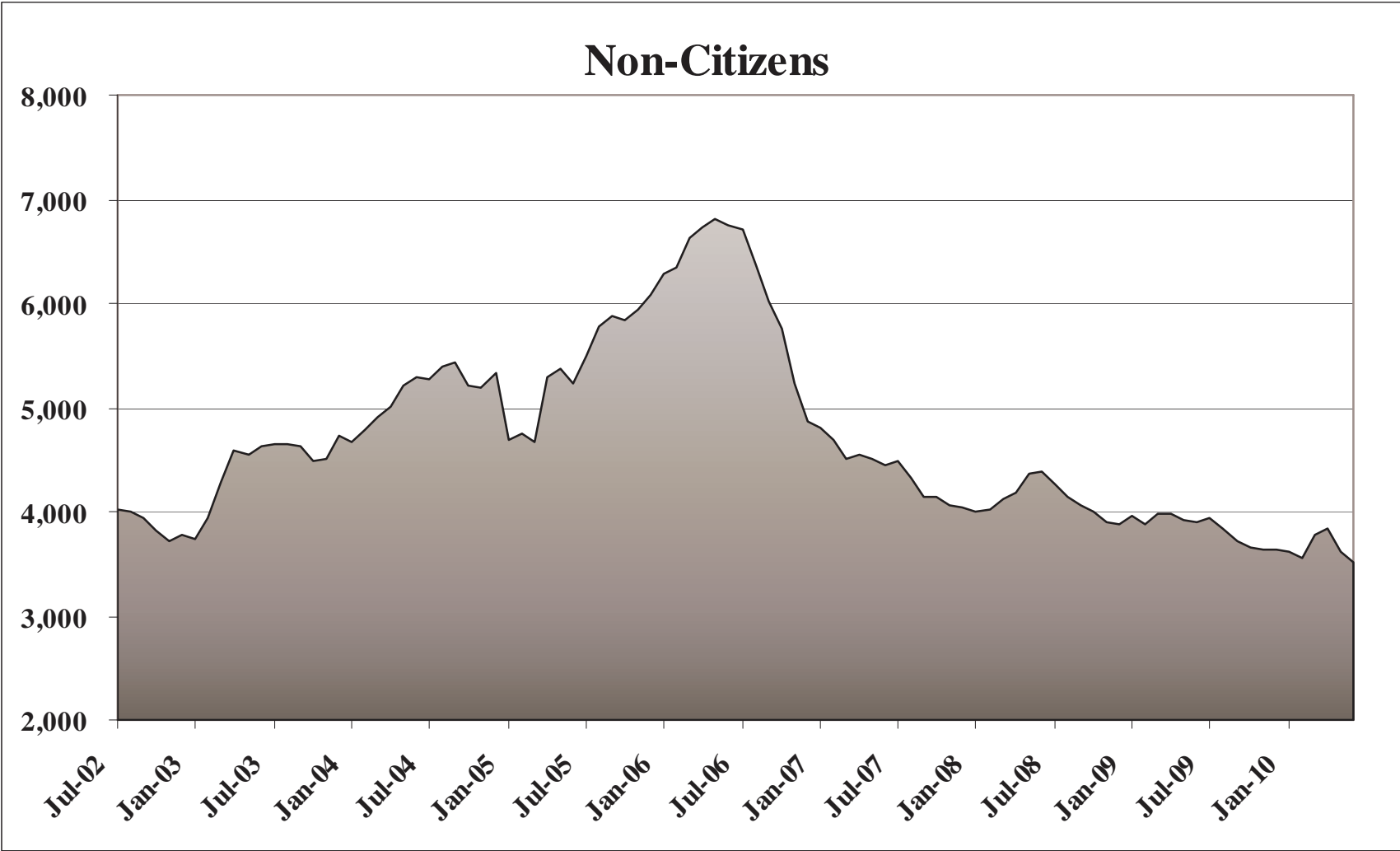
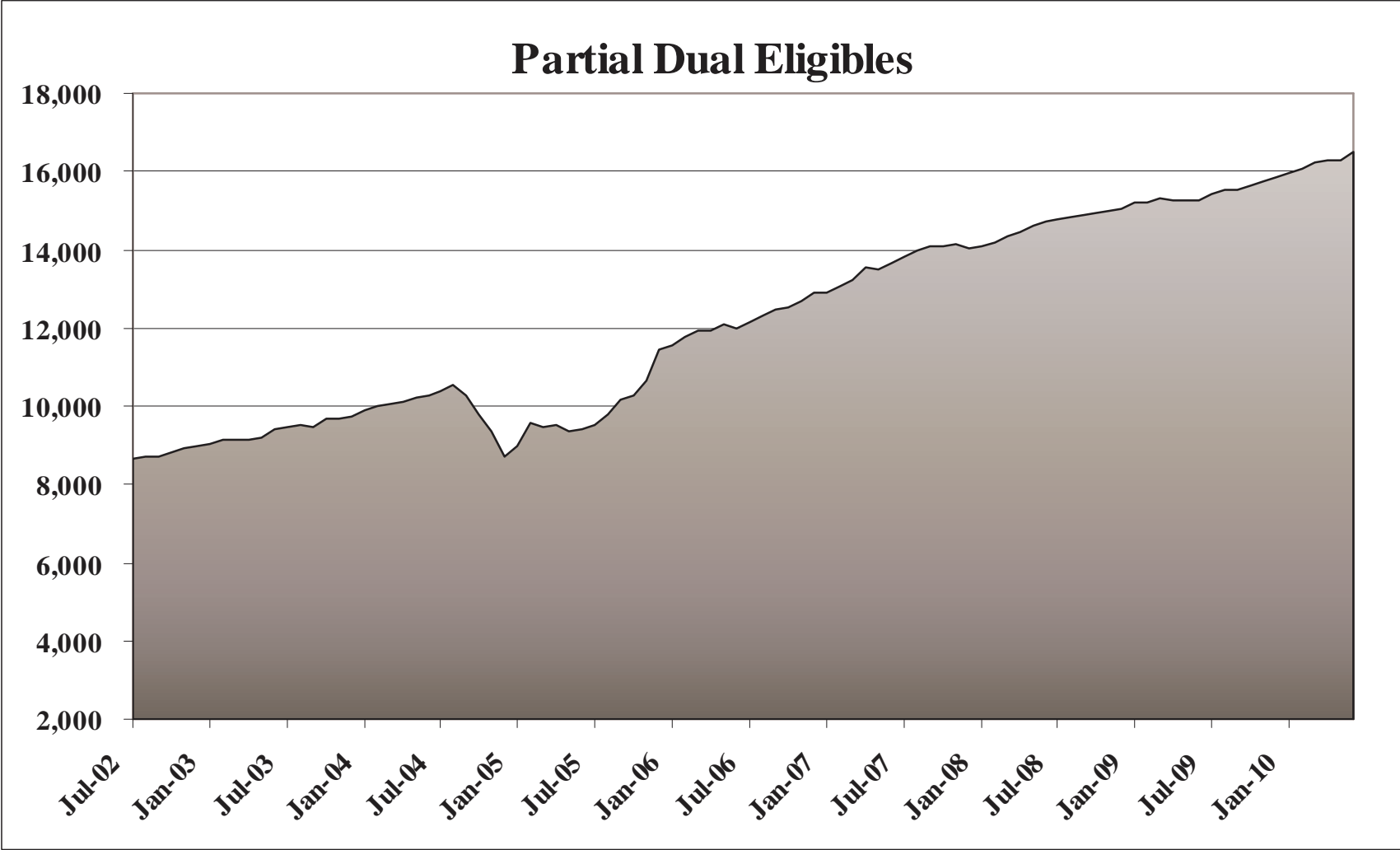


Exhibit Q- Medicaid Caseload History



STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle												
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12				
Request Title:		Medicaid Mental Health Community Programs			Dept. Approval by:			John Bartholomew		Date: November 1, 2010 ^{10/22}		
Department:		Health Care Policy and Financing			OSPAP Approval:			<i>[Signature]</i>		Date: 10-28-10		
Priority Number:		DI-2, S-2										
	Fund	1	2	3	4	5	6	7	8	9	10	
		Prior Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13	
Total of All Line Items	Total	225,955,715	250,582,216	(3,723,584)	246,858,632	253,407,597	22,699,197	276,106,794	0	276,106,794	22,699,197	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	80,353,236	87,070,304	(2,110,115)	84,960,189	114,087,735	2,796,419	116,884,154	0	116,884,154	2,796,419	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	6,393,602	9,555,600	719,223	10,274,823	12,018,486	9,251,400	21,269,886	0	21,269,886	9,251,400	
	CFE/RF	10,833	12,046	1,980	14,026	12,180	(12,180)	0	0	0	(12,180)	
	FF	139,198,044	153,944,266	(2,334,672)	151,609,594	127,289,196	10,663,558	137,952,754	0	137,952,754	10,663,558	
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments for Medicaid Eligible Clients	Total	223,368,053	247,616,458	(3,776,190)	243,840,268	250,441,839	22,320,910	272,762,749	0	272,762,749	22,320,910	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	79,359,784	86,931,156	(2,131,244)	83,799,912	112,604,857	2,607,274	115,212,131	0	115,212,131	2,607,274	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	6,393,602	9,555,600	719,223	10,274,823	12,018,486	9,251,400	21,269,886	0	21,269,886	9,251,400	
	CFE/RF	10,833	12,046	1,980	14,026	12,180	(12,180)	0	0	0	(12,180)	
	FF	137,603,834	152,117,656	(2,366,149)	149,751,507	125,806,316	10,474,416	136,280,732	0	136,280,732	10,474,416	
(3) Medicaid Mental Health Community Programs; Medicaid Mental Health Fee for Services Payments	Total	2,587,662	2,965,758	52,606	3,018,364	2,965,758	378,287	3,344,045	0	3,344,045	378,287	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	993,452	1,139,148	21,129	1,160,277	1,482,878	189,145	1,672,023	0	1,672,023	189,145	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE/RF	0	0	0	0	0	0	0	0	0	0	
	FF	1,594,210	1,826,610	31,477	1,858,087	1,482,880	189,142	1,672,022	0	1,672,022	189,142	

Schedule 13												
Change Request for FY 2011-12 Budget Request Cycle												
Decision Item FY 2011-12	<input checked="" type="checkbox"/>	Base Reduction Item FY 2011-12			<input type="checkbox"/>	Supplemental FY 2010-11			<input checked="" type="checkbox"/>	Budget Amendment FY 2011-12		<input type="checkbox"/>
Request Title:	Medicaid Mental Health Community Programs											
Department:	Health Care Policy and Financing				Dept. Approval by:	John Bartholomew			Date:	November 1, 2010		
Priority Number:	DI-2, S-2				OSPB Approval:				Date:			
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year		Supplemental	Total	Base	Decision/	November 1	Budget	Total	Change	
		Actual	Appropriation	Request	Revised	Request	Base	Request	Amendment	Revised	from Base	
	Fund	FY 2009-10	FY 2010-11	FY 2010-11	FY 2010-11	FY 2011-12	Reduction	FY 2011-12	FY 2011-12	FY 2011-12	(Column 5)	
Non-Line Item Request:	None.											
Letternote Revised Text:	FY 2010-11: Of this amount, \$7,823,964 \$6,670,252(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., \$4,698,562 \$3,571,143(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S., and \$33,174 \$33,428 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (B) (a) (I), C.R.S.											
	FY 2011-12: Of this amount, \$7,823,964 \$9,488,529(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., \$4,698,562 \$11,722,964(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S., and \$33,174 \$58,393 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (B) (a) (I), C.R.S.											
Cash or Federal Fund Name and COFRS Fund Number:	CF: Health Care Expansion Fund (Fund 18K); Breast and Cervical Cancer Prevention and Treatment Fund (Fund 15D); Hospital Provider Fee Cash Fund. FF: Title XIX.											
Reappropriated Funds Source, by Department and Line Item Name:	Transfer from the Department of Public Health and Environment, Prevention, Early Detection, and Treatment											
Approval by OIT?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input checked="" type="checkbox"/>									
Schedule 13s from Affected Departments:	None.											

Exhibit	Title of Exhibit	Starting Page
Exhibit AA	Calculation of Current Total Long Bill Group Impact	F.AA-1
Exhibit BB	Calculation of Fund Splits	F.BB-1
Exhibit CC	Medicaid Mental Health Community Programs Summary	F.CC-1
Exhibit DD	Medicaid Mental Health Community Programs, Caseload	F.DD-1
Exhibit DD	Medicaid Mental Health Community Programs, Mental Health Capitation Payments Per Capita Historical Summary	F.DD-3
Exhibit DD	Medicaid Mental Health Community Programs, Expenditures Historical Summary	F.DD-4
Exhibit DD	Adjustments to Medicaid Mental Health Community Programs Expenditures for Inclusion of Goebel Expenditures	F.DD-6
Exhibit EE	Expenditure Calculations by Eligibility Category	F.EE-1
Exhibit EE	Incurred But Not Reported Runout by Fiscal Period	F.EE-3
Exhibit EE	Incurred But Not Reported Expenditures by Fiscal Period	F.EE-5
Exhibit FF	Medicaid Mental Health Retroactivity Adjustment	F.FF-1
Exhibit FF	Medicaid Mental Health Partial Month Adjustment Multiplier	F.FF-2
Exhibit GG	Medicaid Mental Health Capitation Rate Trends and Forecasts	F.GG-1
Exhibit HH	Forecast Model Comparisons - Final Forecasts	F.HH-1
Exhibit HH	Forecast Model Comparisons - Capitation Trend Models	F.HH-2
Exhibit II	Recoupment of Payments Made for Clients Found to be Ineligible for Medicaid	F.II-1
Exhibit JJ	Cash Funded Expansion Populations	F.JJ-1
Exhibit KK	Medicaid Mental Health Fee For Service Forecast	F.KK-1
Exhibit LL	Global Reasonableness Test for Medicaid Mental Health Capitation Payments	F.LL-1

Exhibit AA - Calculation of Current Total Long Bill Group Impact

Calculation of Request Without Budget Balancing Requests						
FY 2010-11 Mental Health Capitation						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Mental Health Capitation Appropriation						
FY 2010-11 Long Bill Appropriation (HB 10-1376)	\$247,616,458	\$85,931,156	\$0	\$9,555,600	\$12,046	\$152,117,656
FY 2010-11 Total Mental Health Capitation Spending Authority	\$247,616,458	\$85,931,156	\$0	\$9,555,600	\$12,046	\$152,117,656
FY 2010-11 Mental Health Capitation Request	(\$3,776,190)	(\$2,131,244)	\$0	\$719,223	\$1,980	(\$2,366,149)
Mental Health Capitation Total Revised Request (Matches Schedule 13, Column 4)	\$243,840,268	\$83,799,912	\$0	\$10,274,823	\$14,026	\$149,751,507
Percent Change from Spending Authority	-1.53%	-2.48%	-	7.53%	16.44%	-1.56%

FY 2010-11 Mental Health Fee for Service						
FY 2010-11 Mental Health Fee-For-Service Appropriation						
FY 2010-11 Long Bill Appropriation (HB 10-1376)	\$2,965,758	\$1,139,148	\$0	\$0	\$0	\$1,826,610
FY 2010-11 Total Mental Health Fee-For-Service Spending Authority	\$2,965,758	\$1,139,148	\$0	\$0	\$0	\$1,826,610
FY 2010-11 Mental Health Fee-For-Service Request	\$52,606	\$21,129	\$0	\$0	\$0	\$31,477
Mental Health Fee-For-Service Total Revised Request (Matches Schedule 13, Column 4)	\$3,018,364	\$1,160,277	\$0	\$0	\$0	\$1,858,087
Percent Change from Spending Authority	1.77%	1.85%	-	-	-	1.72%

FY 2010-11 Medicaid Mental Health Programs						
FY 2010-11 Total Spending Authority	\$250,582,216	\$87,070,304	\$0	\$9,555,600	\$12,046	\$153,944,266
Total FY 2010-11 Request	(\$3,723,584)	(\$2,110,115)	\$0	\$719,223	\$1,980	(\$2,334,672)
Total Revised Request (Matches Schedule 13, Column 4)	\$246,858,632	\$84,960,189	\$0	\$10,274,823	\$14,026	\$151,609,594
Percent Change from Spending Authority	-1.49%	-2.42%	-	7.53%	16.44%	-1.52%

Note: The purpose of this page is only to match the fund splits in Schedule 13, Column 4. This table excludes the Department's August 23, 2010 budget balancing request ES-1 - "Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage." The Total Revised Request is not the Department's final estimate of expenditure. See page AA-2 for the total estimate.

Exhibit AA - Calculation of Current Total Long Bill Group Impact

Calculation of Request Including August Budget Balancing Requests						
FY 2010-11 Mental Health Capitation						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Mental Health Capitation Appropriation						
FY 2010-11 Long Bill Appropriation (HB 10-1376)	\$247,616,458	\$85,931,156	\$0	\$9,555,600	\$12,046	\$152,117,656
FY 2010-11 Total Mental Health Capitation Spending Authority Prior to Early Supplementals	\$247,616,458	\$85,931,156	\$0	\$9,555,600	\$12,046	\$152,117,656
FY 2010-11 ES-1: Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage	\$0	\$4,210,908	\$0	\$383,395	\$0	(\$4,594,303)
FY 2010-11 Total Mental Health Capitation Spending Authority Including Early Supplementals	\$247,616,458	\$90,142,064	\$0	\$9,938,995	\$12,046	\$147,523,353
Projected Total FY 2010-11 Mental Health Capitation Expenditure	\$243,840,268	\$88,010,820	\$0	\$10,658,218	\$14,026	\$145,157,204
FY 2010-11 Mental Health Capitation Request	(\$3,776,190)	(\$2,131,244)	\$0	\$719,223	\$1,980	(\$2,366,149)
Percent Change from Spending Authority	-1.53%	-2.36%	-	7.24%	16.44%	-1.60%
FY 2010-11 Mental Health Fee for Service						
FY 2010-11 Mental Health Fee-For-Service Appropriation						
FY 2010-11 Long Bill Appropriation (HB 10-1376)	\$2,965,758	\$1,139,148	\$0	\$0	\$0	\$1,826,610
FY 2010-11 Total Mental Health Fee-For-Service Spending Authority Prior to Early Supplementals	\$2,965,758	\$1,139,148	\$0	\$0	\$0	\$1,826,610
FY 2010-11 ES-1: Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage	\$0	\$55,822	\$0	\$0	\$0	(\$55,822)
FY 2010-11 Total Mental Health Fee-For-Service Spending Authority Including Early Supplementals	\$2,965,758	\$1,194,970	\$0	\$0	\$0	\$1,770,788
Projected Total FY 2010-11 Mental Health Fee-for-Service Expenditure	\$3,018,364	\$1,216,099	\$0	\$0	\$0	\$1,802,265
FY 2010-11 Mental Health Fee-For-Service Request	\$52,606	\$21,129	\$0	\$0	\$0	\$31,477
Percent Change from Spending Authority	1.77%	1.77%	-	-	-	1.78%
FY 2010-11 Medicaid Mental Health Programs						
FY 2010-11 Total Spending Authority	\$250,582,216	\$91,337,034	\$0	\$9,938,995	\$12,046	\$149,294,141
Total Projected FY 2010-11 Expenditures	\$246,858,632	\$89,226,919	\$0	\$10,658,218	\$14,026	\$146,959,469
FY 2010-11 Request	(\$3,723,584)	(\$2,110,115)	\$0	\$719,223	\$1,980	(\$2,334,672)
Percent Change from Spending Authority	-1.49%	-2.31%	-	7.24%	16.44%	-1.56%

Note: The FY 2010-11 "Projected Total FY 2010-11 Mental Health Capitation Expenditure" will not match Column 4 (Total Revised Request FY 2010-11) on the Schedule 13 due to the inclusion of the Department's August 23, 2010 budget balancing request ES-1 - "Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage". See page AA-1 "Calculation of Request Without Budget Balancing Requests" for calculations excluding the impact of ES-1.

Exhibit AA - Calculation of Current Total Long Bill Group Impact

FY 2011-12 Mental Health Capitation						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Mental Health Capitation Appropriation Plus Special Bills	\$247,616,458	\$85,931,156	\$0	\$9,555,600	\$12,046	\$152,117,656
Bill Annualizations						
Annualization of FY 2010-11 BRI#8, BA#23: ARRA Adjustments	\$0	\$25,929,239	\$0	\$2,360,807	\$0	(\$28,290,046)
Annualization of FY 2009-10 ES-2: Medicaid Program Reductions	\$2,825,381	\$744,462	\$0	\$102,079	\$134	\$1,978,706
FY 2011-12 Mental Health Capitation Base Amount	\$250,441,839	\$112,604,857	\$0	\$12,018,486	\$12,180	\$125,806,316
Projected Total FY 2011-12 Mental Health Capitation Expenditure	\$272,762,749	\$115,212,131	\$0	\$21,269,886	\$0	\$136,280,732
FY 2011-12 Mental Health Capitation Need	\$22,320,910	\$2,607,274	\$0	\$9,251,400	(\$12,180)	\$10,474,416
Percent Change from FY 2011-12 Mental Health Capitation Base	8.91%	2.32%	-	76.98%	-100.00%	8.33%
Percent Change from FY 2010-11 Estimated Mental Health Capitation Expenditure	11.86%	30.91%	-	99.56%	-100.00%	-6.12%
FY 2011-12 Mental Health Fee for Service						
FY 2010-11 Mental Health Fee-For-Service Appropriation Plus Special Bills	\$2,965,758	\$1,139,148	\$0	\$0	\$0	\$1,826,610
Bill Annualizations						
Annualization of FY 2010-11 BRI#8, BA#23: ARRA Adjustments	\$0	\$343,730	\$0	\$0	\$0	(\$343,730)
FY 2011-12 Mental Health Fee-For-Service Base Amount	\$2,965,758	\$1,482,878	\$0	\$0	\$0	\$1,482,880
Projected Total FY 2011-12 Mental Health Fee-for-Service Expenditure	\$3,344,045	\$1,672,023	\$0	\$0	\$0	\$1,672,022
FY 2011-12 Estimate of Mental Health Fee-For-Service Need	\$378,287	\$189,145	\$0	\$0	\$0	\$189,142
Percent Change from FY 2011-12 Mental Health Fee-For-Service Base	12.76%	12.76%	-	-	-	12.76%
Percent Change from FY 2010-11 Estimated Mental Health Fee-For-Service Expenditure	10.79%	37.49%	-	-	-	-7.23%
FY 2011-12 Medicaid Mental Health Programs						
FY 2011-12 Base Amount	\$253,407,597	\$114,087,735	\$0	\$12,018,486	\$12,180	\$127,289,196
Total Projected FY 2011-12 Expenditure	\$276,106,794	\$116,884,154	\$0	\$21,269,886	\$0	\$137,952,754
FY 2011-12 Request	\$22,699,197	\$2,796,419	\$0	\$9,251,400	(\$12,180)	\$10,663,558
Percent Change from Base Amount	8.96%	2.45%	-	-	-	8.38%

Exhibit AA - Calculation of Current Total Long Bill Group Impact

Calculation of Request Adjusted for Change to Federal Medical Assistance Percentage and FY 2009-10 Payment Delay						
FY 2010-11 Mental Health Capitation						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Mental Health Capitation Appropriation						
FY 2010-11 Long Bill Appropriation (HB 10-1376)	\$247,616,458	\$85,931,156	\$0	\$9,555,600	\$12,046	\$152,117,656
FY 2010-11 Total Mental Health Capitation Spending Authority Prior to Early Supplementals	\$247,616,458	\$85,931,156	\$0	\$9,555,600	\$12,046	\$152,117,656
FY 2010-11 ES-1: Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage	\$0	\$4,210,908	\$0	\$383,395	\$0	(\$4,594,303)
FY 2010-11 ES-2: Fee-for-Service Delay in FY 2010-11 (FY 2009-10 Payback Only)	\$125	\$49	\$0	\$0	\$0	\$76
FY 2010-11 S-2: Request for Medicaid Mental Health Community Programs	(\$3,776,190)	(\$2,131,244)	\$0	\$719,223	\$1,980	(\$2,366,149)
FY 2010-11 Estimated Total Expenditure	\$243,840,393	\$88,010,869	\$0	\$10,658,218	\$14,026	\$145,157,280
Total FY 2010-11 Requests For Reference Only	(\$3,776,065)	\$2,079,713	\$0	\$1,102,618	\$1,980	(\$6,960,376)
Percent Change from Spending Authority	-1.52%	2.42%	-	11.54%	16.44%	-4.58%
FY 2010-11 Mental Health Fee for Service						
FY 2010-11 Mental Health Fee-For-Service Appropriation						
FY 2010-11 Long Bill Appropriation (HB 10-1376)	\$2,965,758	\$1,139,148	\$0	\$0	\$0	\$1,826,610
FY 2010-11 Total Mental Health Fee-For-Service Spending Authority Prior to Early Supplementals	\$2,965,758	\$1,139,148	\$0	\$0	\$0	\$1,826,610
FY 2010-11 ES-1: Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage	\$0	\$55,822	\$0	\$0	\$0	(\$55,822)
FY 2010-11 ES-2: Fee-for-Service Delay in FY 2010-11 (FY 2009-10 Payback Only)		\$22,257	\$0	\$0	\$0	\$35,689
FY 2010-11 S-2: Request for Medicaid Mental Health Community Programs	\$52,606	\$21,129	\$0	\$0	\$0	\$31,477
FY 2010-11 Estimated Total Expenditure	\$3,018,364	\$1,238,356	\$0	\$0	\$0	\$1,837,954
Total FY 2010-11 Requests For Reference Only	\$52,606	\$99,208	\$0	\$0	\$0	\$11,344
Percent Change from Spending Authority	1.77%	8.71%	-	-	-	0.62%
FY 2010-11 Medicaid Mental Health Programs						
FY 2010-11 Total Spending Authority	\$250,582,216	\$87,070,304	\$0	\$9,555,600	\$12,046	\$153,944,266
FY 2010-11 ES-1: Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage	\$0	\$4,266,730	\$0	\$383,395	\$0	(\$4,650,125)
FY 2010-11 ES-2: Fee-for-Service Delay in FY 2010-11 (FY 2009-10 Payback Only)	\$125	\$22,306	\$0	\$0	\$0	\$35,765
FY 2010-11 S-2: Request for Medicaid Mental Health Community Programs	(\$3,723,584)	(\$2,110,115)	\$0	\$719,223	\$1,980	(\$2,334,672)
FY 2010-11 Estimated Total Expenditure	\$246,858,757	\$89,249,225	\$0	\$10,658,218	\$14,026	\$146,995,234
Total FY 2010-11 Requests For Reference Only	(\$3,723,459)	\$2,178,921	\$0	\$1,102,618	\$1,980	(\$6,949,032)
Percent Change from Spending Authority	-1.49%	2.50%	-	11.54%	16.44%	-4.51%

Note: This table shows the Department's total request for FY 2010-11 incorporating policy changes which have been implemented before November 1, 2010, specifically the payback of the FY 2009-10 payment delay and the changes in FMAP, but not the continuation of the payment delay in FY 2010-11 or the managed care delay submitted in October. The FY 2010-11 Request shown on this page does not match Column 4 of the Schedule 13 and is not the Department's incremental request for S-2. The Department has officially requested a reduction due to the change in the FMAP rates in ES-1, "Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage," and requested repayment of the payment delay in ES-2, "Fee-for-Service Delay in FY 2010-11." This table reflects the Department's total need for Mental Health Community Programs in FY 2010-11 prior to any new budget balancing actions.

Exhibit BB - Calculation of Fund Splits

CALCULATION OF FUND SPLITS - FY 2010-11 MENTAL HEALTH ESTIMATE

Item	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Source of Funding
Mental Health Capitation Base Traditional Clients	\$222,368,766	\$89,592,376	\$0	\$0	\$132,776,390	59.71%	
Mental Health Capitation Base Expansion Clients	\$17,507,190	\$0	\$7,053,647	\$0	\$10,453,543	59.71%	CF: Health Care Expansion Fund
Breast and Cervical Cancer Program Traditional Clients	\$95,508	\$0	\$33,428	\$0	\$62,080	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Breast and Cervical Cancer Program Expansion Clients	\$40,072	\$0	\$0	\$14,026	\$26,046	65.00%	RF: Transfer from Department of Public Health and Environment
HB 09-1293 Hospital Provider Fee Expansion Clients	\$7,142,286	\$0	\$3,571,143	\$0	\$3,571,143	59.71%	CF: Hospital Provider Fee Cash Fund
Estimated FY 2010-11 Capitation Expenditure	\$247,153,822	\$89,592,376	\$10,658,218	\$14,026	\$146,889,202		
Less: Date of Death Retractions	(\$440,026)	(\$220,013)	\$0	\$0	(\$220,013)	50.00%	Nearly All Retractions are from Disabled & Elderly clients: General Fund
Less: Estimated Recoupments	(\$2,873,528)	(\$1,361,543)	\$0	\$0	(\$1,511,985)	52.62%	Recoupments for FY 2004-05 and FY 2008-09 Ineligibles: Weighted Average FFP Rate to Adjust for ARRA
Final Estimated FY 2010-11 Capitation Expenditure	\$243,840,268	\$88,010,820	\$10,658,218	\$14,026	\$145,157,204		
Adjustment for FY 2010-11 ES-1: Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage	\$0	(\$4,210,908)	(\$383,395)	\$0	\$4,594,303		
FY 2010-11 Request for Capitation Expenditure (Matches Schedule 13, Column 4)	\$243,840,268	\$83,799,912	\$10,274,823	\$14,026	\$149,751,507		
Medicaid Mental Health Fee for Service Payments	\$3,018,364	\$1,216,099	\$0	\$0	\$1,802,265	59.71%	
Adjustment for FY 2010-11 ES-1: Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage	\$0	(\$55,822)	\$0	\$0	\$55,822		
FY 2010-11 Request for Fee-for-Service Expenditure (Matches Schedule 13, Column 4)	\$3,018,364	\$1,160,277	\$0	\$0	\$1,858,087		
Final Estimated FY 2010-11 Medicaid Mental Health Community Programs Expenditure	\$246,858,632	\$89,226,919	\$10,658,218	\$14,026	\$146,959,469		
Adjustment for FY 2010-11 ES-1: Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage	\$0	(\$4,266,730)	(\$383,395)	\$0	\$4,650,125		
FY 2010-11 Request for Fee-for-Service Expenditure (Matches Schedule 13, Column 4)	\$246,858,632	\$84,960,189	\$10,274,823	\$14,026	\$151,609,594		

CALCULATION OF FUND SPLITS - FY 2011-12 MENTAL HEALTH REQUEST

Item	Total Request	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Source of Funding
Mental Health Capitation Base Traditional Clients	\$231,653,210	\$115,826,605	\$0	\$0	\$115,826,605	50.00%	
Mental Health Capitation Base Expansion Clients	\$18,977,057	\$0	\$9,488,529	\$0	\$9,488,528	50.00%	CF: Health Care Expansion Fund
Breast and Cervical Cancer Program Traditional Clients	\$166,835	\$0	\$58,393	\$0	\$108,442	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Breast and Cervical Cancer Program Expansion Clients ⁽¹⁾	\$0	\$0	\$0	\$0	\$0	65.00%	RF: Transfer from Department of Public Health and Environment
Hospital Provider Fee Expansion Clients	\$23,445,927	\$0	\$11,722,964	\$0	\$11,722,963	50.00%	CF: Hospital Provider Fee Cash Fund
HB 09-1293 Hospital Provider Fee Buy-in Clients	\$0	\$0	\$0	\$0	\$0	50.00%	CF: Medicaid Buy-in Fund
Estimated FY 2011-12 Capitation Expenditure	\$274,243,029	\$115,826,605	\$21,269,886	\$0	\$137,146,538		
Less: Date of Death Retractions	(\$396,025)	(\$198,012)	\$0	\$0	(\$198,013)	50.00%	Nearly All Retractions are from Disabled & Elderly clients: General Fund
Less: Estimated Recoupments	(\$1,084,255)	(\$416,462)	\$0	\$0	(\$667,793)	61.59%	Recoupment for FY 2009-10 Ineligibles: FFP Rate Adjusted for ARRA
Final Estimated FY 2011-12 Capitation Expenditure	\$272,762,749	\$115,212,131	\$21,269,886	\$0	\$136,280,732		
Medicaid Mental Health Fee for Service Payments	\$3,344,045	\$1,672,023	\$0	\$0	\$1,672,022	50.00%	
Final Estimated FY 2011-12 Medicaid Mental Health Community Programs Expenditure	\$276,106,794	\$116,884,154	\$21,269,886	\$0	\$137,952,754		

¹ For FY 2011-12, all Breast and Cervical Cancer Program clients in mental health community programs are considered to be traditional Breast and Cervical Cancer Program clients due to a cap on the amount of funds the Department of Public Health and Environment is able to transfer to the Department for Breast and Cervical Cancer treatment.

Exhibit CC - Medicaid Mental Health Community Programs Expenditure Summary
Actuals, Appropriations and Requests Prior to Recoupments

ITEM	FY 2009-10 Actual		FY 2010-11 Appropriated		FY 2010-11 Estimate		FY 2010-11 Change		FY 2011-12 Request		FY 2011-12 Change from FY 2010-11 Estimate		FY 2011-12 Change from FY 2010-11 Appropriation	
	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure	Caseload	Expenditure
<u>Mental Health Capitation Payments</u>														
Capitation Base (Including the Tobacco Tax Impact)														
Adults 65 and Older (OAP-A)	38,487	\$5,714,067	38,979	\$6,364,001	39,345	\$6,184,757	366	(\$179,244)	40,163	\$6,480,774	818	\$296,017	1,184	\$116,773
Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	60,313	\$98,475,008	61,274	\$108,756,442	62,937	\$110,803,620	1,663	\$2,047,178	69,133	\$126,299,856	6,196	\$15,496,236	7,859	\$17,543,414
Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program - Adults	85,907	\$21,250,051	106,619	\$26,424,341	111,834	\$29,290,199	5,215	\$2,865,858	123,852	\$34,612,249	12,018	\$5,322,050	17,233	\$8,187,908
Eligible Children (AFDC-C/BC)	275,672	\$49,749,580	306,488	\$59,783,805	297,340	\$55,921,619	(9,148)	(\$3,862,186)	333,991	\$62,413,177	36,651	\$6,491,558	27,503	\$2,629,372
Foster Care	18,381	\$51,334,157	18,891	\$48,016,772	18,956	\$44,818,047	65	(\$3,198,725)	20,458	\$44,270,138	1,502	(\$547,909)	1,567	(\$3,746,634)
Breast and Cervical Cancer Program	425	\$97,955	473	\$132,028	511	\$135,580	38	\$3,552	591	\$166,835	80	\$31,255	118	\$34,807
Sub-total Mental Health Capitation Payments	479,185	\$226,620,818	532,724	\$249,477,389	530,923	\$247,153,822	(1,801)	(\$2,323,567)	588,188	\$274,243,029	57,265	\$27,089,207	55,464	\$24,765,640
Recoupments for Prior Years' Payments for Ineligibles		(\$3,252,765)		(\$1,860,931)		(\$2,873,528)		(\$1,012,597)		(\$1,084,255)		\$1,789,273		\$776,676
Date of Death Retractions ⁽¹⁾		(\$2,114,471)		\$0		(\$440,026)		(\$440,026)		(\$396,025)		\$44,001		(\$396,025)
Prior Year Accounting Adjustment ⁽²⁾		\$1,317,203		\$0		\$0		\$0		\$0		\$0		\$0
Total Mental Health Capitation Payments	479,185	\$223,368,053	532,724	\$247,616,458	530,923	\$243,840,268	(1,801)	(\$3,776,190)	588,188	\$272,762,749	57,265	\$28,922,481	55,464	\$25,146,291
Incremental Percent Change							-0.34%	-1.53%			10.79%	11.86%	10.41%	10.16%
<u>Mental Health Fee for Service Payments</u>														
Inpatient Services		\$596,560		\$683,726		\$699,920		\$16,194		\$775,441		\$75,521		\$91,715
Outpatient Services		\$1,912,252		\$2,191,660		\$2,229,204		\$37,544		\$2,469,735		\$240,531		\$278,075
Physician Services		\$78,851		\$90,372		\$89,240		(\$1,132)		\$98,869		\$9,629		\$8,497
Total Mental Health Fee-for-Service Payments		\$2,587,662		\$2,965,758		\$3,018,364		\$52,606		\$3,344,045		\$325,681		\$378,287
Total Mental Health Community Programs		\$225,955,715		\$250,582,216		\$246,858,632		(\$3,723,584)		\$276,106,794		\$29,248,162		\$25,524,578
Incremental Percent Change								-1.49%				11.85%		10.19%

¹ Date of death retractions are already included in FY 2009-10 actual expenditure figures; the total amount of retractions is presented here for informational purposes.

² Due to a FY 2008-09 post-close accounting adjustment for date-of-death retractions, the FY 2009-10 capitation expenditure as reported in the Colorado Financial Reporting System is overstated by this amount.

Exhibit DD - Medicaid Mental Health Community Programs, Caseload

Medicaid Mental Health Community Programs Caseload

Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults	Eligible Children (AFDC-C/ BC)	Foster Care	Breast and Cervical Cancer Program	TOTAL MENTAL HEALTH
FY 2004-05 Actuals	35,780	54,011	63,124	222,472	15,795	105	391,287
FY 2005-06 Actuals	36,207	53,897	64,004	214,158	16,460	188	384,914
% Change from FY 2004-05	1.19%	-0.21%	1.39%	-3.74%	4.21%	79.05%	-1.63%
FY 2006-07 Actuals	35,888	54,858	61,031	205,390	16,724	228	374,119
% Change from FY 2005-06	-0.88%	1.78%	-4.65%	-4.09%	1.60%	21.28%	-2.80%
FY 2007-08 Actuals	36,284	56,079	59,761	204,022	17,141	270	373,557
% Change from FY 2006-07	1.10%	2.23%	-2.08%	-0.67%	2.49%	18.42%	-0.15%
FY 2008-09 Actuals	37,619	57,802	68,850	235,129	18,033	317	417,750
% Change from FY 2007-08	3.68%	3.07%	15.21%	15.25%	5.20%	17.41%	11.83%
FY 2009-10 Actuals	38,487	60,313	85,907	275,672	18,381	425	479,185
% Change from FY 2008-09	2.31%	4.34%	24.77%	17.24%	1.93%	34.07%	14.71%
FY 2010-11 Projection	39,345	62,937	111,834	297,340	18,956	511	530,923
% Change from FY 2009-10	2.23%	4.35%	30.18%	7.86%	3.13%	20.24%	10.80%
FY 2011-12 Projection	40,163	69,133	123,852	333,991	20,458	591	588,188
% Change from FY 2010-11	2.08%	9.84%	10.75%	12.33%	7.92%	15.66%	10.79%
FY 2012-13 Projection	41,119	75,107	128,525	384,288	23,127	677	652,843
% Change from FY 2011-12	2.38%	8.64%	3.77%	15.06%	13.05%	14.55%	10.99%
FY 2010-11 Appropriation	38,979	61,274	106,619	306,488	18,891	473	532,724
Difference between the FY 2010-11 Appropriation and the FY 2010-11 Projection	366	1,663	5,215	(9,148)	65	38	(1,801)

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING MEDICAID MENTAL HEALTH COMMUNITY PROGRAMS

Expanded Medicaid Caseload for Mental Health Community Programs

Item	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	Baby Care Program-Adults	Eligible Children (AFDC-C/ BC)	Foster Care	Breast and Cervical Cancer Program	TOTAL MENTAL HEALTH
FY 2004-05 Actuals	35,780	6,082	47,929	57,140	0	5,984	222,472	15,795	105	391,287
FY 2005-06 Actuals	36,207	6,042	47,855	58,885	0	5,119	214,158	16,460	188	384,914
% Change from FY 2004-05	1.19%	-0.66%	-0.15%	3.05%	0.00%	-14.46%	-3.74%	4.21%	79.05%	-1.63%
FY 2006-07 Actuals	35,888	6,059	48,799	50,687	5,162	5,182	205,390	16,724	228	374,119
% Change from FY 2005-06	-0.88%	0.28%	1.97%	-13.92%	0.00%	1.23%	-4.09%	1.60%	21.28%	-2.80%
FY 2007-08 Actuals	36,284	6,146	49,933	44,555	8,918	6,288	204,022	17,141	270	373,557
% Change from FY 2006-07	1.10%	1.44%	2.32%	-12.10%	100.00%	21.34%	-0.67%	2.49%	18.42%	-0.15%
FY 2008-09 Actuals	37,619	6,447	51,355	49,147	12,727	6,976	235,129	18,033	317	417,750
% Change from FY 2007-08	3.68%	4.90%	2.85%	10.31%	42.71%	10.94%	15.25%	5.20%	17.41%	11.83%
FY 2009-10 Actuals	38,487	7,049	53,264	57,661	20,416	7,830	275,672	18,381	425	479,185
% Change from FY 2008-09	2.31%	9.34%	3.72%	17.32%	60.41%	12.24%	17.24%	1.93%	34.07%	14.71%
FY 2010-11 Projection	39,345	7,521	55,416	56,727	46,911	8,196	297,340	18,956	511	530,923
% Change from FY 2009-10	2.23%	6.70%	4.04%	-1.62%	129.78%	4.67%	7.86%	3.13%	20.24%	10.80%
FY 2011-12 Projection	40,163	7,853	61,280	60,851	54,539	8,462	333,991	20,458	591	588,188
% Change from FY 2010-11	2.08%	4.41%	10.58%	7.27%	16.26%	3.25%	12.33%	7.92%	15.66%	10.79%
FY 2012-13 Projection	41,119	8,177	66,930	62,871	57,023	8,631	384,288	23,127	677	652,843
% Change from FY 2011-12	2.38%	4.13%	9.22%	3.32%	4.55%	2.00%	15.06%	13.05%	14.55%	10.99%
FY 2010-11 Appropriation	38,979	7,171	54,103	66,766	32,597	7,256	306,488	18,891	473	532,724
Difference between the FY 2010-11 Appropriation and the FY 2010-11 Projection	366	350	1,313	(10,039)	14,314	940	(9,148)	65	38	(1,801)

Exhibit DD - Medicaid Mental Health Community Programs, Mental Health Capitation Payments Per Capita Historical Summary

Mental Health Capitation Payments Per Capita History

Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults	Eligible Children (AFDC-C/ BC)	Foster Care	Breast and Cervical Cancer Program	TOTAL PER CAPITA
FY 2005-06 Actuals ⁽¹⁾	\$176.00	\$1,162.47	\$176.27	\$195.74	\$3,308.98	\$188.09	\$459.14
FY 2006-07 Actuals	\$163.47	\$1,316.67	\$209.68	\$170.95	\$3,503.51	\$191.14	\$493.53
% Change from FY 2005-06	-7.12%	13.26%	18.95%	-12.66%	5.88%	1.62%	7.49%
FY 2007-08 Actuals	\$159.45	\$1,473.28	\$243.04	\$184.13	\$3,235.25	\$222.88	\$524.72
% Change from FY 2006-07	-2.46%	11.89%	15.91%	7.71%	-7.66%	16.61%	6.32%
FY 2008-09 Actuals	\$163.48	\$1,593.93	\$247.30	\$185.92	\$3,147.83	\$230.52	\$516.72
% Change from FY 2007-08	2.53%	8.19%	1.75%	0.97%	-2.70%	3.43%	-1.52%
FY 2009-10 Actuals	\$148.47	\$1,632.73	\$247.36	\$180.47	\$2,792.78	\$230.48	\$472.93
% Change from FY 2008-09	-9.18%	2.43%	0.02%	-2.93%	-11.28%	-0.02%	-8.47%
FY 2010-11 Projection	\$157.19	\$1,760.55	\$261.91	\$188.07	\$2,364.32	\$265.32	\$464.69
% Change from FY 2009-10	5.87%	7.83%	5.88%	4.21%	-15.34%	15.12%	-1.74%
FY 2011-12 Projection ⁽²⁾	\$161.36	\$1,850.87	\$269.64	\$186.87	\$2,163.95	\$282.29	\$465.58
% Change from FY 2010-11	-1.66%	5.13%	2.95%	0.64%	-13.31%	7.55%	-5.11%
FY 2012-13 Projection	\$164.76	\$1,970.80	\$281.55	\$191.41	\$1,853.96	\$314.30	\$420.07
% Change from FY 2011-12	2.11%	6.48%	4.42%	2.43%	-14.33%	11.34%	-3.43%

Expanded Medicaid Per Capita Summary for Mental Health Capitation Payments

Item	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	Baby Care Program-Adults	Eligible Children (AFDC-C/ BC)	Foster Care	Breast and Cervical Cancer Program	TOTAL PER CAPITA
FY 2005-06 Actuals ⁽¹⁾	\$176.00	\$1,091.17	\$1,171.47	\$175.01	\$0.00	\$190.78	\$195.74	\$3,308.98	\$188.09	\$459.14
FY 2006-07 Actuals	\$163.47	\$1,266.28	\$1,322.93	\$209.42	\$0.00	\$222.77	\$170.95	\$3,503.51	\$191.14	\$493.53
% Change from FY 2005-06	-7.12%	16.05%	12.93%	19.66%	0.00%	16.77%	-12.66%	5.88%	1.62%	7.49%
FY 2007-08 Actuals	\$159.45	\$1,400.04	\$1,482.29	\$243.96	\$243.96	\$235.19	\$184.13	\$3,235.25	\$222.88	\$524.72
% Change from FY 2006-07	-2.46%	10.56%	12.05%	16.49%	100.00%	5.58%	7.71%	-7.66%	16.61%	6.32%
FY 2008-09 Actuals	\$163.48	\$1,511.57	\$1,604.27	\$250.59	\$250.59	\$218.14	\$185.92	\$3,147.83	\$230.52	\$516.72
% Change from FY 2007-08	2.53%	7.97%	8.23%	2.72%	2.72%	-7.25%	0.97%	-2.70%	3.43%	-1.52%
FY 2009-10 Actuals	\$148.47	\$1,537.50	\$1,645.34	\$251.94	\$251.94	\$201.68	\$180.47	\$2,792.78	\$230.48	\$472.93
% Change from FY 2008-09	-9.18%	1.72%	2.56%	0.54%	0.54%	-7.55%	-2.93%	-11.28%	-0.02%	-8.47%
FY 2010-11 Projection	\$157.19	\$1,760.55	\$1,760.55	\$261.91	\$261.91	\$261.91	\$188.07	\$2,364.32	\$265.32	\$464.69
% Change from FY 2009-10	5.87%	14.51%	7.00%	3.96%	3.96%	29.86%	4.21%	-15.34%	15.12%	-1.74%
FY 2011-12 Projection ⁽²⁾	\$161.36	\$1,826.91	\$1,826.91	\$279.46	\$279.46	\$279.46	\$186.87	\$2,163.95	\$282.29	\$465.58
% Change from FY 2010-11	-1.66%	5.13%	5.13%	2.95%	2.95%	2.95%	0.64%	-13.31%	7.55%	-5.11%
FY 2012-13 Projection	\$164.76	\$1,970.80	\$1,970.80	\$281.55	\$281.55	\$281.55	\$191.41	\$1,853.96	\$314.30	\$420.07
% Change from FY 2011-12	2.11%	6.48%	6.48%	4.42%	4.42%	0.00%	2.43%	-14.33%	11.34%	-3.43%

¹ FY 2005-06 has been adjusted to include Goebel Client expenditures and does not equal all previously reported calculations.

² The final Per Capita projection is calculated by using the average of the percent change from the previous two projections, since no formal forecasting procedure is performed for three years out.

Exhibit DD - Medicaid Mental Health Community Programs, Expenditures Historical Summary

Annual Total Expenditures

Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults	Eligible Children (AFDC-C/BC)	Foster Care	Breast & Cervical Cancer Program	MENTAL HEALTH TOTAL	
FY 2005-06 ⁽¹⁾	Capitations	\$6,372,425	\$62,653,455	\$11,281,859	\$41,918,944	\$54,465,877	\$35,360	\$176,727,920
	Fee-For-Service							\$0
	Inpatient Services	\$13,775	\$304,866	(\$29,775)	\$170,853	\$21,284	\$0	\$481,003
	Outpatient Services	\$7,967	\$264,323	\$303,773	\$341,841	\$122,440	\$0	\$1,040,344
	Physician Services	(\$18)	\$5,073	\$2,028	\$4,559	\$1,893	\$0	\$13,535
	Sub-Total Fee-For-Service	\$21,724	\$574,262	\$276,026	\$517,253	\$145,617	\$0	\$1,534,882
	Total FY 2005-06 Expenditures	\$6,394,149	\$63,227,717	\$11,557,885	\$42,436,197	\$54,611,494	\$35,360	\$178,262,802
FY 2006-07	Capitations	\$5,866,615	\$72,229,819	\$12,797,159	\$35,110,732	\$58,592,664	\$43,579	\$184,640,568
	Fee-For-Service							
	Inpatient Services	\$18,654	\$247,165	\$55,477	\$46,028	\$14,448	\$0	\$381,772
	Outpatient Services	\$8,844	\$272,393	\$271,742	\$306,454	\$101,237	\$0	\$960,670
	Physician Services	\$394	\$16,272	\$2,931	\$3,885	\$1,943	\$0	\$25,425
	Sub-Total Fee-For-Service	\$27,892	\$535,830	\$330,150	\$356,367	\$117,628	\$0	\$1,367,867
	Total FY 2006-07 Expenditures	\$5,894,507	\$72,765,649	\$13,127,309	\$35,467,099	\$58,710,292	\$43,579	\$186,008,435
% Change from FY 2005-06	-7.81%	15.09%	13.58%	-16.42%	7.51%	23.24%	4.35%	
FY 2007-08	Capitations	\$5,785,556	\$82,620,046	\$14,524,307	\$37,565,608	\$55,455,338	\$60,178	\$196,011,033
	Fee-For-Service							
	Inpatient Services	\$7,069	\$221,467	\$45,469	\$93,439	\$46,660	\$0	\$414,104
	Outpatient Services	\$12,721	\$267,020	\$231,300	\$282,037	\$74,411	\$0	\$867,489
	Physician Services	\$479	\$32,552	\$9,170	\$8,970	\$2,972	\$0	\$54,143
	Sub-Total Fee-For-Service	\$20,269	\$521,039	\$285,939	\$384,446	\$124,043	\$0	\$1,335,736
	Total FY 2007-08 Expenditures	\$5,805,825	\$83,141,085	\$14,810,246	\$37,950,054	\$55,579,381	\$60,178	\$197,346,769
% Change from FY 2006-07	-1.50%	14.26%	12.82%	7.00%	-5.33%	38.09%	6.10%	
FY 2008-09	Capitations	\$6,149,782	\$92,132,599	\$17,026,544	\$43,714,042	\$56,764,896	\$73,074	\$215,860,937
	Fee-For-Service							
	Inpatient Services	\$22,235	\$331,864	\$107,478	\$171,764	\$8,913	\$0	\$642,254
	Outpatient Services	\$9,657	\$284,108	\$300,557	\$364,710	\$103,091	\$0	\$1,062,123
	Physician Services	\$285	\$37,367	\$12,386	\$13,685	\$8,153	\$0	\$71,876
	Sub-Total Fee-For-Service	\$32,177	\$653,339	\$420,421	\$550,159	\$120,157	\$0	\$1,776,253
	Total FY 2008-09 Expenditures	\$6,181,959	\$92,785,938	\$17,446,965	\$44,264,201	\$56,885,053	\$73,074	\$217,637,190
% Change from FY 2007-08	6.48%	11.60%	17.80%	16.64%	2.35%	21.43%	10.28%	
FY 2009-10 ⁽²⁾	Capitations	\$5,714,067	\$98,475,008	\$21,250,051	\$49,749,580	\$51,334,157	\$97,955	\$226,620,818
	Fee-For-Service							
	Inpatient Services	\$36,706	\$327,355	\$24,703	\$184,094	\$23,702	\$0	\$596,560
	Outpatient Services	\$18,805	\$528,618	\$623,741	\$601,664	\$139,423	\$0	\$1,912,252
	Physician Services	\$61	\$45,659	\$6,543	\$22,296	\$4,292	\$0	\$78,851
	Sub-Total Fee-For-Service	\$55,572	\$901,632	\$654,987	\$808,054	\$167,417	\$0	\$2,587,662
	Total FY 2009-10 Expenditures	\$5,769,639	\$99,376,640	\$21,905,038	\$50,557,634	\$51,501,574	\$97,955	\$229,208,480
% Change from FY 2008-09	-6.67%	7.10%	25.55%	14.22%	-9.46%	34.05%	5.32%	

¹ FY 2005-06 has been adjusted to include Goebel Client expenditures and a one-time recoupment and does not equal all previously reported calculations.

² FY 2009-10 has been adjusted for a one-time recoupment as reported in Exhibit II.

Exhibit DD - Medicaid Mental Health Community Programs Expenditures Historical Summary

Expanded Annual Total Expenditures

Item	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	Baby Care Program-Adults	Eligible Children (AFDC-C/BC)	Foster Care	Breast & Cervical Cancer Program	MENTAL HEALTH TOTAL	
FY 2005-06 ⁽¹⁾	Capitations	\$6,372,425	\$6,592,874	\$56,060,581	\$10,305,282	\$0	\$976,577	\$41,918,944	\$54,465,877	\$35,360	\$176,727,920
	Fee-For-Service										
	Inpatient Services	\$13,775	\$49,416	\$255,450	(\$43,596)	\$0	\$13,821	\$170,853	\$21,284	\$0	\$598,834
	Outpatient Services	\$7,967	\$15,144	\$249,179	\$295,059	\$0	\$8,714	\$341,841	\$122,440	\$0	\$1,040,344
	Physician Services	(\$18)	\$310	\$4,763	\$2,028	\$0	\$0	\$4,559	\$1,893	\$0	\$83,656
	Sub-Total Fee-For-Service	\$21,724	\$64,870	\$509,392	\$253,491	\$0	\$22,535	\$517,253	\$145,617	\$0	\$1,534,882
Total FY 2005-06 Expenditures	\$6,394,149	\$6,657,744	\$56,569,973	\$10,558,773	\$0	\$999,112	\$42,436,197	\$54,611,494	\$35,360	\$178,262,802	
FY 2006-07	Capitations	\$5,866,615	\$7,672,363	\$64,557,456	\$10,614,800	\$1,027,979	\$1,154,380	\$35,110,732	\$58,592,664	\$43,579	\$184,640,568
	Fee-For-Service										
	Inpatient Services	\$18,654	\$0	\$247,165	\$42,853	\$4,150	\$8,474	\$46,028	\$14,448	\$0	\$381,772
	Outpatient Services	\$8,844	\$14,190	\$258,203	\$247,938	\$24,011	(\$207)	\$306,454	\$101,237	\$0	\$960,670
	Physician Services	\$394	\$380	\$15,892	\$2,427	\$235	\$269	\$3,885	\$1,943	\$0	\$25,425
	Sub-Total Fee-For-Service	\$27,892	\$14,570	\$521,260	\$293,218	\$28,396	\$8,536	\$356,367	\$117,628	\$0	\$1,367,867
Total FY 2006-07 Expenditures	\$5,894,507	\$7,686,933	\$65,078,716	\$10,908,018	\$1,056,375	\$1,162,916	\$35,467,099	\$58,710,292	\$43,579	\$186,008,435	
% Change from FY 2005-06	-7.81%	15.46%	15.04%	3.31%	0.00%	16.39%	-16.42%	7.51%	23.24%	4.35%	
FY 2007-08	Capitations	\$5,785,556	\$8,604,645	\$74,015,401	\$10,869,760	\$2,175,660	\$1,478,887	\$37,565,608	\$55,455,338	\$60,178	\$196,011,033
	Fee-For-Service										
	Inpatient Services	\$7,069	\$13,110	\$208,357	\$36,603	\$8,866	\$0	\$93,439	\$46,660	\$0	\$414,104
	Outpatient Services	\$12,721	\$14,262	\$252,758	\$181,408	\$43,943	\$5,949	\$282,037	\$74,411	\$0	\$867,489
	Physician Services	\$479	\$2,275	\$30,277	\$6,235	\$1,510	\$1,425	\$8,970	\$2,972	\$0	\$54,143
	Sub-Total Fee-For-Service	\$20,269	\$29,647	\$491,392	\$224,245	\$54,320	\$7,374	\$384,446	\$124,043	\$0	\$1,335,736
Total FY 2007-08 Expenditures	\$5,805,825	\$8,634,292	\$74,506,793	\$11,094,005	\$2,229,980	\$1,486,261	\$37,950,054	\$55,579,381	\$60,178	\$197,346,769	
% Change from FY 2006-07	-1.50%	12.32%	14.49%	1.71%	0.00%	27.80%	7.00%	-5.33%	38.09%	6.10%	
FY 2008-09	Capitations	\$6,149,782	\$9,745,116	\$82,387,483	\$12,315,581	\$3,189,216	\$1,521,747	\$43,714,042	\$56,764,896	\$73,074	\$215,860,937
	Fee-For-Service										
	Inpatient Services	\$22,235	\$9,653	\$322,211	\$85,371	\$22,107	\$0	\$171,764	\$8,913	\$0	\$642,254
	Outpatient Services	\$9,657	\$19,613	\$264,495	\$231,456	\$59,937	\$9,164	\$364,710	\$103,091	\$0	\$1,062,123
	Physician Services	\$285	\$1,580	\$35,787	\$8,969	\$1,904	\$1,513	\$13,685	\$8,153	\$0	\$71,876
	Sub-Total Fee-For-Service	\$32,177	\$30,846	\$622,493	\$325,796	\$83,948	\$10,677	\$550,159	\$120,157	\$0	\$1,776,253
Total FY 2008-09 Expenditures	\$6,181,959	\$9,775,962	\$83,009,976	\$12,641,377	\$3,273,164	\$1,532,424	\$44,264,201	\$56,885,053	\$73,074	\$217,637,190	
% Change from FY 2007-08	6.48%	13.22%	11.41%	13.95%	46.78%	3.11%	16.64%	2.35%	21.43%	10.28%	
FY 2009-10 ⁽²⁾	Capitations	\$5,714,067	\$10,837,828	\$87,637,180	\$14,527,261	\$5,143,660	\$1,579,130	\$49,749,580	\$51,334,157	\$97,955	\$226,620,818
	Fee-For-Service										
	Inpatient Services	\$36,706	\$0	\$327,355	\$18,244	\$6,459	\$0	\$184,094	\$23,702	\$0	\$596,560
	Outpatient Services	\$18,805	\$35,433	\$493,185	\$443,259	\$156,944	\$23,538	\$601,664	\$139,423	\$0	\$1,912,252
	Physician Services	\$61	\$631	\$45,028	\$3,657	\$1,295	\$1,590	\$22,296	\$4,292	\$0	\$78,851
	Sub-Total Fee-For-Service	\$55,572	\$36,064	\$865,568	\$465,160	\$164,698	\$25,128	\$808,054	\$167,417	\$0	\$2,587,662
Total FY 2009-10 Expenditures	\$5,769,639	\$10,873,892	\$88,502,748	\$14,992,421	\$5,308,358	\$1,604,258	\$50,557,634	\$51,501,574	\$97,955	\$229,208,480	
% Change from FY 2008-09	-6.67%	11.23%	6.62%	18.60%	62.18%	4.69%	14.22%	-9.46%	34.05%	5.32%	

¹ FY 2005-06 has been adjusted to include Goebel Client expenditures and a one-time recoupment and does not equal all previously reported calculations.

² FY 2009-10 has been adjusted for a one-time recoupment as reported in Exhibit II.

Exhibit DD - Adjustments to Medicaid Mental Health Community Programs Expenditures for Inclusion of Goebel Expenditures ⁽¹⁾

	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults	Eligible Children (AFDC-C/ BC)	Foster Care	Breast and Cervical Cancer Program	Adjusted Totals	Amount Change
Expenditure History and Percent Change ⁽²⁾								
Adjusted Actual FY 2003-04 Expenditures	\$4,919,288	\$44,145,181	\$8,144,172	\$29,763,270	\$52,692,946	\$8,295	\$139,673,152	
% of Goebel Expenditures ⁽³⁾	4.47%	94.56%	0.88%	0.00%	0.09%	0.00%	100.00%	
Actual Goebel Expenditures	\$521,004	\$11,021,513	\$102,569	\$0	\$10,490	\$0	\$11,655,576	
Adjusted Actual FY 2003-04 Expenditures including Goebel	\$5,440,292	\$55,166,694	\$8,246,741	\$29,763,270	\$52,703,223	\$8,295	\$151,328,515	N/A
Adjusted Actual FY 2004-05 Expenditures	\$5,158,296	\$47,258,368	\$9,999,143	\$34,181,462	\$56,275,269	\$12,318	\$152,884,856	
% of Goebel Expenditures ⁽³⁾	4.47%	94.56%	0.88%	0.00%	0.09%	0.00%	100.00%	
Actual Goebel Expenditures	\$521,005	\$11,021,522	\$102,569	\$0	\$10,490	\$0	\$11,655,586	
Adjusted Actual FY 2004-05 Expenditures including Goebel	\$5,679,301	\$58,279,890	\$10,101,712	\$34,181,462	\$56,285,759	\$12,318	\$164,540,442	\$13,211,927
% Change	4.39%	5.64%	22.49%	14.84%	6.80%	48.50%	8.73%	
Adjusted Actual FY 2005-06 Expenditures	\$5,841,000	\$51,411,502	\$11,177,238	\$41,918,944	\$54,455,178	\$35,360	\$164,839,222	
% of Goebel Expenditures ⁽³⁾	4.47%	94.56%	0.88%	0.00%	0.09%	0.00%	100.00%	
Actual Goebel Expenditures	\$531,425	\$11,241,953	\$104,621	\$0	\$10,699	\$0	\$11,888,698	
Adjusted Actual FY 2005-06 Expenditures including Goebel	\$6,372,425	\$62,653,455	\$11,281,859	\$41,918,944	\$54,465,877	\$35,360	\$176,727,920	\$12,187,478
% Change	12.20%	7.50%	11.68%	22.64%	-3.23%	187.06%	7.41%	
Adjusted Actual FY 2006-07 Expenditures	\$5,785,556	\$72,229,819	\$12,797,159	\$37,565,608	\$55,455,339	\$60,178	\$183,893,659	\$7,165,739
% Change	-9.21%	15.28%	13.43%	-10.39%	1.82%	70.19%	4.05%	

¹ Starting with FY 2006-07 Goebel Client expenditures are included in the capitations and no further adjustment for them is needed.

² Recoupments for ineligible clients are included in the capitation base by eligibility category.

³ Goebel Expenditures for FY 2003-04 through FY 2005-06 assumes a constant distribution percentage by eligibility category from year to year. The calculations are from unpublished FY 2005-06 encounter data that was prepared by the Department for these budget calculations.

Exhibit EE - Expenditure Calculations by Eligibility Category

Mental Health Capitation Calculations by Eligibility Category for FY 2010-11							
FY 2010-11 Q1 and Q2 Calculation							
Service Expenditures	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults	Eligible Children (AFDC-C/BC)	Foster Care	Breast and Cervical Cancer Program	Totals
Estimated Weighted Capitation Rate	\$13.12	\$142.23	\$21.83	\$15.50	\$202.91	\$21.83	
Estimated Monthly Caseload ⁽¹⁾	39,154	62,399	107,128	292,661	18,858	491	520,691
Number of Months Rate is Effective	6	6	6	6	6	6	
Total Estimated Costs for FY 2010-11 Q1 and Q2 Capitated Payments	\$3,082,203	\$53,250,059	\$14,031,625	\$27,217,473	\$22,958,861	\$64,311	\$120,604,532
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service ⁽²⁾	98.09%	92.93%	93.63%	97.43%	99.00%	98.69%	
Estimated Expenditures for Claims Paid in Current Period with Current Period Dates of Service	\$3,023,333	\$49,485,280	\$13,137,810	\$26,517,984	\$22,729,272	\$63,469	\$114,957,148
Estimated Expenditures for Prior Period Dates of Service	\$59,000	\$3,545,494	\$722,155	\$654,205	\$252,610	\$688	\$5,234,152
Total Estimated Expenditures in FY 2010-11 Q1 and Q2	\$3,082,333	\$53,030,774	\$13,859,965	\$27,172,189	\$22,981,882	\$64,157	\$120,191,300
FY 2010-11 Q3 and Q4 Calculation							
Service Expenditures	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults	Eligible Children (AFDC-C/BC)	Foster Care	Breast and Cervical Cancer Program	Totals
Estimated Weighted Capitation Rate	\$13.08	\$152.91	\$22.49	\$15.89	\$190.84	\$22.49	
Estimated Monthly Caseload ⁽¹⁾	39,535	63,477	115,274	302,015	19,056	530	539,887
Number of Months Rate is Effective	6	6	6	6	6	6	
Total Estimated Costs for FY 2010-11 Q3 and Q4 Capitated Payments	\$3,102,707	\$58,237,608	\$15,555,074	\$28,794,110	\$21,819,882	\$71,518	\$127,580,899
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service ⁽²⁾	98.09%	92.93%	93.63%	97.43%	99.00%	98.69%	
Estimated Expenditures for Claims Paid in Current Period with Current Period Dates of Service	\$3,043,445	\$54,120,209	\$14,564,216	\$28,054,101	\$21,601,683	\$70,581	\$121,454,235
Estimated Expenditures for Prior Period Dates of Service	\$58,979	\$3,652,637	\$866,018	\$695,329	\$234,482	\$842	\$5,508,287
Total Estimated Expenditures in FY 2010-11 Q3 and Q4	\$3,102,424	\$57,772,846	\$15,430,234	\$28,749,430	\$21,836,165	\$71,423	\$126,962,522
Total Estimated FY 2010-11 Expenditures	\$6,184,757	\$110,803,620	\$29,290,199	\$55,921,619	\$44,818,047	\$135,580	\$247,153,822
Estimated Date of Death Retractions ⁽³⁾	(\$89,979)	(\$331,382)	(\$4,532)	(\$6,559)	(\$7,302)	(\$272)	(\$440,026)
Total Estimated FY 2010-11 Expenditures Including Date of Death Retractions	\$6,094,778	\$110,472,238	\$29,285,667	\$55,915,060	\$44,810,745	\$135,308	\$246,713,796
Estimated FY 2010-11 Monthly Caseload	39,345	62,937	111,834	297,340	18,956	511	530,923
Estimated FY 2010-11 Per Capita Expenditure	\$154.91	\$1,755.28	\$261.87	\$188.05	\$2,363.93	\$264.79	\$464.69

¹This number is based on the projected average monthly caseload for the entire fiscal year, as applied through each month's trended growth in caseload.

²Exhibit EE, pages 3 and 4 present the estimated percentage of incurred claims from any six month period that will be paid in that same six month period.

³In Q1 and Q2 of FY 2009-10, the Department began an aggressive retraction of payments for deceased clients; this activity resulted in retraction of payments originally made in FYs 2004-05 through 2008-09 and reduced prior period dates of service expenditure. The Department will continue to identify these claims and retract payments twice a year. The FY 2010-11 retraction is an estimate based on a preliminary claim identification process by the Department.

Exhibit EE - Expenditure Calculations by Eligibility Category

Mental Health Capitation Calculations by Eligibility Category for FY 2011-12							
FY 2011-12 Q1 and Q2 Calculation							
Service Expenditures	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults	Eligible Children (AFDC-C/BC)	Foster Care	Breast and Cervical Cancer Program	Totals
Estimated Weighted Capitation Rate	\$13.34	\$156.04	\$22.95	\$16.21	\$194.73	\$22.95	
Estimated Monthly Caseload ⁽¹⁾	39,943	64,380	121,113	310,845	19,246	570	556,097
Number of Months Rate is Effective	6	6	6	6	6	6	
Total Estimated Costs for FY 2011-12 Q1 and Q2 Capitated Payments	\$3,197,038	\$60,275,131	\$16,677,260	\$30,232,785	\$22,486,641	\$78,489	\$132,947,344
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service ⁽²⁾	98.09%	92.93%	93.63%	97.43%	99.00%	98.69%	
Estimated Expenditures for Claims Paid in Current Period with Current Period Dates of Service	\$3,135,975	\$56,013,679	\$15,614,919	\$29,455,802	\$22,261,775	\$77,461	\$126,559,611
Estimated Expenditures for Prior Period Dates of Service	\$59,178	\$3,920,922	\$972,577	\$735,909	\$220,932	\$937	\$5,910,455
Total Estimated Expenditures in FY 2011-12 Q1 and Q2	\$3,195,153	\$59,934,601	\$16,587,496	\$30,191,711	\$22,482,707	\$78,398	\$132,470,066
FY 2011-12 Q3 and Q4 Calculation							
Service Expenditures	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults	Eligible Children (AFDC-C/BC)	Foster Care	Breast and Cervical Cancer Program	Totals
Estimated Weighted Capitation Rate	\$13.57	\$171.18	\$24.12	\$16.96	\$186.88	\$24.12	
Estimated Monthly Caseload ⁽¹⁾	40,380	65,235	125,282	317,195	19,426	612	568,130
Number of Months Rate is Effective	6	6	6	6	6	6	
Total Estimated Costs for FY 2011-12 Q3 and Q4 Capitated Payments	\$3,287,740	\$67,001,564	\$18,130,811	\$32,277,763	\$21,781,985	\$88,569	\$142,568,432
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service ⁽²⁾	98.09%	92.93%	93.63%	97.43%	99.00%	98.69%	
Estimated Expenditures for Claims Paid in Current Period with Current Period Dates of Service	\$3,224,944	\$62,264,553	\$16,975,878	\$31,448,224	\$21,564,165	\$87,409	\$135,565,173
Estimated Expenditures for Prior Period Dates of Service	\$60,677	\$4,100,702	\$1,048,875	\$773,242	\$223,266	\$1,028	\$6,207,790
Total Estimated Expenditures in FY 2011-12 Q3 and Q4	\$3,285,621	\$66,365,255	\$18,024,753	\$32,221,466	\$21,787,431	\$88,437	\$141,772,963
Total Estimated FY 2011-12 Expenditures	\$6,480,774	\$126,299,856	\$34,612,249	\$62,413,177	\$44,270,138	\$166,835	\$274,243,029
Estimated Date of Death Retractions ⁽³⁾	(\$80,982)	(\$298,244)	(\$4,079)	(\$5,903)	(\$6,572)	(\$245)	(\$396,025)
Total Estimated FY 2011-12 Expenditures Including Date of Death Retractions	\$6,399,792	\$126,001,612	\$34,608,170	\$62,407,274	\$44,263,566	\$166,590	\$273,847,004
Estimated FY 2011-12 Monthly Caseload	40,163	69,133	123,852	333,991	20,458	591	588,188
Estimated FY 2011-12 Per Capita Expenditure	\$159.35	\$1,822.60	\$279.43	\$186.85	\$2,163.63	\$281.88	\$465.58

¹ This number is based on the projected average monthly caseload for the entire fiscal year, as applied through each month's trended growth in caseload.

² Exhibit EE, pages 3 and 4 present the estimated percentage of incurred claims from any six month period that will be paid in that same six month period.

³ In Q1 and Q2 of FY 2009-10, the Department began an aggressive retraction of payments for deceased clients; this activity resulted in retraction of payments originally made in FYs 2004-05 through 2008-09 and reduced prior period dates of service expenditure. The Department will continue to identify these claims and retract payments twice a year. The FY 2011-12 retraction is estimated as a 10% reduction in the total retraction amount estimated for FY 2010-11. The retractions are expected to decline as there is a smaller pool of historical clients from which to retract and current processes of identification become more effective.

Exhibit EE - Incurred But Not Reported Runout by Fiscal Period

Incurred But Not Reported (IBNR) Estimate for Adults 65 and Older (OAP-A)

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	0.41%	-	-	-
Incurring in 09-10 Q3 and Q4	1.50%	0.41%	-	-
Incurring in 10-11 Q1 and Q2	98.09%	1.50%	0.41%	-
Incurring in 10-11 Q3 and Q4	-	98.09%	1.50%	0.41%
Incurring in 11-12 Q1 and Q2	-	-	98.09%	1.50%
Incurring in 11-12 Q3 and Q4	-	-	-	98.09%

Incurred But Not Reported (IBNR) Estimate for Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	3.55%	1.77%	-	-
Incurring in 09-10 Q3 and Q4	3.52%	1.78%	1.77%	-
Incurring in 10-11 Q1 and Q2	92.93%	3.52%	1.78%	1.77%
Incurring in 10-11 Q3 and Q4	-	92.93%	3.52%	1.78%
Incurring in 11-12 Q1 and Q2	-	-	92.93%	3.52%
Incurring in 11-12 Q3 and Q4	-	-	-	92.93%

Incurred But Not Reported (IBNR) Estimate for Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	1.20%	-	-	-
Incurring in 09-10 Q3 and Q4	5.17%	1.20%	-	-
Incurring in 10-11 Q1 and Q2	93.63%	5.17%	1.20%	-
Incurring in 10-11 Q3 and Q4	-	93.63%	5.17%	1.20%
Incurring in 11-12 Q1 and Q2	-	-	93.63%	5.17%
Incurring in 11-12 Q3 and Q4	-	-	-	93.63%

Exhibit EE - Incurred But Not Reported Runout by Fiscal Period

Incurred But Not Reported (IBNR) Estimate for Eligible Children (AFDC-C/BC)

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	0.26%	-	-	-
Incurring in 09-10 Q3 and Q4	2.31%	0.26%	-	-
Incurring in 10-11 Q1 and Q2	97.43%	2.31%	0.26%	-
Incurring in 10-11 Q3 and Q4	-	97.43%	2.31%	0.26%
Incurring in 11-12 Q1 and Q2	-	-	97.43%	2.31%
Incurring in 11-12 Q3 and Q4	-	-	-	97.43%

Incurred But Not Reported (IBNR) Estimate for Foster Care

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	0.24%	-	-	-
Incurring in 09-10 Q3 and Q4	0.76%	0.24%	-	-
Incurring in 10-11 Q1 and Q2	99.00%	0.76%	0.24%	-
Incurring in 10-11 Q3 and Q4	-	99.00%	0.76%	0.24%
Incurring in 11-12 Q1 and Q2	-	-	99.00%	0.76%
Incurring in 11-12 Q3 and Q4	-	-	-	99.00%

Incurred But Not Reported (IBNR) Estimate for Breast and Cervical Cancer Program

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	0.00%	-	-	-
Incurring in 09-10 Q3 and Q4	1.31%	0.00%	-	-
Incurring in 10-11 Q1 and Q2	98.69%	1.31%	0.00%	-
Incurring in 10-11 Q3 and Q4	-	98.69%	1.31%	0.00%
Incurring in 11-12 Q1 and Q2	-	-	98.69%	1.31%
Incurring in 11-12 Q3 and Q4	-	-	-	98.69%

Exhibit EE - Incurred But Not Reported Expenditures by Fiscal Period

Incurred But Not Reported (IBNR) Estimate for Adults 65 and Older (OAP-A)

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	\$12,367	-	-	-
Incurring in 09-10 Q3 and Q4	\$46,633	\$12,746	-	-
Incurring in 10-11 Q1 and Q2	\$3,023,333	\$46,233	\$12,637	-
Incurring in 10-11 Q3 and Q4	-	\$3,043,445	\$46,541	\$12,721
Incurring in 11-12 Q1 and Q2	-	-	\$3,135,975	\$47,956
Incurring in 11-12 Q3 and Q4	-	-	-	\$3,224,944
Total Paid in Current Period	\$3,023,333	\$3,043,445	\$3,135,975	\$3,224,944
Total IBNR Amount	\$59,000	\$58,979	\$59,178	\$60,677
Total Paid for All Incurred Dates	\$3,082,333	\$3,102,424	\$3,195,153	\$3,285,621

Incurred But Not Reported (IBNR) Estimate for Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods ⁽¹⁾	\$1,719,563	\$856,337	-	-
Incurring in 09-10 Q3 and Q4	\$1,825,931	\$921,898	\$924,588	-
Incurring in 10-11 Q1 and Q2	\$49,485,280	\$1,874,402	\$946,370	\$944,007
Incurring in 10-11 Q3 and Q4	-	\$54,120,209	\$2,049,964	\$1,035,010
Incurring in 11-12 Q1 and Q2	-	-	\$56,013,679	\$2,121,685
Incurring in 11-12 Q3 and Q4	-	-	-	\$62,264,553
Total Paid in Current Period	\$49,485,280	\$54,120,209	\$56,013,679	\$62,264,553
Total IBNR Amount	\$3,545,494	\$3,652,637	\$3,920,922	\$4,100,702
Total Paid for All Incurred Dates	\$53,030,774	\$57,772,846	\$59,934,601	\$66,365,255

Incurred But Not Reported (IBNR) Estimate for Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	\$116,478	-	-	-
Incurring in 09-10 Q3 and Q4	\$605,677	\$140,583	-	-
Incurring in 10-11 Q1 and Q2	\$13,137,810	\$725,435	\$168,380	-
Incurring in 10-11 Q3 and Q4	-	\$14,564,216	\$804,197	\$186,661
Incurring in 11-12 Q1 and Q2	-	-	\$15,614,919	\$862,214
Incurring in 11-12 Q3 and Q4	-	-	-	\$16,975,878
Total Paid in Current Period	\$13,137,810	\$14,564,216	\$15,614,919	\$16,975,878
Total IBNR Amount	\$722,155	\$866,018	\$972,577	\$1,048,875
Total Paid for All Incurred Dates	\$13,859,965	\$15,430,234	\$16,587,496	\$18,024,753

¹ The Department pays capitations for retroactive eligibility determinations up to 18 months after the date of service.

Exhibit EE - Incurred But Not Reported Expenditures by Fiscal Period

Incurred But Not Reported (IBNR) Estimate for Eligible Children (AFDC-C/BC)

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	\$62,444	-	-	-
Incurring in 09-10 Q3 and Q4	\$591,761	\$66,605	-	-
Incurring in 10-11 Q1 and Q2	\$26,517,984	\$628,724	\$70,765	-
Incurring in 10-11 Q3 and Q4	-	\$28,054,101	\$665,144	\$74,865
Incurring in 11-12 Q1 and Q2	-	-	\$29,455,802	\$698,377
Incurring in 11-12 Q3 and Q4	-	-	-	\$31,448,224
Total Paid in Current Period	\$26,517,984	\$28,054,101	\$29,455,802	\$31,448,224
Total IBNR Amount	\$654,205	\$695,329	\$735,909	\$773,242
Total Paid for All Incurred Dates	\$27,172,189	\$28,749,430	\$30,191,711	\$32,221,466

Incurred But Not Reported (IBNR) Estimate for Foster Care

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	\$62,625	-	-	-
Incurring in 09-10 Q3 and Q4	\$189,985	\$59,995	-	-
Incurring in 10-11 Q1 and Q2	\$22,729,272	\$174,487	\$55,101	-
Incurring in 10-11 Q3 and Q4	-	\$21,601,683	\$165,831	\$52,368
Incurring in 11-12 Q1 and Q2	-	-	\$22,261,775	\$170,898
Incurring in 11-12 Q3 and Q4	-	-	-	\$21,564,165
Total Paid in Current Period	\$22,729,272	\$21,601,683	\$22,261,775	\$21,564,165
Total IBNR Amount	\$252,610	\$234,482	\$220,932	\$223,266
Total Paid for All Incurred Dates	\$22,981,882	\$21,836,165	\$22,482,707	\$21,787,431

Incurred But Not Reported (IBNR) Estimate for Breast and Cervical Cancer Program

	Paid in 10-11 Q1 and Q2	Paid in 10-11 Q3 and Q4	Paid in 11-12 Q1 and Q2	Paid in 11-12 Q3 and Q4
Incurring in all other previous periods	\$0	-	-	-
Incurring in 09-10 Q3 and Q4	\$688	\$0	-	-
Incurring in 10-11 Q1 and Q2	\$63,469	\$842	\$0	-
Incurring in 10-11 Q3 and Q4	-	\$70,581	\$937	\$0
Incurring in 11-12 Q1 and Q2	-	-	\$77,461	\$1,028
Incurring in 11-12 Q3 and Q4	-	-	-	\$87,409
Total Paid in Current Period	\$63,469	\$70,581	\$77,461	\$87,409
Total IBNR Amount	\$688	\$842	\$937	\$1,028
Total Paid for All Incurred Dates	\$64,157	\$71,423	\$78,398	\$88,437

Exhibit FF - Medicaid Mental Health Retroactivity Adjustment

Fiscal Year		Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults ⁽¹⁾	Eligible Children (AFDC-C/BC)	Foster Care
FY 2005-06	Average Monthly Claims	36,932	58,355	72,739	235,297	16,824
	Average Caseload	36,207	53,897	64,004	214,158	16,460
	Claims as a Percentage of Caseload	102.00%	108.27%	113.65%	109.87%	102.21%
FY 2006-07	Average Monthly Claims	36,567	59,700	71,961	228,302	17,244
	Average Caseload	35,888	54,858	61,031	205,390	16,724
	Claims as a Percentage of Caseload	101.89%	108.83%	117.91%	111.16%	103.11%
FY 2007-08	Average Monthly Claims	36,863	60,694	69,316	225,108	17,797
	Average Caseload	36,284	56,079	59,761	204,022	17,141
	Claims as a Percentage of Caseload	101.60%	108.23%	115.99%	110.34%	103.83%
FY 2008-09	Average Monthly Claims	37,832	61,958	77,120	251,348	18,581
	Average Caseload	37,619	57,802	68,850	235,129	18,033
	Claims as a Percentage of Caseload	100.57%	107.19%	112.01%	106.90%	103.04%
FY 2009-10	Estimated Average Monthly Claims	38,592	64,561	91,152	286,671	18,721
	Average Caseload	38,487	60,313	85,907	275,672	18,381
	Claims as a Percentage of Caseload	100.27%	107.04%	106.11%	103.99%	101.85%
Weighted Average Claims as a Percentage of Caseload ⁽²⁾		100.79%	107.43%	112.19%	107.32%	102.92%
Retroactivity Adjustment Factor		0.79%	7.43%	12.19%	7.32%	2.92%

¹ Breast and Cervical Cancer Program participants share a capitation rate with the Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

² The retroactivity adjustment captures the difference in total claims paid versus caseload due to retroactive eligibility. Because the most recent period will not have experienced all of the retroactive claims that will be paid, the most current year accounts for 10% of the weight, the previous year as 70% of the weight, and the average of the previous four years account for the other 20% of the weight.

Exhibit FF - Medicaid Mental Health Partial Month Adjustment Multiplier

Fiscal Year		Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program- Adults ⁽¹⁾	Eligible Children (AFDC-C/BC)	Foster Care
FY 2006-07	Weighted Claims-Based Rate	\$13.38	\$105.59	\$14.95	\$12.80	\$280.10
	Weighted Capitation Rate	\$13.46	\$106.01	\$14.96	\$12.85	\$282.88
	Claims as a Percentage of Capitation	99.44%	99.61%	99.95%	99.58%	99.02%
FY 2007-08	Weighted Claims-Based Rate	\$13.07	\$113.59	\$17.48	\$13.87	\$260.01
	Weighted Capitation Rate	\$13.15	\$114.03	\$17.51	\$13.94	\$262.45
	Claims as a Percentage of Capitation	99.35%	99.61%	99.84%	99.49%	99.07%
FY 2008-09	Weighted Claims-Based Rate	\$13.49	\$122.70	\$18.40	\$14.47	\$253.55
	Weighted Capitation Rate ⁽²⁾	\$13.57	\$123.18	\$18.47	\$14.57	\$255.40
	Claims as a Percentage of Capitation	99.41%	99.61%	99.63%	99.34%	99.28%
FY 2009-10	Weighted Claims-Based Rate ⁽³⁾	\$13.07	\$124.16	\$18.22	\$14.18	\$231.78
	Weighted Capitation Rate ⁽⁴⁾	\$13.14	\$124.54	\$18.26	\$14.26	\$233.63
	Claims as a Percentage of Capitation	99.44%	99.70%	99.78%	99.44%	99.21%
Average Claims as a Percentage of Capitation		99.41%	99.63%	99.80%	99.46%	99.15%
Partial Month Adjustment Multiplier		-0.59%	-0.37%	-0.20%	-0.54%	-0.85%

¹ Breast and Cervical Cancer Program participants share a capitation rate with the Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

² For Q3 and Q4 of FY 2008-09, the Department paid at 3% above the midpoint of the actuarial rate range. The number provided, here, reflects the actual expenditure to the Department and therefore does not match the number in Exhibit GG, which demonstrates the trend on the actuarial midpoints.

³ Due to runout of claims from the date of service to the paid date, only expenditure from Q1 and Q2 of FY 2009-10 was used.

⁴ For September through December of FY 2009-10, the Department paid at 2.5% below the midpoint of the actuarial rate range. The number provided, here, reflects the actual expenditure to the Department and therefore does not match the number in Exhibit GG, which demonstrates the trend on the actuarial midpoints. Due to runout of claims from the date of service to the paid date, only expenditure from Q1 and Q2 of FY 2009-10 was used.

Exhibit GG - Medicaid Mental Health Capitation Rate Trends and Forecasts

Capitation Rate Trends

Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults ⁽¹⁾	Eligible Children (AFDC-C/BC)	Foster Care	Weighted Mental Health Total ⁽²⁾
FY 2005-06 Actuals	\$12.76	\$71.42	\$12.19	\$12.05	\$291.96	\$32.43
FY 2006-07 Actuals	\$13.46	\$106.01	\$14.96	\$12.85	\$282.88	\$38.98
% Change from FY 2005-06	5.49%	48.43%	22.72%	6.64%	-3.11%	20.19%
FY 2007-08 Actuals	\$13.15	\$114.03	\$17.51	\$13.94	\$262.45	\$40.87
% Change from FY 2006-07	-2.30%	7.57%	17.05%	8.48%	-7.22%	4.84%
FY 2008-09 Actuals ⁽³⁾	\$13.37	\$121.30	\$18.18	\$14.34	\$251.87	\$39.95
% Change from FY 2007-08	1.70%	6.38%	3.82%	2.87%	-4.03%	-2.23%
FY 2009-10 Actuals ⁽⁴⁾	\$13.40	\$131.53	\$19.33	\$14.70	\$220.67	\$38.05
% Change from FY 2008-09	0.20%	8.43%	6.33%	2.51%	-12.39%	-4.77%
FY 2010-11 Q1 and Q2 Known Rate	\$13.43	\$136.29	\$20.00	\$14.89	\$203.95	\$37.26
% Change from FY 2009-10	0.22%	3.62%	3.46%	1.29%	-7.58%	-2.06%
FY 2010-11 Q3 and Q4 Estimated Rate	\$13.66	\$149.52	\$21.02	\$15.58	\$195.73	\$38.73
% Change from FY 2009-10	1.94%	13.68%	8.74%	5.98%	-11.30%	1.78%
% Change from FY 2010-11 Q1 and Q2	1.71%	9.71%	5.10%	4.63%	-4.03%	3.92%
FY 2010-11 Estimated Weighted Average Rate ⁽⁵⁾	\$13.55	\$142.96	\$20.53	\$15.24	\$199.82	\$38.01
% Change from FY 2009-10	1.12%	8.69%	6.21%	3.67%	-9.45%	-0.10%
FY 2011-12 Q1 and Q2 Estimated Rate	\$13.66	\$149.52	\$21.02	\$15.58	\$195.73	\$38.38
% Change from FY 2010-11 Q3 and Q4 Rate	0.00%	0.00%	0.00%	0.00%	0.00%	-0.88%
% Change from FY 2010-11 Average Rate	0.81%	4.59%	2.39%	2.23%	-2.05%	0.98%
FY 2011-12 Q3 and Q4 Estimated Rate	\$13.89	\$164.03	\$22.09	\$16.30	\$187.84	\$40.25
% Change from FY 2011-12 Q1 and Q2 Rate	1.68%	9.70%	5.09%	4.62%	-4.03%	4.86%
% Change from FY 2010-11 Average Rate	2.51%	14.74%	7.60%	6.96%	-6.00%	5.89%
FY 2011-12 Estimated Weighted Average Rate ⁽⁵⁾	\$13.78	\$156.82	\$21.56	\$15.94	\$191.77	\$39.33
% Change from FY 2010-11 Average Rate	1.70%	9.70%	5.02%	4.59%	-4.03%	3.47%

¹ Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.

² The Weighted Mental Health Total is the weighted capitation rate distributed by Behavioral Health Organization (BHO) across each eligibility category based on the total number of claims processed (i.e. Elderly clients age 65 and over make up a percentage of all client claims, and each BHO services some subset of the total number of claims for Elderly clients).

³ The Department paid at a rate 3% higher than the actuarial midpoint for Q3 and Q4; the rate presented is the average of the Q1 and Q2 and the actuarial midpoint (not the paid rate) of Q3 and Q4 as weighted by claims percentages.

⁴ The Department paid at a rate 2.5% lower than the actuarial midpoint for September through December, 2.5% lower for three BHOs for Q3, and 2.5% lower for all BHOs for Q4; the rate presented is the average of the actuarial midpoint (not the paid rate) of Q1 and Q2 and the actuarial midpoint (not the paid rate) of Q3 and Q4 as weighted by claims percentages.

⁵ The weighted rate is derived by distributing the individual rates across the estimated proportion of caseload seen under the respective half years the two rates are in effect.

Exhibit HH - Forecast Model Comparisons - Final Forecasts

Adjustment Factors for Forecasted Rates

Model	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults ⁽¹⁾	Eligible Children (AFDC-C/BC)	Foster Care
FY 2010-11 Estimated Q1/Q2 Rate					
Weighted Capitation Rate (Known)	\$13.43	\$136.29	\$20.00	\$14.89	\$203.95
FY 2009-10 ES-2: Medicaid Program Reductions ⁽²⁾	-2.50%	-2.50%	-2.50%	-2.50%	-2.50%
Retroactivity Adjustment Multiplier (Exhibit FF)	0.79%	7.43%	12.19%	7.32%	2.92%
Partial Month Adjustment Multiplier (Exhibit FF)	-0.59%	-0.37%	-0.20%	-0.54%	-0.85%
Final Adjustment Factor ⁽³⁾	-2.31%	4.36%	9.17%	4.07%	-0.51%
FY 2010-11 Final Estimated Q1/Q2 Rate	\$13.12	\$142.23	\$21.83	\$15.50	\$202.91
FY 2010-11 Estimated Q3/Q4 Rate					
Weighted Capitation Point Estimate	\$13.66	\$149.52	\$21.02	\$15.58	\$195.73
FY 2009-10 ES-2: Medicaid Program Reductions ⁽²⁾	-2.50%	-2.50%	-2.50%	-2.50%	-2.50%
FY 2010-11 BRI-6: Medicaid Program Reductions ⁽⁴⁾	-2.00%	-2.00%	-2.00%	-2.00%	-2.00%
Retroactivity Adjustment Multiplier (Exhibit FF)	0.79%	7.43%	12.19%	7.32%	2.92%
Partial Month Adjustment Multiplier (Exhibit FF)	-0.59%	-0.37%	-0.20%	-0.54%	-0.85%
Final Adjustment Factor ⁽³⁾	-4.26%	2.27%	6.98%	1.99%	-2.50%
FY 2010-11 Final Estimated Q3/Q4 Rate	\$13.08	\$152.91	\$22.49	\$15.89	\$190.84
FY 2011-12 Estimated Q1/Q2 Rate					
Weighted Capitation Point Estimate ⁽⁵⁾	\$13.66	\$149.52	\$21.02	\$15.58	\$195.73
FY 2009-10 ES-2: Medicaid Program Reductions ⁽²⁾	-2.50%	-2.50%	-2.50%	-2.50%	-2.50%
Retroactivity Adjustment Multiplier (Exhibit FF)	0.79%	7.43%	12.19%	7.32%	2.92%
Partial Month Adjustment Multiplier (Exhibit FF)	-0.59%	-0.37%	-0.20%	-0.54%	-0.85%
Final Adjustment Factor ⁽³⁾	-2.31%	4.36%	9.17%	4.07%	-0.51%
FY 2011-12 Final Estimated Q1/Q2 Rate	\$13.34	\$156.04	\$22.95	\$16.21	\$194.73
FY 2011-12 Estimated Q3/Q4 Rate					
Weighted Capitation Point Estimate ⁽⁶⁾	\$13.89	\$164.03	\$22.09	\$16.30	\$187.84
FY 2009-10 ES-2: Medicaid Program Reductions ⁽²⁾	-2.50%	-2.50%	-2.50%	-2.50%	-2.50%
Retroactivity Adjustment Multiplier (Exhibit FF)	0.79%	7.43%	12.19%	7.32%	2.92%
Partial Month Adjustment Multiplier (Exhibit FF)	-0.59%	-0.37%	-0.20%	-0.54%	-0.85%
Final Adjustment Factor ⁽³⁾	-2.31%	4.36%	9.17%	4.07%	-0.51%
FY 2011-12 Final Estimated Q3/Q4 Rate	\$13.57	\$171.18	\$24.12	\$16.96	\$186.88

* Weighted Capitation Rates are shown in Exhibit GG.

¹ Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Adult population, and comprise less than 1% of that total population. As such, a forecast for BCCP program eligibles was not performed.

² The Department, as submitted in FY 2009-10 ES-2, is paying rates at -2.50% of the actuarial midpoint rate effective September 1, 2009.

³ The final adjustment factor is derived by adding 1 to each individual adjustment, multiplying the result, and subtracting 1 from the product.

⁴ The Department, as submitted in FY 2010-11 BRI-6, will pay rates at an additional -2.00% of the actuarial midpoint rate effective January 1, 2011 through June 30, 2011.

⁵ The rate set for Q3 and Q4 of FY 2010-11 will be the same rate in effect for Q1 and Q2 of FY 2011-12.

⁶ The same trend factors selected for the estimated rates for Q3 and Q4 of FY 2010-11 are carried forward to estimate the rates from the next rate setting cycle.

Exhibit HH - Forecast Model Comparisons - Capitation Trend Models

Capitation Rate Forecast Model for FY 2010-11 Q3 and Q4

Model	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B) and Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A), Expansion Adults, and Baby Care Program-Adults ⁽¹⁾	Eligible Children (AFDC-C/BC)	Foster Care
FY 2008-09 Actual Rate	\$13.37	\$121.30	\$18.18	\$14.34	\$251.87
FY 2009-10 Q1 and Q2 Midpoint Rate	\$13.37	\$126.65	\$18.57	\$14.50	\$237.59
FY 2009-10 Q3 and Q4 Midpoint Rate	\$13.43	\$136.30	\$20.00	\$14.89	\$204.04
FY 2009-10 Average Midpoint Rate	\$13.40	\$131.53	\$19.33	\$14.70	\$220.67
FY 2010-11 Q1 and Q2 Known Weighted Average Rate	\$13.43	\$136.29	\$20.00	\$14.89	\$203.95
Selected Growth Rates					
% Growth from FY 2009-10 to FY 2010-11 Q1 and Q2 Rate	0.22%	3.62%	3.46%	1.29%	-7.58%
% Growth from FY 2009-10 to FY 2010-11 Q3 and Q4 Rate	1.94%	13.68%	8.74%	5.98%	-11.30%
% Growth from FY 2010-11 Q1 and Q2 Rate to FY 2010-11 Q3 and Q4 Rate	1.70%	9.71%	5.08%	4.62%	-4.03%
Selected Trend Models					
Average Growth Model ⁽²⁾	\$14.37	\$157.80	\$22.28	\$15.81	\$224.93
% Difference from FY 2010-11 Q1 and Q2 Rate	7.00%	15.78%	11.40%	6.18%	10.29%
% Difference from FY 2009-10 Rate	7.45%	30.09%	22.56%	10.25%	-10.70%
Two Period Moving Average Model ⁽³⁾	\$13.34	\$116.70	\$17.60	\$14.16	\$268.25
% Difference from FY 2010-11 Q1 and Q2 Rate	-0.67%	-14.37%	-12.00%	-4.90%	31.53%
% Difference from FY 2009-10 Rate	-0.25%	-3.79%	-3.18%	-1.26%	6.50%
Exponential Growth Model ⁽⁴⁾	\$16.29	\$172.08	\$25.03	\$16.85	\$278.30
% Difference from FY 2010-11 Q1 and Q2 Rate	21.30%	26.26%	25.15%	13.16%	36.46%
% Difference from FY 2009-10 Rate	21.81%	41.86%	37.69%	17.50%	10.49%
Linear Growth Model ⁽⁵⁾	\$15.78	\$149.52	\$22.12	\$16.25	\$280.64
% Difference from FY 2010-11 Q1 and Q2 Rate	17.50%	9.71%	10.60%	9.13%	37.60%
% Difference from FY 2009-10 Rate	18.00%	23.26%	21.68%	13.31%	11.42%
Forecast Minimum	\$13.34	\$116.70	\$17.60	\$14.16	\$195.73
Forecast Maximum	\$16.29	\$172.08	\$25.03	\$16.85	\$280.64
% change from FY 2010-11 Q1 and Q2 Rate to Selected Q3 and Q4 Capitation Rate	1.70%	9.71%	5.08%	4.62%	-4.03%
FY 2010-11 Q3 and Q4 Forecast Point Estimate ⁽⁶⁾	\$13.66	\$149.52	\$21.02	\$15.58	\$195.73
% change from FY 2011-12 Q1 and Q2 Rate to Selected Q3 and Q4 Capitation Rate	1.70%	9.71%	5.08%	4.62%	-4.03%
FY 2011-12 Q3 and Q4 Forecast Point Estimate	\$13.89	\$164.03	\$22.09	\$16.30	\$187.84

¹ Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Adult population, and comprise less than 1% of that total population. As such, a forecast for BCCP program eligibles was not performed.

² The Average Growth Model averages the change in the weighted rate from fiscal year to fiscal year and assumes that average growth will apply in future periods.

³ The Two Period Moving Average Model uses the average rate of the previous two fiscal years and assumes that to be the rate in the forecasted year.

⁴ The Exponential Growth Model generates a predictive equation based on time period and assuming that the rate of growth is directly proportional to the value of the rate (e.g. as the rate increases the rate of growth also increases).

⁵ The Linear Growth Model generates a predictive equation by regressing the rate on the time period.

⁶ The FY 2010-11 selected models are in bold, above; for Adults 65 and Older and Foster Care category eligibles, the change in rate from FY 2007-08 to FY 2008-09 was applied to the rate change from FY 2009-10 Q1 and Q2 to the Q3 and Q4 rate; for Disabled eligibles, a linear trend was selected as that trend mirrors the rate of change seen for this eligibility category but for the Goebel settlement year; for Adult eligibles the change in rate from FY 2007-08 to FY 2009-10 was applied to the rate change from FY 2009-10 Q1 and Q2 to the Q3 and Q4 rate; for Children eligibles, the rate of change from FY 2006-07 to FY 2009-10 was applied to the rate of change from FY 2009-10 Q1 and Q2 to the Q3 and Q4 rate.

Exhibit II - Recoupment of Payments Made for Clients Found to be Ineligible for Medicaid

Total Recoupment by Fiscal Year

	FY 2007-08 Actuals	FY 2008-09 Actuals	FY 2009-10 Actuals	FY 2010-11 Request	FY 2011-12 Request
Recoupments for FY 2005-06, FY 2006-07, and FY 2007-08 Ineligibles	\$0	\$0	\$3,252,765	\$0	\$0
Estimated Recoupments for FY 2004-05 and FY 2008-09 Ineligibles ⁽¹⁾	\$0	\$0	\$0	\$2,873,528	\$0
Estimated Recoupments for FY 2009-10 Ineligibles ⁽²⁾	\$0	\$0	\$0	\$0	\$1,084,255
Net Impact of Estimated Recoupments	\$0	\$0	\$3,252,765	\$2,873,528	\$1,084,255

¹ Estimated recoupment for FY 2004-05 and FY 2008-09 ineligibles is based on a preliminary estimate and is subject to change when more data analysis is completed.

² Estimated recoupment for FY 2009-10 ineligibles is an average of the recoupments for ineligibles from the previous three fiscal years.

Recoupment Fund Splits

	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Recoupments for FY 2005-06, FY 2006-07, and FY 2007-08 Ineligibles	\$3,252,765	\$1,626,382	\$0	\$0	\$1,626,383
Estimated Recoupments for FY 2004-05 and FY 2008-09 Ineligibles ⁽¹⁾	\$2,873,528	\$1,361,543	\$0	\$0	\$1,511,985
Estimated Recoupments for FY 2009-10 Ineligibles ⁽²⁾	\$1,084,255	\$416,462	\$0	\$0	\$667,793

¹ Fund splits for recoupments for FY 2008-09 ineligibles account for differing levels of federal match over the course of that fiscal year due to the American Reinvestment and Recovery Act; in FY 2008-09, three months of expenses were matched at the standard 50%, six months were matched at 58.78%, and three months were matched at 61.59%.

² Fund splits for recoupments for FY 2009-10 ineligibles account for a federal match of 61.59% over the course of that fiscal year due to the American Reinvestment and Recovery Act.

Exhibit JJ - Cash Funded Expansion Populations ⁽¹⁾

FY 2010-11 MENTAL HEALTH BUDGET REQUEST

DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Health Care Expansion Fund:								
CES and CHCBS Waiver Expansion ⁽²⁾	757	\$1,575.94	\$1,192,987	\$0	\$480,654	\$0	\$712,333	59.71%
Expansion Adults to 60%	19,641	\$261.91	\$5,144,174	\$0	\$2,072,588	\$0	\$3,071,586	59.71%
SB 07-002: Expansion of Foster Care ⁽³⁾	1,334	\$2,364.32	\$3,154,003	\$0	\$1,270,748	\$0	\$1,883,255	59.71%
Removal of Asset Test for Categorically Eligible Adults and Eligible Children (AFDC-C/BC)	-	-	\$6,582,083	\$0	\$2,651,921	\$0	\$3,930,162	59.71%
Optional Legal Immigrants ⁽⁴⁾	5,467	\$262.29	\$1,433,943	\$0	\$577,736	\$0	\$856,207	59.71%
Subtotal from Health Care Expansion Fund	-	-	\$17,507,190	\$0	\$7,053,647	\$0	\$10,453,543	
Prevention, Early Detection, and Treatment Fund:								
Health Care Expansion Breast and Cervical Cancer Treatment Program Clients ⁽⁵⁾	153	\$261.91	\$40,072	\$0	\$0	\$14,026	\$26,046	65%
Hospital Provider Fee Cash Fund:								
Expansion Adults to 100%	27,270	\$261.91	\$7,142,286	\$0	\$2,877,628	\$0	\$4,264,658	59.71%
Subtotal from Hospital Provider Fee Fund	-	-	\$7,142,286	\$0	\$3,571,143	\$0	\$3,571,143	
Total	-	-	\$24,689,548	\$0	\$10,624,790	\$14,026	\$14,050,732	

Acronyms: **CES**: Children's Extensive Support; **CHCBS**: Children's Home and Community Based Services; **HCBS**: Home and Community Based Services; **FFP**: Federal Financial Participation; **FPL**: Federal Poverty Limit.

¹ The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request.

² CES and CHCBS caseload is included in the Disabled Adults and Disabled Individuals aid category. Per Capita caseload is determined as part of the Department's Tobacco Tax calculations; see the Tobacco Tax portion of the Department's

³ Per Capita caseload is determined as part of the Department's Tobacco Tax calculations; see the Tobacco Tax portion of the Department's narrative.

⁴ Optional Legal Immigrants caseload is spread across all eligibility categories.

⁵ Reappropriated Funds are transferred from the Department of Public Health and Environment from the Prevention, Early Detection, and Treatment Fund. 30% of total caseload for the Breast and Cervical Cancer Treatment Program are funded via the transfer from the Department of Public Health and Environment.

Exhibit JJ - Cash Funded Expansion Populations ⁽¹⁾

FY 2011-12 MENTAL HEALTH BUDGET REQUEST

DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Health Care Expansion Fund:								
CES and CHCBS Waiver Expansion ⁽²⁾	757	\$1,656.94	\$1,254,304	\$0	\$627,152	\$0	\$627,152	50%
Expansion Adults to 60%	20,991	\$279.46	\$5,866,145	\$0	\$2,933,073	\$0	\$2,933,072	50%
SB 07-002: Expansion of Foster Care ⁽³⁾	1,477	\$2,163.95	\$3,196,154	\$0	\$1,598,077	\$0	\$1,598,077	50%
Removal of Asset Test for Categorically Eligible Adults and Eligible Children (AFDC-C/BC)	-	-	\$7,038,801	\$0	\$3,519,401	\$0	\$3,519,401	50%
Optional Legal Immigrants ⁽⁴⁾	5,751	\$281.98	\$1,621,653	\$0	\$810,826	\$0	\$810,827	50%
Subtotal from Health Care Expansion Fund	-	-	\$18,977,057	\$0	\$9,488,529	\$0	\$9,488,528	
Prevention, Early Detection, and Treatment Fund								
Health Care Expansion Breast and Cervical Cancer Treatment Program Clients ⁽⁵⁾	0	\$279.46	\$0	\$0	\$0	\$0	\$0	65%
Hospital Provider Fee Cash Fund:								
Expansion Adults to 100%	33,548	\$279.46	\$9,375,324	\$0	\$4,687,662	\$0	\$4,687,662	50%
Continuous Eligibility for Medicaid Children: Family Medical Program	19,970	\$186.87	\$3,731,794	\$0	\$1,865,897	\$0	\$1,865,897	50%
Continuous Eligibility for Medicaid Children: Foster Care	1,123	\$2,163.95	\$2,430,116	\$0	\$1,215,058	\$0	\$1,215,058	50%
Buy-In for Disabled Individuals	4,329	\$1,826.91	\$7,908,693	\$0	\$3,954,347	\$0	\$3,954,346	50%
Subtotal from Hospital Provider Fee Fund	-	-	\$23,445,927		\$11,722,964		\$11,722,963	
Total	-	-	\$42,422,984	\$0	\$21,211,493	\$0	\$21,211,491	

Acronyms: CES: Children's Extensive Support; CHCBS: Children's Home and Community Based Services; HCBS: Home and Community Based Services; FFP: Federal Financial Participation; FPL: Federal Poverty Limit.

¹ The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request.

² CES and CHCBS caseload is included in the Disabled Adults and Disabled Individuals aid category. Per Capita caseload is determined as part of the Department's Tobacco Tax calculations; see the Tobacco Tax portion of the Department's

³ Per Capita caseload is determined as part of the Department's Tobacco Tax calculations; see the Tobacco Tax portion of the Department's narrative.

⁴ Optional Legal Immigrants caseload is spread across all eligibility categories.

⁵ For FY 2011-12, all Breast and Cervical Cancer Program clients in mental health community programs are considered to be traditional Breast and Cervical Cancer Program clients due to a cap on the amount of funds the Department of Public Health and Environment is able to transfer to the Department for Breast and Cervical Cancer treatment.

Exhibit KK - Medicaid Mental Health Fee For Service Forecast

FY 2010-11 Calculation

Components	FY 2009-10 Actual	FY 2009-10 Adjustment for Payment Delay ⁽¹⁾	FY 2009-10 Total Expenditure Including Payment Delay	FY 2010-11 Appropriation	Estimated Change in Total Mental Health Caseload			FY 2010-11 Estimate	FY 2010-11 Change from Appropriation
					FY 2009-10 Average Monthly Caseload	FY 2010-11 Forecasted Average Monthly Caseload	Forecasted Change in Caseload		
<i>Inpatient Services</i>	\$596,560	\$35,153	\$631,713	\$683,726	479,185	530,923	10.80%	\$699,920	\$16,194
<i>Outpatient Services</i>	\$1,912,252	\$99,718	\$2,011,970	\$2,191,660	479,185	530,923	10.80%	\$2,229,204	\$37,544
<i>Physician Services</i>	\$78,851	\$1,693	\$80,544	\$90,372	479,185	530,923	10.80%	\$89,240	(\$1,132)
Total After Prior Year Adjustments	\$2,587,662	\$136,564	\$2,724,226	\$2,965,758				\$3,018,364	\$52,606

¹ In order to forecast from a 52-week base, the FY 2009-10 actual paid amounts are adjusted for the two-week payment delay that occurred in June 2010. The adjustment for payment delay presented in this exhibit does not match the adjustment presented in Exhibit AA; the figure presented here is based on the final mental health fee-for-service amount after all necessary transfers were completed, whereas the figure presented in Exhibit AA is based on the amount paid for claims that were identified as mental health fee-for-service by the MMIS prior to any transfers.

FY 2011-12 Calculation

Components	FY 2010-11 Estimate	Estimated Change in Total Mental Health Caseload			FY 2011-12 Request	FY 2011-12 Change from FY 2010-11 Estimate
		FY 2010-11 Forecasted Average Monthly Caseload	FY 2011-12 Forecasted Average Monthly Caseload	Forecasted Change in Caseload		
<i>Inpatient Services</i>	\$699,920	530,923	588,188	10.79%	\$775,441	\$75,521
<i>Outpatient Services</i>	\$2,229,204	530,923	588,188	10.79%	\$2,469,735	\$240,531
<i>Physician Services</i>	\$89,240	530,923	588,188	10.79%	\$98,869	\$9,629
Mental Health Fee-for-Service Before Prior Year Adjustments	\$3,018,364				\$3,344,045	\$325,681
Total After Prior Year Adjustments	\$3,018,364				\$3,344,045	\$325,681

Exhibit KK - Medicaid Mental Health Fee For Service Forecast

Medicaid Mental Health Fee for Service Fund Splits

	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Estimated FY 2010-11 Fee for Service Expenditure	\$3,018,364	\$1,216,099	\$0	\$0	\$1,802,265
Total Estimated FY 2011-12 Fee for Service Expenditure	\$3,344,045	\$1,672,023	\$0	\$0	\$1,672,022

Exhibit LL - Global Reasonableness Test for Medicaid Mental Health Capitation Payments⁽¹⁾

	Actual/Requested Expenditures ⁽²⁾	Percent Change	Dollar Increase/Decrease	Two-year Rolling Average	Percent Change Two-year Average	Three-year Rolling Average	Percent Change Three-year Average
FY 2005-06	\$176,727,920	N/A	N/A	N/A	N/A	N/A	N/A
FY 2006-07	\$184,640,568	4.48%	\$7,912,648	\$180,684,244	N/A	N/A	N/A
FY 2007-08	\$196,011,033	6.16%	\$11,370,465	\$190,325,801	5.34%	\$185,793,174	N/A
FY 2008-09 Actual	\$215,860,937	10.13%	\$19,849,904	\$205,935,985	8.20%	\$198,837,513	
FY 2009-10 Actual	\$223,368,053	3.48%	\$7,507,116	\$219,614,495	6.64%	\$211,746,674	6.49%
FY 2010-11 Appropriation vs. FY 2009-10 Actual	\$247,616,458	10.86%	\$24,248,405	\$235,492,255	7.23%	\$228,948,483	8.12%
FY 2010-11 Estimate vs. FY 2009-10 Actual	\$243,840,268	9.17%	\$20,472,215	\$233,604,160	6.37%	\$227,689,753	7.53%
FY 2010-11 Estimate vs. Appropriation	\$243,840,268	-1.53%	(\$3,776,190)	\$233,604,160	-0.80%	\$227,689,753	-0.55%
FY 2011-12 Request vs. FY 2010-11 Appropriation	\$272,762,749	10.16%	\$25,146,291	\$260,189,604	10.49%	\$245,413,381	7.19%
FY 2011-12 Request vs. FY 2010-11 Estimate	\$272,762,749	11.86%	\$28,922,481	\$258,301,509	10.57%	\$246,657,023	8.33%

¹ This analysis compares the percent change between Mental Health Capitation Payments Reported in Exhibit DD. Other Medicaid Mental Health Payments have been excluded.

² All expenditures have Goebel expenditures included so comparable data is presented. For expenditures by eligibility category (including Goebel expenditures) see Exhibit DD.

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title:		Children's Basic Health Plan Medical Premium and Dental Benefit Costs									
Department:		Health Care Policy and Financing				Dept. Approval by:		John Bartholomew <i>JB</i>		Date: November 1, 2010 <i>10/20</i>	
Priority Number:		DI-3 S-3				OSPB Approval:		<i>Smuz</i>		Date: <i>10-20-10</i>	
	Fund	1 Prior-Year Actual FY 2009-10	2 Appropriation FY 2010-11	3 Supplemental Request FY 2010-11	4 Total Revised Request FY 2010-11	5 Base Request FY 2011-12	6 Decision/ Base Reduction FY 2011-12	7 November 1 Request FY 2011-12	8 Budget Amendment FY 2011-12	9 Total Revised Request FY 2011-12	10 Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	178,495,021	216,400,036	9,069,508	225,469,544	216,400,036	57,635,124	274,035,160	0	274,035,160	57,635,124
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	62,675,659	69,209,967	3,118,350	72,328,317	76,066,847	20,165,441	96,232,288	0	96,232,288	20,165,441
	CFE/RF	0	6,856,880	0	6,856,880	0	0	0	0	0	0
	FF	115,819,362	140,333,189	5,951,158	146,284,347	140,333,189	37,469,683	177,802,872	0	177,802,872	37,469,683
(4) Indigent Care Program; Children's Basic Health Plan Premium Costs	Total	167,729,257	202,521,966	11,258,390	213,780,356	202,521,966	58,063,417	260,585,383	0	260,585,383	58,063,417
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	58,910,116	64,362,642	3,884,459	68,237,101	71,209,522	20,315,343	91,524,865	0	91,524,865	20,315,343
	CFE/RF	0	6,856,880	0	6,856,880	0	0	0	0	0	0
	FF	108,819,141	131,312,444	7,373,931	138,686,375	131,312,444	37,748,074	169,060,518	0	169,060,518	37,748,074

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12	<input checked="" type="checkbox"/>	Base Reduction Item FY 2011-12	<input type="checkbox"/>	Supplemental FY 2010-11	<input checked="" type="checkbox"/>	Budget Amendment FY 2011-12	<input type="checkbox"/>				
Request Title:	Children's Basic Health Plan Medical Premium and Dental Benefit Costs										
Department:	Health Care Policy and Financing			Dept. Approval by:	John Bartholomew		Date:	November 1, 2010			
Priority Number:	DI-3, S-3			OSPB Approval:			Date:				
		1	2	3	4	5	6	7	8	9	10
		Prior-Year		Supplemental	Total	Base	Decision/	November 1	Budget	Total	Change
	Fund	Actual	Appropriation	Request	Revised	Request	Base	Request	Amendment	Revised	from Base
		FY 2009-10	FY 2010-11	FY 2010-11	Request	FY 2011-12	Reduction	FY 2011-12	FY 2011-12	Request	(Column 5)
											FY 2012-13
(4) Indigent Care Program; Children's Basic Health Plan Dental Benefits Costs	Total	10,765,764	13,878,070	(2,188,882)	11,689,188	13,878,070	(428,293)	13,449,777	0	13,449,777	(428,293)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	3,765,543	4,857,325	(766,109)	4,091,216	4,857,325	(149,902)	4,707,423	0	4,707,423	(149,902)
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	7,000,221	9,020,745	(1,422,773)	7,597,972	9,020,745	(278,391)	8,742,354	0	8,742,354	(278,391)
Non-Line Item Request:	None.										
Letternote Revised Text:	<p>FY 2010-11: a Of this amount, \$29,240,783 shall be from the Children's Basic Health Plan Trust created in 25.5-8-105, C.R.S.; \$28,388,860 shall be from the Health Care Expansion Fund created in 24-22-117 (2) (a) (I), C.R.S.; \$10,047,855 shall be from the Hospital Provider Fee Cash Fund created in 25.5-4-402.3 (4), C.R.S.; and \$559,603 shall be from the Colorado Immunization Fund created in 25-4-2301, C.R.S. Reappropriated Funds shall be from the Children's Basic Health Plan Trust created in 25.5-8-105, C.R.S.</p> <p>FY 2010-11: b Of this amount, \$2,307,876 shall be from the Children's Basic Health Plan Trust created in 25.5-8-105, C.R.S.; \$1,417,620 shall be from the Health Care Expansion Fund created in 24-22-117 (2) (a) (I), C.R.S.; and \$365,720 shall be from the Hospital Provider Fee Cash Fund created in 25.5-4-402.3 (4), C.R.S.</p> <p>FY 2011-12: c Of this amount, \$37,862,340 shall be from the Children's Basic Health Plan Trust created in 25.5-8-105, C.R.S.; \$32,439,876 shall be from the Health Care Expansion Fund created in 24-22-117 (2) (a) (I), C.R.S.; \$20,639,550 shall be from the Hospital Provider Fee Cash Fund created in 25.5-4-402.3 (4), C.R.S.; and \$583,099 shall be from the Colorado Immunization Fund created in 25-4-2301, C.R.S. Reappropriated Funds shall be from the Children's Basic Health Plan Trust created in 25.5-8-105, C.R.S.</p> <p>FY 2011-12: d Of this amount, \$2,365,627 shall be from the Children's Basic Health Plan Trust created in 25.5-8-105, C.R.S.; \$1,627,651 shall be from the Health Care Expansion Fund created in 24-22-117 (2) (a) (I), C.R.S.; and \$714,145 shall be from the Hospital Provider Fee Cash Fund created in 25.5-4-402.3 (4), C.R.S.</p>										
Cash or Federal Fund Name and COFRS Fund Number:	CF: Children's Basic Health Plan Trust Fund 11G, Health Care Expansion Fund 18K, Hospital Provider Fee Cash Fund 24A, and Colorado Immunization Fund; FF: Title XXI										
Reappropriated Funds Source, by Department and Line Item Name:	Children's Basic Health Plan Trust Fund 11G										
Approval by OIT?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input checked="" type="checkbox"/>								
Schedule 13s from Affected Departments:	N/A										

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	DI-3, S-3
Change Request Title:	Children's Basic Health Plan Medical Premium and Dental Benefit Costs

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

This request is to increase the FY 2010-11 appropriation for the Children’s Basic Health Plan Premium Costs by \$11,258,390, of which \$3,884,459 is cash funds and \$7,373,931 is federal funds. The FY 2011-12 request for the Children’s Basic Health Plan Premium Costs is an increase of \$58,063,417 from the FY 2011-12 Base Request, and includes \$20,315,343 cash funds and \$37,748,074 federal funds. This request also seeks to decrease the FY 2010-11 Children’s Basic Health Plan Dental Benefit Costs appropriation by \$2,188,882, consisting of \$766,109 cash funds and \$1,422,773 federal funds. The FY 2011-12 request for the Children’s Basic Health Plan Dental Benefit Costs is a reduction of \$428,293 from the FY 2011-12 Base Request, and includes \$149,902 cash funds and \$278,391 federal funds. The adjustments requested for FY 2010-11 are the result of reduced caseload estimates and higher medical and dental costs.

General Description of Request:

The Children’s Basic Health Plan, marketed as the Child Health Plan Plus or CHP+, is a program that provides affordable health insurance to children under the age of 19 and pregnant women in low-income families (up to 250% of the federal poverty level) who do

not qualify for Medicaid and do not have private insurance. The Children's Basic Health Plan is a non-entitlement program with a defined benefit package that uses privatized administration. The federal government implemented this program in 1997, giving states an enhanced match on State expenditures for the program. Colorado began serving children in April of 1998. Where available, children enroll in a health maintenance organization. The Plan also has an extensive self-insured managed care network that provides services to children until they enroll in a selected health maintenance organization, and to those children who do not have geographic access to a health maintenance organization. All pregnant women enrolled in the Plan receive services through the State's self-funded network.

This request seeks:

- To adjust the projected enrollment for children and pregnant women in the Plan; and,
- To adjust the per capita costs for medical and dental services in accordance with actuarial projections.

I. Description of Request Related to Children's Premiums

Caseload Projections (Exhibit C.6)

Many factors have caused volatility in the traditional children's caseload (up to 185% of the federal poverty level) since FY 2006-07. These factors include:

- Marketing and outreach for the Children's Basic Health Plan began in April 1, 2006. The marketing campaign has been successful, and the Department believes that it has had a positive effect on caseload in both the children and prenatal programs. The Department's outreach efforts were expanded in FY 2008-09 through many initiatives, including trainings, enrollment fairs, issuance of community grants, and Spanish translation of brochures. In addition to efforts funded by the Department, there has been an increase in community-based outreach activities in the last three years;

- The Medicaid asset test was removed on July 1, 2006, which increased the number of low-income children moving from CHP+ to Medicaid; and,
- The Deficit Reduction Act of 2005 (DRA) imposed citizenship and identification requirements on individuals applying for or receiving Medicaid benefits, which may have had a positive impact on CHP+ caseload. Children who did not provide proper proof of citizenship may not gain Medicaid eligibility, but would still be eligible for CHP+, which was not subject to the Deficit Reduction Act. With the passage of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), the DRA citizenship documentation requirements for Medicaid are now required for children in CHP+.

Net of the effects of policy changes, it is reasonable to expect the caseloads in Medicaid Eligible Children and CHP+ to partially move in opposite directions. In times of economic growth or stability, Medicaid caseload is expected to drop with employment or income increases. Some children whose family income is now too high for Medicaid eligibility may be within CHP+ income guidelines. Similarly, in times of economic decline, Medicaid caseload is expected to increase, with some children entering Medicaid rather than CHP+. So as Medicaid caseload increases, CHP+ caseload may increase at a slower rate. As seen in the Department's November 1, 2010 Budget Request, Exhibit B, page EB-1, Medicaid Eligible Children caseload increased by 40,543 in FY 2009-10, a 17.24% increase from FY 2008-09. Children's caseload in CHP+ increased by 7,143 in FY 2009-10, or 11.60%. The base Medicaid Eligible Children caseload is projected to grow by a further 21,668 children, or 5.61%, in FY 2010-11 and 2.77% in FY 2011-12.

The final FY 2009-10 caseload for traditional children was 62,786, which was lower than the Department's February 16, 2010 forecast of 63,776. The Department believes that the major reason for this was the implementation of the expansion in CHP+ to 250% FPL in May 2010, which resulted in movement within income categories. The Department anticipates that the traditional children caseload will continue to experience moderate increases in FY 2010-11. Growth in FY 2010-11 and FY 2011-12 should be due to community outreach and natural growth, owing to factors such as the economic conditions and general population growth.

The Department believes that there is now sufficient data to project caseload for traditional children using econometric models, similar to those used to forecast Medicaid caseload. The selected trend for FY 2010-11 for traditional children is in line with the Department's February 2010 forecast, and would result in average growth of 304 children, or 0.48% per month. The forecasted annual average caseload for traditional children in FY 2010-11 is 64,014. This forecast reflects the moderating monthly growth seen since FY 2007-08. However, because the economy is believed to be largely responsible for this change, the Department believes that projected economic conditions give no indication that the trend will not continue to be positive throughout FY 2010-11. Similar to the pattern seen in low-income Medicaid categories, the out-year trend is expected to temper with moderating monthly growth, reflective of projected moderating economic conditions beginning in FY 2010-11. The Department forecasts that the traditional children caseload will increase by 0.36% per month in FY 2011-12 to 68,035. This revised caseload estimates for both FY 2010-11 and FY 2011-12 are lower than the current FY 2010-11 appropriated caseload of 70,906. See Exhibit C.10 for details on the models used to project trends for the traditional children.

After accounting for policy changes that affected traditional and expansion populations over the last three years, monthly growth in the Expansion to 200% FPL Children caseload has been approximately equal to that for the traditional children since FY 2006-07. The Department believes that the converging of growth rates is reflective of a maturing population that is approaching a stable long-term growth rate. As such, the Department anticipates that growth in Expansion to 200% FPL Children will mirror that in traditional children in both FY 2010-11 and FY 2011-12. This forecast results in average monthly growth of 21 children, or 0.47% per month in FY 2010-11 and 0.35% per month in FY 2011-12. The FY 2010-11 revised caseload forecast is 4,363 and the projection for FY 2011-12 is 4,637. Both the FY 2010-11 and FY 2011-12 forecasts are much lower than the current FY 2010-11 appropriated caseload of 4,859.

Eligibility in CHP+ was expanded from 200% to 205% of the federal poverty level through SB 07-097 (known as Expansion to 205% FPL Children), and was implemented

beginning March 1, 2008. Growth in this population in FY 2007-08 was significantly higher than the forecast included in the fiscal note for SB 07-097. The Department believes that this higher than anticipated growth is due largely to the number of children that moved within CHP+ from lower income groupings.

Growth in Expansion to 205% FPL children in FY 2009-10 was lower than the Department's February 16, 2010 forecast, in which annual caseload was projected to be 1,698. The selected trend for FY 2010-11 for Expansion to 205% FPL children is lower than the Department's February 2010 forecast, and would result in average growth of 18 children per month. This is based on the average monthly growth of 1.19% that was experienced between August 2008 and April 2010. May and June 2010 are omitted because the Department believes that the large declines seen in these months are due to the expansion to 250% FPL in CHP+, which resulted in movement within income categories. Out-year trends for this population remain positive, with forecasted monthly increases of 0.83% in FY 2011-12, as current forecasts indicate that economic conditions should begin to improve in FY 2010-11. The FY 2010-11 revised caseload forecast of 1,504 and the FY 2011-12 projection is 1,691, both of which are much lower than the current FY 2010-11 appropriated caseload of 2,168.

Eligibility in CHP+ was again expanded from 205% to 250% of the federal poverty level through HB 09-1293 (known as Expansion to 250% FPL Children), and was implemented beginning May 1, 2010. Growth in FY 2009-10 was slightly lower than the Department's February 16, 2010 estimates. However, the Department believes that caseload will grow as was originally forecasted due to children undergoing annual redeterminations throughout FY 2010-11 and moderating economic conditions, which may increase caseload in the higher income groups. The forecast would result in average growth of 897 per month in FY 2010-11 and 205 per month in FY 2011-12.

Caseload Adjustments

In addition to the base caseload outlined above, there is a small bottom line adjustment to the children's caseload for the forecast period from the passage of the Health Care

Affordability Act, HB 09-1293. Effective February 2012, a 12-month guaranteed eligibility will be granted to children in Medicaid, which is anticipated to decrease the length of stay in CHP+ as fewer children move between the two programs and result in a caseload decrease beginning in FY 2011-12. This adjustment has been updated from the HB 09-1293 estimate to account for the revised caseload forecasts, and is being included in the Traditional Children population as this group is closest to Medicaid in terms of income, and is therefore the group that such children would most likely move to.

Total Children's Caseload Projection

The FY 2010-11 children's caseload forecast is 76,741, an 11.66% increase over the FY 2009-10 caseload of 68,725. This forecast results in average increases of 1,239 (1.26%) per month, and is much lower than the current FY 2010-11 appropriated caseload of 84,793. The FY 2011-12 caseload is projected to increase by 12.74% to 86,516, with forecasted increases of 474 clients, or 0.55% per month in FY 2011-12. Caseload growth in CHP+ may accelerate as the caseload increases in Medicaid children moderate.

Children's Caseload Summary	FY 2010-11 Appropriated Caseload	FY 2010-11 Revised Caseload	FY 2011-12 Requested Caseload
Traditional Children (up to 185% FPL)	70,906	64,014	67,063
Expansion to 200% FPL Children	4,859	4,363	4,637
Expansion to 205% FPL Children	2,168	1,504	1,691
Expansion to 250% FPL Children	6,860	6,860	13,125
Final Requested Caseload	84,793	76,741	86,516

Children's Per Capita (Exhibit C.5)

CHP+ children are served by either a health maintenance organization (HMO) at a fixed monthly cost, or by the State's managed care network (SMCN), which is administered by a no-risk provider. Actual and estimated caseload ratios between HMOs and the self-funded network are used to develop blended capitation rates and per capita costs. The

CHP+ Third Party Administrator (TPA) contract was re-bid for FY 2008-09, and Colorado Access was selected as the new vendor. Effective January 2009, the schedule of claims reconciliations has changed from annually to monthly. This will reduce the large year-end payments that have occurred in past years, and should help the Department identify changes in utilization trends sooner.

Beginning with FY 2009-10, the Department and its contracted actuary have changed the schedule for developing capitation rates. Previously, rates were calculated one year in advance, which required the actuary to rely on utilization data from at least two years prior to the year in question. For example, the original FY 2008-09 HMO rates were developed in July 2007 and were based on claims costs incurred in 2005 and 2006. The rate development now begins 6 months later, which allows the actuaries to use the entire prior fiscal year of utilization data in its calculation. This change should decrease the variation in rates between years, as well as making the rates more accurate.

In the development of the FY 2009-10 CHP+ rates (using data from FY 2006-07 and FY 2007-08), the contracted actuary found large increases in costs in both the SMCN and the HMOs. The following have been identified as possible causes of these increased costs:

- Children's enrollment has increased significantly since the base capitation rates were set. The highest growth was seen in children age 0 through 2 years old, which is the age group with the highest cost;
- Utilization of services (such as number of doctor visits, prescriptions filled, etc) has been increasing. There were also increases in the number of high cost children enrolled in the CHP+;
- Both the self-funded network and the HMOs have experienced large increases in unit cost, which measures the mix of services obtained as well as the underlying fee schedule and billed charges where applicable, and;
- In addition to these identifiable impacts, the Department implemented presumptive eligibility for children effective January 1, 2008. Although the Department cannot quantify the impact of this policy change at this time, the contracted actuary believes that this may be partially responsible for the increased utilization seen for emergent type services.

In addition, historic capitation rates for the self-funded network have been too low, resulting in significant year-end claims reconciliations. The Department believes that by trending these rates forward, there has been a compounding effect on the inadequacy of the rates. With the move to cash accounting and the switch in TPA vendors, the Department has been reconciling claims incurred in both FY 2007-08 and FY 2008-09 in FY 2009-10. These factors resulted in larger than anticipated reconciliation payments in FY 2009-10, and thus a higher per member per month cost than projected.

The Department has been working on revising its facility reimbursement methodology for two years, and the plan was effective July 1, 2009. Previously, the Department reimbursed inpatient hospitals at an approximate average of 65% of billed charges for the Children's Basic Health Plan self-funded network, whereas Medicaid reimburses at a much lower rate. During negotiations with the hospitals regarding the change in reimbursement methodology, the Department gave notice of its intent to move to a diagnosis-related group (DRG) methodology based on that used in Medicaid. At that time, Medicaid was scheduled to begin moving to a new DRG platform in FY 2009-10 to be fully implemented in FY 2010-11, and the Department proposed that hospital reimbursement for CHP+ move at the same time. However, the hospitals were reluctant to change to a CHP+ DRG system in FY 2009-10 and change again in FY 2010-11 to the Medicaid DRG system, and agreed that the savings could be achieved through a reduction to 44% of billed charges in FY 2009-10. In addition to the reduction to 44% of billed charges, the hospital charge masters were supposed to be frozen as of July 1, 2009 to ensure that the State was not seeing increased charges. However, the Department was not able to execute contracts with the hospitals due to limited resources in the Procurement Division, which allowed the billed charges to increase.

As discussed in the Department's June 21, 2010 1331 Emergency Supplemental Request for FY 2009-10, the anticipated savings from this reimbursement change were not realized. The year-to-date actual PMPM (data through March 2010 with an estimate for incurred but not reported (IBNR) claims) for hospital services is 6.5% higher than that included in the FY 2009-10 rate development (blended for the relative share of children

and prenatal women). This is a combination of both utilization and unit costs being higher than estimated in the rate development. Due to lags in billing and retroactivity, the Department and the contracted actuary were not able to confirm that hospital charge masters had indeed been increased until May 2010. In response to the continuing rise in hospital costs, the Department is again changing its facility reimbursement methodology. Effective July 1, 2010, CHP+ will reimburse both inpatient and outpatient hospital services at 135% of the Medicaid DRG. This change will result in predictable hospital reimbursements, and will result in more equitable reimbursement across hospitals (i.e., hospitals with relatively low cost-to-charge ratios will no longer receive lower reimbursement due to their charges being lower).

For the development of the FY 2010-11 CHP+ rates, the contracted actuary again found an annual cost trend above 15%. The actuary has opted to use the FY 2008-09 costs as the base, but assumes normal trends going forward as the FY 2008-09 base cost reflects the increases in utilization and unit costs that have caused the large increases in the past two years. For projecting to FY 2010-11, the contracted actuary reviewed published studies to determine industry norms for current and projected health care cost trends. Based on surveys reporting trends ranging from 4.40% to 10.80%, the contracted actuary estimates a trend of 9.50% for the average unit cost increase across service types. Utilization trend is projected to average 5.30% across service types, with relatively higher trends in inpatient and outpatient hospital due to long-term utilization patterns being high in these services. The total per member per month base trend is 15.30%.

As discussed above, effective July 1, 2010, the Department will implement a new reimbursement schedule for hospital payments. While the hospitals were paid 44% of billed charges in FY 2009-10, in FY 2010-11 they will be paid 135% of the Colorado Medicaid DRGs for inpatient services and 135% of the Colorado Medicaid Outpatient Cost-to-Charge ratio for outpatient services. This means that the program will essentially adopt the Medicaid reimbursement methodologies. Actuarial analysis shows a 28% savings in outpatient claims and a 35% savings for inpatient claims, or a total decrease of 21.62% in the base monthly rate for children in the SMCN.

The final FY 2010-11 SMCN children's per member per month rate is \$174.93, which includes administrative costs of \$24.19 for claims administration and case management and \$3.23 for stop loss coverage. This is a 12.42% increase from the final FY 2009-10 blended rate.

For projecting the FY 2010-11 HMO capitation rate, the contracted actuary used actual HMO experience through FY 2008-09 combined with published studies of health care cost trends. The average trends across service types are 3.0% for utilization and 6.9% for unit cost, with higher trends for both utilization and cost in both inpatient and outpatient hospital services due to long-term utilization patterns being high in these services. This includes \$12.11 in administrative costs, which are estimated to be 8.4% of total costs based on expenses reported by the four HMOs. To estimate this cost, the contracted actuary calculated the average per member per month cost of the two HMOs with mid-range reported administrative expenses. An annual trend of -0.6% is applied, based on the most recent Denver-Boulder-Greeley consumer price index for all items.

For FY 2010-11, the Department estimates that approximately 32% of children will be served in the self-funded network and the remaining 68% will be enrolled in an HMO. This is based on historical experience as well as the expectation that the percentage of children in an HMO will continue to increase as the Plan adds HMO service to geographic areas that were previously served only by the SMCN. Applying these weights to the actuarial rates yields a blended rate of \$154.47 for all children in FY 2010-11. This is an increase of 6.28% over the final FY 2009-10 blended rate of \$145.34 (calculated based on actual caseload shares between HMOs and the self-funded network). See Exhibit C.5, page C.5-2 for calculations.

The Department's FY 2010-11 forecasted per capita growth rate mirrors that of the actuarially developed rate. This forecast assumes that the capitation rate for the self-funded network is indeed in line with the costs incurred for these children, and that other factors that may affect per capita costs remain constant from FY 2008-09. Examples of other factors that may affect per capita costs include the length of stay in the program,

enrollment mix between the more expensive self-funded network and HMOs, and the average length of time taken for a child to enroll in an HMO.

The growth in the FY 2010-11 blended capitation rate is used to project the FY 2010-11 per capita. The base growth of 6.28% is applied to the calculated FY 2009-10 per capita to estimate a base per capita of \$2,324.41. There are no bottom line adjustments to the FY 2010-11 per capita at this time.

The Department has used the ten-year average Consumer Price Index for medical care for the Denver-Boulder-Greeley area to project the FY 2011-12 HMO and self-funded rates separately. The blended rate is then calculated assuming that 30.0% of children will be served in the self-funded network in FY 2011-12 and the remaining 70.0% will be enrolled in an HMO. This results in an increase of 4.20% for FY 2011-12 from the FY 2010-11 base rate.

Similar to the FY 2010-11 per capita, the projected growth in the FY 2011-12 blended capitation rate is used to project the FY 2011-12 per capita. The Department applies the projected 4.20% growth to the FY 2010-11 estimated per capita of \$2,324.41 for a projected FY 2011-12 per capita of \$2,422.04. There are currently no adjustments to the FY 2011-12 per capita for programmatic changes.

II. Description of Request Related to the Prenatal Program

Caseload Projections (Exhibit C.7)

In FY 2006-07 and FY 2007-08, the Children's Basic Health Plan prenatal population did not experience the volatility in caseload that was seen in the children's population. The removal of the Medicaid asset test did not affect this population, as pregnant women were never subject to asset limitations to qualify for the Medicaid Baby and Kid Care Program. In addition, the prenatal population was subject to the identification requirements of HB 06S-1023. With the passage of SB 07-211, the prenatal population is exempted from the

HB 06S-1023 identification requirements beginning July 1, 2007, which may be partially responsible for some of the strong growth in FY 2007-08.

Similarly to the Medicaid Baby and Kid Care Program Adults, the traditional prenatal population experienced unusually strong growth in FY 2007-08 and a negative trend in the first half of FY 2008-09. Traditional prenatal in CHP+, however, has continued to exhibit declines. Pregnant women in Medicaid are required to provide proof of citizenship and identification under the Deficit Reduction Act. Strong growth in the Medicaid population and the negative trend in FY 2008-09 indicate that the exemption of the prenatal population in the Children's Basic Health Plan from similar requirements under HB 06S-1023 was not the sole driver behind the large increases in FY 2007-08. Prior to January 2008, all functions for presumptive eligibility for pregnant women in the Children's Basic Health Plan were performed by an external contractor. Presumptive eligibility is now processed in the Colorado Benefits Management System, which may impact the growth trends by moving clients from presumptive eligibility into the Plan immediately upon full eligibility determination.

The Department has modeled the FY 2009-10 projection for the traditional prenatal on the monthly growth experienced between January 2008 and June 2010, during which caseload declined by an average of 0.02% per month. This forecast is lower than that from the Department's February 16, 2010 forecast, reflecting the lower than anticipated growth since FY 2008-09. The Department's forecast assumes that the FY 2010-11 trend will continue in out years, with zero growth on average

The Colorado Department of Public Health & Environment Family Planning Initiative was awarded a grant for approximately \$3.5 million to address the issue of unintended pregnancy. This funding will provide local Title X Family Planning clinics with money to purchase long acting methods of contraception, funding for sterilizations and funding to expand clinic capacity to see more Title X clients, the vast majority of which are under 200% of the federal poverty level. These initiatives may reduce future trends. This Family Planning initiative as well as the Family Planning waiver that was submitted by the

Department in accordance with SB 08-003, and assuming a stable economy, support moderate trends in the traditional prenatal population.

While the Expansion to 200% FPL Prenatal population has been in place for the same amount of time as the Expansion to 200% FPL children, its growth rate is not converging with the traditional prenatal population, as is occurring with the child populations. As with the children's populations, it appears that the expansion to 205% of the federal poverty level (known as Expansion to 205% FPL Prenatal) is partially responsible for the caseload decline in March 2008. This effect is expected to be mitigated in the prenatal population, as there is no period of guaranteed eligibility that would allow for movement within the program.

Unlike the traditional prenatal population, this income group has seen growth throughout FY 2009-10. The Department's forecast for FY 2010-11 is based on the growth experienced between May 2008 and June 2010, during which monthly increases averaged 0.60%. The Department projects that this moderate growth will continue in FY 2010-11. The selected trend is higher than that from the Department's February 2010 forecast, and results in average growth of approximately 1 client per month.

Eligibility in the Children's Basic Health Plan was expanded from 200% to 205% of the federal poverty level through SB 07-097 (known as Expansion to 205% FPL Prenatal), and was implemented beginning March 1, 2008. Growth in this population in FY 2007-08 was significantly higher than the forecast included in the fiscal note for SB 07-097. The Department believes that this higher than anticipated growth is partially due to the women moving within the Children's Basic Health Plan from lower income groupings. The Department's forecast for this population for is based on the average monthly growth slightly less than 1 client per month that was experienced between June 2008 and June 2010, and results in average growth of 0.67% per month. The Department assumes that this moderate growth will continue in FY 2011-12.

Eligibility in CHP+ was again expanded from 205% to 250% of the federal poverty level through HB 09-1293 (known as Expansion to 250% FPL Prenatal), and was implemented

beginning May 1, 2010. Growth in FY 2009-10 was lower than the Department’s February 16, 2010 estimates. However, the Department believes that caseload will grow as was originally forecasted due to moderating economic conditions, which may increase caseload in the higher income groups. The forecast would result in average growth of 119 per month in FY 2010-11 and 36 per month in FY 2011-12.

Total Prenatal Caseload Projection

The FY 2010-11 total prenatal caseload forecast is 2,393, a 53.30% increase over the FY 2009-10 caseload of 1,561. This forecast includes average increases of 121 (6.06%) per month. The FY 2011-12 caseload is projected to increase 38.03% to 3,303, with average growth of 2.26% (66 clients) per month.

Prenatal Caseload Summary	FY 2010-11 Appropriated Caseload	FY 2010-11 Revised Caseload	FY 2011-12 Requested Caseload
Traditional Prenatal (up to 185% FPL)	1,307	1,262	1,262
Expansion to 200% FPL Prenatal	192	197	209
Expansion to 205% FPL Prenatal	110	76	82
Expansion to 250% FPL Prenatal	858	858	1,750
Final Requested Caseload	2,467	2,393	3,303

Prenatal Per Capita (Exhibit C.5)

All clients in the prenatal program are served by the self-funded program (now administered by Colorado Access) and the costs of their services are billed in full directly to the State. As discussed in Children’s Rates in Section I, the contracted actuary found large increases in costs in the SMCN during the development of the FY 2009-10 CHP+ rates (using data from FY 2006-07 and FY 2007-08). Specifically, inpatient hospital utilization in the prenatal program increased by 27.9% in FY 2007-08.

In addition, historic capitation rates for the self-funded network have been too low, resulting in significant year-end claims reconciliations. The Department believes that by trending these rates forward, there has been a compounding effect on the inadequacy of the rates. With the move to cash accounting and the switch in TPA vendors, the Department has been reconciling claims incurred in both FY 2007-08 and FY 2008-09 in FY 2009-10. These factors resulted in larger than anticipated reconciliation payments in FY 2009-10, and thus a higher per member per month cost than projected.

As discussed in the Children's Rates in Section I, the Department has been working on revising its facility reimbursement methodology for two years, and the plan was effective July 1, 2009. Previously, the Department reimbursed inpatient hospitals at an approximate average of 65% of billed charges for the Children's Basic Health Plan self-funded network, whereas Medicaid reimburses at a much lower rate. During negotiations with the hospitals regarding the change in reimbursement methodology, the Department gave notice of its intent to move to a diagnosis-related group (DRG) methodology based on that used in Medicaid. At that time, Medicaid was scheduled to begin moving to a new DRG platform in FY 2009-10 to be fully implemented in FY 2010-11, and the Department proposed that hospital reimbursement for CHP+ move at the same time. However, the hospitals were reluctant to change to a CHP+ DRG system in FY 2009-10 and change again in FY 2010-11 to the Medicaid DRG system, and agreed that the savings could be achieved through a reduction to 44% of billed charges in FY 2009-10. In addition to the reduction to 44% of billed charges, the hospital charge masters were supposed to be frozen as of July 1, 2009 to ensure that the State was not seeing increased charges.

As discussed in the Department's June 21, 2010 1331 Emergency Supplemental Request for FY 2009-10, the anticipated savings from this reimbursement change were not realized. The year-to-date actual PMPM (data through March 2010 with an estimate for incurred but not reported (IBNR) claims) for hospital services is 6.5% higher than that included in the FY 2009-10 rate development (blended for the relative share of children and prenatal women). This is a combination of both utilization and unit costs being higher than estimated in the rate development. Due to lags in billing and retroactivity, the Department and the contracted actuary were not able to confirm that hospital charge

masters had indeed been increased until May 2010. In response to the continuing rise in hospital costs, the Department is again changing its facility reimbursement methodology. Effective July 1, 2010, CHP+ will reimburse both inpatient and outpatient hospital services at 135% of the Medicaid DRG. This change will result in predictable hospital reimbursements, and will result in more equitable reimbursement across hospitals (i.e., hospitals with relatively low cost-to-charge ratios will no longer receive lower reimbursement due to their charges being lower).

For the development of the FY 2010-11 CHP+ rates, the contracted actuary again found large annual cost trends, with inpatient and outpatient hospital services both exceeding 45%. The actuary has opted to use the FY 2008-09 costs as the base, but assumes normal trends going forward as the FY 2008-09 base cost reflects the increases in utilization and unit costs that have caused the large increases in the past two years. For projecting to FY 2010-11, the contracted actuary reviewed published studies to determine industry norms for current and projected health care cost trends. Based on surveys reporting trends ranging from 4.40% to 10.80%, the contracted actuary estimates a trend of 9.60% for the average unit cost increase across service types. Utilization trend is projected to average 5.70% across service types, with relatively higher trends in inpatient and outpatient hospital due to long-term utilization patterns being high in these services. The total per member per month base trend is 15.80%.

As discussed above, effective July 1, 2010, the Department will implement a new reimbursement schedule for hospital payments. While the hospitals were paid 44% of billed charges in FY 2009-10, in FY 2010-11 they will be paid 135% of the Colorado Medicaid DRGs for inpatient services and 135% of the Colorado Medicaid Outpatient Cost-to-Charge ratio for outpatient services. This means that the program will essentially adopt the Medicaid reimbursement methodologies. Actuarial analysis shows a 42% savings in outpatient claims and a 14% savings for inpatient claims, or a total decrease of 15.93% in the base monthly rate for children in the SMCN.

The final FY 2010-11 SMCN prenatal per member per month rate is \$1,092.92, which includes administrative costs of \$24.19 for claims administration and case management

and \$3.23 for stop loss coverage. This is a 33.06% increase from the final FY 2009-10 rate. The single largest factor contributing to the cost trend is a change in the claim handling for certain newborns. Newborns without a state ID number are covered under the prenatal program by the current administrator, while the prior administrator denied claims for newborns without a state ID number. The claims for such newborns were then paid under the children's program under the previous administrator, whereas they are now paid under the prenatal program.

The Department's FY 2010-11 forecasted per capita growth rate mirrors that of the actuarially developed rate. This forecast assumes that the capitation rate for the self-funded network is indeed in line with the costs incurred for the women and that length of stay in the program remains constant from FY 2008-09. The base growth of 33.06% is applied to the calculated FY 2009-10 per capita to estimate a base per capita of \$14,794.32. There are no bottom line adjustments to the FY 2010-11 per capita at this time.

The Department has used the ten-year average Consumer Price Index for medical care for the Denver-Boulder-Greeley area to project the FY 2011-12 self-funded rate. Similar to the FY 2010-11 per capita, the projected growth in the FY 2011-12 capitation rate is used to project the FY 2011-12 per capita. The Department applies the projected 4.60% growth to the FY 2010-11 estimated per capita of \$14,794.32 for a projected FY 2011-12 per capita of \$15,452.67. There are currently no adjustments to the FY 2011-12 per capita for programmatic changes.

III. Description of Request Related to the Children's Dental Benefit Costs

Dental Caseload (Exhibit C.6)

Children who qualify for the Children's Basic Health Plan are eligible to receive dental benefits in addition to medical benefits. There are consistently fewer members enrolled in the dental program than in the medical plan, because new members do not receive dental coverage during their pre-HMO enrollment period. Beginning in FY 2007-08, the

Department no longer estimates a separate dental caseload. Rather, the dental caseload will be the same as the medical caseload, and the per capita will incorporate a lower cost per client due to a shorter length of stay in the dental program.

Dental Per Capita (Exhibit C.5)

The dental vendor contract was re-bid for FY 2007-08, and a new contract was executed with Delta Dental. As part of the re-bid process, Delta Dental was able to offer an increased benefits package. These changes include increasing the cap on dental benefits from \$500 to \$600 per year, removing the age limit on sealants and fluoride varnishes, and increasing the cap on fluoride varnishes from one to two per year.

For the development of the FY 2010-11 dental capitation rate, the contracted actuary based the annual trend rate of 3.50%. This is lower than industry trends (between 4.10% and 6.75%) because the trend affects costs only for the portion of children that do not reach the annual cap. The assumed cost trend assumes 1.50% annual utilization trend and 2.00% unit cost trend. Combined with the projected change in the age and income distribution in the Plan, the projected capitation rate of \$14.40 is a 2.77% decrease over the FY 2009-10 capitation. The FY 2010-11 monthly rate assumes the continuation of all benefit expansions, as well as an estimated \$1.12 in administrative costs. The trend in the capitation rate is negative due largely to decreased utilization in high cost services between FY 2007-08 and FY 2008-09, which is the base period that the FY 2010-11 rate is trended from.

The Department's FY 2010-11 forecasted per capita growth rates mirrors that of the actuarially developed rate. This forecast assumes that other factors that may affect per capita costs, such as the length of stay in the Children's Basic Health Plan and the average length of time taken for a child to receive dental benefits, remain constant from FY 2008-09 base period. Base growth of -2.77% from the capitation rate is applied to the calculated FY 2009-10 per capita of \$156.66, resulting in a projected FY 2010-11 per capita of \$152.32.

As discussed in Children's Rates in Section I, beginning with FY 2009-10, the Department and its contracted actuary have changed the schedule for developing capitation rates and the FY 2011-12 rates have not yet been developed.

To estimate the FY 2011-12 per capita trend, the Department analyzed the historical growth in the dental rates. The Department has assumed that the growth rate for FY 2011-12 will approximate the average growth over the last four years, or 2.06%. The projected FY 2011-12 per capita is \$155.46. There are no per capita adjustments for the dental program.

IV. Update on Reconciliation of Administrative Expenditures

As discussed in its November 1, 2006 FY 2007-08 DI-3 and February 16, 2009 S-3, the Department described a potential accounting irregularity related to administrative costs in the Children's Basic Health Plan. When the federal government enacted the State Children's Health Insurance Plan, it stipulated that administrative costs up to 10% of total program expenditures would be matched by the federal government on a federal fiscal year basis. While unspent federal funds in a given quarter can be utilized within the same fiscal year, expenditures can not be applied against the 10% cap in any other fiscal year. In the early years of the program, the Department experienced administrative costs that were in excess of the 10% cap and was therefore entitled to claim the entire amount of federal matching funds available. In subsequent years, the Department continued to draw federal matching funds on 10% of its budgeted program expenditures, even though actual administrative costs as a portion of total expenditures decreased considerably.

With large program growth in FY 2005-06, the Department reviewed the procedure for administrative costs and revised its methodology in October 2006. The Department is able to administer the program for less than the allowable 10% of program costs. As a result, since October 2006 the Department has drawn the federal revenue it needs for administration based on the actual expenditures by quarter and no longer rolls expenditures into other quarters.

The review of this issue has been on-going and is a work in progress. The Department has been working with the Centers for Medicare and Medicaid Services since late 2008 to determine which methodology for calculation of the federal draw for administration is most appropriate, as well as to determine whether any federal revenue has in fact been overdrawn. The Office of Inspector General began auditing this issue in early 2009, and the Department has been working with the OIG throughout this process. The Department anticipates that this audit will be finalized in 2010, following the Department's review of the OIG findings.

Consequences if Not Funded:

Not applicable. Under the Patient Protection and Affordable Care Act of 2009, there is a Maintenance of Effort provision on CHP+ eligibility until September 31, 2019. As such, CHP+ resembles an entitlement program like Medicaid. If the funding were not appropriated to support the increased costs, the entire CHP+ program would have to be eliminated.

Calculations for Request:

Summary of Request FY 2010-11 (4) Indigent Care Program, Children's Basic Health Plan Premium Costs	Total Funds	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Total Appropriation	\$202,521,966	\$64,352,642	\$6,856,880	\$131,312,444
FY 2010-11 Final Appropriation (Column 2)	\$202,521,966	\$64,352,642	\$6,856,880	\$131,312,444
FY 2010-11 Supplemental Request (Column 3)	\$11,258,390	\$3,884,459	\$0	\$7,373,931
FY 2010-11 Total Revised Request (Column 4)	\$213,780,356	\$68,237,101	\$6,856,880	\$138,686,375

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Summary of Request FY 2011-12 (4) Indigent Care Program, Children's Basic Health Plan Premium Costs	Total Funds	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Final Appropriation (Column 2)	\$202,521,966	\$64,352,642	\$6,856,880	\$131,312,444
Remove One-time Appropriation from Trust	\$0	\$6,856,880	(\$6,856,880)	\$0
FY 2011-12 Base Request (Column 5)	\$202,521,966	\$71,209,522	\$0	\$131,312,444
FY 2011-12 November 1, 2010 DI-3 (Column 6)	\$58,063,417	\$20,315,343	\$0	\$37,748,074
Total FY 2011-12 Revised Request (Column 9)	\$260,585,383	\$91,524,865	\$0	\$169,060,518

Summary of Request FY 2012-13 (4) Indigent Care Program, Children's Basic Health Plan Premium Costs	Total Funds	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Final Appropriation (Column 2)	\$202,521,966	\$64,352,642	\$6,856,880	\$131,312,444
FY 2011-12 Base Request (Column 5)	\$202,521,966	\$71,209,522	\$0	\$131,312,444
FY 2011-12 November 1, 2010 DI-3 (Column 6)	\$58,063,417	\$20,315,343	\$0	\$37,748,074
FY 2012-13 Change from Base (Column 10)	\$58,063,417	\$20,315,343	\$0	\$37,748,074

Summary of Request FY 2010-11 (4) Indigent Care Program, Children's Basic Health Plan Dental Benefit Costs	Total Funds	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Total Appropriation	\$13,878,070	\$4,857,325	\$0	\$9,020,745
FY 2010-11 Final Appropriation (Column 2)	\$13,878,070	\$4,857,325	\$0	\$9,020,745
FY 2010-11 Supplemental Request (Column 3)	(\$2,188,882)	(\$766,109)	\$0	(\$1,422,773)
FY 2010-11 Total Revised Request (Column 4)	\$11,689,188	\$4,091,216	\$0	\$7,597,972

Summary of Request FY 2011-12 (4) Indigent Care Program, Children's Basic Health Plan Dental Benefit Costs	Total Funds	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Final Appropriation (Column 2)	\$13,878,070	\$4,857,325	\$0	\$9,020,745
FY 2011-12 Base Request (Column 5)	\$13,878,070	\$4,857,325	\$0	\$9,020,745
FY 2011-12 November 1, 2010 DI-3 (Column 6)	(\$428,293)	(\$149,902)	\$0	(\$278,391)
Total FY 2011-12 Revised Request (Column 9)	\$13,449,777	\$4,707,423	\$0	\$8,742,354

Summary of Request FY 2012-13 (4) Indigent Care Program, Children's Basic Health Plan Dental Benefit Costs	Total Funds	Cash Funds	Reappropriated Funds	Federal Funds
FY 2010-11 Final Appropriation (Column 2)	\$13,878,070	\$4,857,325	\$0	\$9,020,745
FY 2011-12 Base Request (Column 5)	\$13,878,070	\$4,857,325	\$0	\$9,020,745
FY 2011-12 November 1, 2010 DI-3 (Column 6)	(\$428,293)	(\$149,902)	\$0	(\$278,391)
FY 2012-13 Change from Base (Column 10)	(\$428,293)	(\$149,902)	\$0	(\$278,391)

Cash Funds Projections:

Cash Fund Name	Cash Fund Number	FY 2009-10 Expenditures	FY 2009-10 End of Year Cash Balance	FY 2010-11 End of Year Cash Balance Estimate	FY 2011-12 End of Year Cash Balance Estimate	FY 2012-13 End of Year Cash Balance Estimate
Children's Basic Health Plan Trust Fund	11G	\$35,440,483	\$599,735	\$54,080	\$11,692	\$2,398,058
Health Care Expansion Fund	18K	\$111,444,298	\$79,234,953	\$35,822,131	\$753,168	\$10,456,327
Hospital Provider Fee Cash Fund	24A	\$298,055,638	\$5,714,436	\$5,714,436	\$5,714,436	\$5,714,436

Please note that this request does not address the insolvency of either the CHP+ Trust Fund or the Health Care Expansion Fund. Please see the Department's FY 2011-12 DI-6 for information on this.

Assumptions for Calculations:

All calculations and assumptions are presented in Exhibits C.1 through C.10 included with this request. Detailed caseload and per capita assumptions are outlined below.

Assumptions for Children's Caseload Projections

FY 2010-11 and FY 2011-12 Enrollment Projection: Exhibit C.6

- The Department's FY 2010-11 forecast assumes that the monthly growth rate will increase to 0.48% per month, based on econometric models. This forecast is reflective of the slowing monthly growth seen over the course of FY 2009-10. Because the economy is believed to be partially responsible for this change, the Department believes that projected economic conditions give no indication that the trend will not continue to be positive throughout FY 2010-11
- Current forecasts indicate that economic conditions will begin to improve beginning in FY 2010-12, and growth in Medicaid Eligible Children caseload is projected to moderate from 5.61% in FY 2010-11 to 2.77% in FY 2011-12. These factors may increase the number of children eligible for CHP+ rather than Medicaid. The Department forecasts that the traditional children caseload will increase by 0.36% per month in FY 2011-12.
- After accounting for policy changes that affected traditional and expansion populations over the last three years, monthly growth in the Expansion to 200% FPL Children caseload has been approximately the same as that for the traditional children since FY 2006-07. The Department believes that the converging of growth rates is reflective of a maturing population that is approaching a stable long-term growth rate. As such, the Department anticipates that growth in Expansion to 200% FPL Children will mirror that in traditional children in both FY 2010-11 and FY 2011-12. This forecast results in average monthly growth of 0.47% per month in FY 2010-11 and 0.35% per month in FY 2011-12.
- Eligibility in CHP+ was expanded from 200% to 205% of the federal poverty level through SB 07-097 (known as Expansion to 205% FPL Children), and was implemented beginning March 1, 2008. The Department's FY 2010-11 forecast for this population is based on growth experienced between August 2008 and April 2010, during which caseload increased by an average of 1.19% per month. Out-year trends are slightly lower, as current forecasts indicate that economic conditions should begin

to improve in 2010. Growth is forecasted to increase to 0.83% per month in FY 2011-12.

- Eligibility in CHP+ was again expanded from 205% to 250% of the federal poverty level through HB 09-1293 (known as Expansion to 250% FPL Children), and was implemented beginning May 1, 2010. Growth in FY 2009-10 was slightly lower than the Department's February 16, 2010 estimates. However, the Department believes that caseload will grow as was originally forecasted due to children undergoing annual redeterminations throughout FY 2010-11 and moderating economic conditions, which may increase caseload in the higher income groups. The forecast would result in average growth of 897 per month in FY 2010-11 and 205 per month in FY 2011-12.

Assumptions for Prenatal Caseload Projections (Exhibit C.7)

- The Department has modeled the FY 2010-11 projection for the traditional prenatal population on monthly growth experienced between January 2008 and June 2010, during which caseload declined by an average of 0.02% per month. The Department assumes that this trend will continue in FY 2011-12.
- While the Expansion to 200% FPL Prenatal population has been in place for the same amount of time as the expansion children, its growth rate is not converging with the traditional prenatal population, as is occurring with the child populations. The Department's forecast for FY 2010-11 for Expansion to 200% FPL Prenatal is based on the growth experienced between May 2008 and June 2010, during which monthly increases averaged 0.60%. The Department projects that this moderate growth will continue in FY 2011-12.
- Eligibility in CHP+ was expanded from 200% to 205% of the federal poverty level through SB 07-097 (known as Expansion to 205% FPL Prenatal), and was implemented beginning March 1, 2008. The Department's FY 2010-11 forecast for this population is based on the average monthly growth of slightly less than 1 client per month that was experienced between June 2008 and June 2010. The Department assumes that this moderate growth will continue in FY 2011-12.
- Eligibility in CHP+ was again expanded from 205% to 250% of the federal poverty level through HB 09-1293 (known as Expansion to 250% FPL Prenatal), and was

implemented beginning May 1, 2010. Growth in FY 2009-10 was lower than the Department's February 16, 2010 estimates. However, the Department believes that caseload will grow as was originally forecasted due to moderating economic conditions, which may increase caseload in the higher income groups. The forecast would result in average growth of 119 per month in FY 2010-11 and 36 per month in FY 2011-12.

Assumptions for Per Capita Projections (Exhibit C.5)

- The forecasted children's and prenatal per capitas assume that the actuarially developed self-funded program capitation rates are indeed in line with the costs incurred by clients served in the network.
- All forecasted per capitas assume that growth will mirror that in the actuarially developed capitation rates. Thus, the Department assumes that factors other than the capitation rate that may affect the per capita remain constant from the FY 2008-09 base period from which rates are projected. Such factors may include the children's caseload mix between the self-funded network and HMOs, average length of time to enroll in an HMO or to receive dental benefits, and the average length of stay in CHP+.

Impact on Other Government Agencies: Not applicable.

Cost Benefit Analysis: Not applicable. This request is only to update caseload and per capita costs, and does not require a cost benefit analysis.

Implementation Schedule: Not applicable. This request is only to update caseload and per capita costs, and does not have any programmatic changes to implement.

Statutory and Federal Authority:

Children's Health Insurance Program is established in federal law in the Social Security Act, Title XXI (42 U.S.C. 1397aa through 1397jj). SEC. 2101. [42 U.S.C. 1397aa] (a) *PURPOSE-The purpose of this title is to provide funds to States to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner that is coordinated with other sources of health benefits coverage for children. Such assistance shall be provided primarily for obtaining health benefits coverage...*

25.5-8-105 C.R.S. (2010) (1) *A fund to be known as the Children's Basic Health Plan Trust is hereby created... all monies deposited in the trust and all interest earned on the moneys in the Trust shall remain in the Trust for the purposes set forth...*

25.5-8-103 (4) C.R.S., (2010) *"Eligible person" means: (a) A person who is less than nineteen years of age, whose family income does not exceed two hundred fifty percent of the federal poverty level, adjusted for family size...; or (b) A pregnant woman whose family income does not exceed two hundred fifty percent of the federal poverty level, adjusted for family size.*

25.5-8-107 (1) (a) (II), C.R.S. (2010) (1) *In addition to any other duties pursuant to this article, the department shall have the following duties: (a) (II) In addition to the items specified in subparagraph (I) of this paragraph (a) and any additional items approved by the medical services board, on and after January 1, 2001, the medical services board shall include dental services in the schedule of health care services upon a finding by the board that: (A) An adequate number of dentists are willing to provide services to eligible children; and (B) The financial resources available to the program are sufficient to fund such services.*

24-22-117 (2) (a) (II), C.R.S. (2010) *...moneys in the Health Care Expansion Fund shall be annually appropriated by the general assembly to the Department of Health Care Policy and Financing for the following purposes: (A) To increase eligibility in the Children's Basic Health Plan, Article 19 of Title 25.5, C.R.S., for Children and Pregnant women from one hundred eighty-five percent to two hundred percent of the federal*

poverty level; (B) To remove the asset test under the Medical Assistance program, Article 4 of Title 25.5, C.R.S., for children and families; ... (F) To pay for enrollment increases above the average enrollment for state fiscal year 2003-04 in the Children's Basic Health Plan, Article 19 of Title 25.5, C.R.S.

Performance Measures:

The Department believes that avoidance of an enrollment cap can be achieved by providing funding to support natural caseload growth in children and prenatal women in the Children's Basic Health Plan. This would ensure continuity of care, and clients in the program would have better health outcomes and show a high level of satisfaction with their care. As such, the Department believes that this request supports the following Performance Measures:

- Expand coverage in the Children's Basic Health Plan.
- Increase the number of clients served through targeted, integrated care management programs.
- Increase the number of children served through a dedicated medical home service delivery model.

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Exhibit C.1 - Children's Basic Health Plan Trust Fund Analysis

		Actual	Actual	Actual	Actual	Actual	Actual	Estimated	Requested	Estimated	
	PROGRAM REVENUES	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Beginning Balance	\$5,389,901	\$9,025,270	\$4,411,882	\$7,776,123	\$9,231,077	\$6,608,063	\$599,735	\$0	\$0	Actual and Q
B	General Fund Appropriations/Request ¹	\$3,296,346	\$2,000,000	\$11,243,215	\$5,564,404	\$1,000,000	\$2,710,779	\$9,411,482	\$0	\$0	Footnote 1
C	January 2006 transfer from the State Controller	\$0	\$900,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Actual
D	Tobacco Master Settlement Funds to Trust ²	\$20,629,548	\$20,927,529	\$19,214,822	\$22,851,718	\$24,832,639	\$25,814,362	\$26,925,764	\$26,208,640	\$26,219,635	Footnote 2
E	Annual Enrollment Fees	\$122,626	\$191,726	\$232,136	\$283,367	\$328,499	\$346,589	\$416,705	\$492,277	\$515,479	Exhibits C.2, C.3
F	Interest Earnings	\$587,893	\$752,518	\$367,880	\$623,549	\$447,522	\$98,725	\$288,108	\$204,428	\$206,023	Exhibit C.1
G	Accounts Payable Reversions from Prior Year	\$156,901	\$45,896	\$10,591	\$3,180	\$0	\$0	\$0	\$0	\$0	Actual
H	Supplemental Tobacco Litigation Settlement Account ^{2,4}	\$0	\$0	\$0	\$480,157	\$1,841,459	\$0	\$0	\$0	\$0	Footnotes 2, 4
I	Colorado Immunization Fund ⁵	\$0	\$0	\$0	\$90,795	\$171,251	\$461,700	\$559,603	\$583,099	\$610,004	Footnote 5
J	Total Revenues	\$30,183,215	\$33,842,939	\$35,480,526	\$37,673,294	\$37,852,448	\$36,040,218	\$38,201,397	\$27,488,444	\$27,551,141	Sum A:I
	PROGRAM EXPENDITURES										
K	Program Expenditures from Trust Fund ⁶	\$21,157,945	\$21,331,057	\$27,704,403	\$27,962,060	\$29,862,571	\$34,978,783	\$41,051,361	\$42,779,216	\$45,232,409	Footnote 6
L	Program Expenditures from Supplemental Tobacco Litigation Settlement Account ^{4,6}	\$0	\$0	\$0	\$480,157	\$1,381,814	\$0	\$0	\$0	\$0	Footnotes 4, 6
M	Estimated Program Expenditure from Colorado Immunization Fund ^{5,6}	\$0	\$0	\$0	\$90,795	\$171,251	\$461,700	\$559,603	\$583,099	\$610,004	Footnotes 6, 7
N	SB 05-211 Transfer to General Fund	\$0	\$8,100,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Actual
O	Total Expenditures	\$21,157,945	\$29,431,057	\$27,704,403	\$28,442,217	\$31,244,385	\$35,440,483	\$41,610,964	\$43,362,315	\$45,842,413	Sum K:N
P	Remaining Balance in Trust Fund	\$9,025,270	\$4,411,882	\$7,776,123	\$9,231,077	\$6,608,063	\$599,735	(\$3,409,567)	(\$15,873,871)	(\$18,291,272)	J - O
Q	Total General Fund Need ⁷	\$0	\$0	\$0	\$0	\$0	\$0	\$3,383,178	\$15,751,013	\$18,149,704	Q - S
R	Additional Interest Earnings On Requested General Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$26,389	\$122,858	\$141,568	Exhibit C.1
S	Final Ending Balance of Trust Fund	\$9,025,270	\$4,411,882	\$7,776,123	\$9,231,077	\$6,608,063	\$599,735	\$0	\$0	\$0	Sum Q:S

¹ FY 2004-05 to FY 2009-10 are actual appropriations.

² FY 2004-05 to FY 2009-10 are actual appropriations/transfers. FY 2010-11 and FY 2011-12 are forecasts from Legislative Council (January 2010).

³ FY 2005-06 through FY 2009-10 are actual expenditures and revenues transferred from the Health Care Expansion Fund and the Hospital Provider Fee Cash Fund for expansion clients. FY 2010-11 and FY 2011-12 are projections from Exhibits C.2 and C.3, respectively.

⁴ FY 2007-08 and FY 2008-09 are actual revenues transferred from the Supplemental Tobacco Litigation Settlement Account created in SB 07-097 for Supplemental Expansion clients as well as estimated State expenditures for early intervention services. This Account was eliminated in FY 2009-10 through SB 09-210, and revenues are now transferred directly to the Children's Basic Health Plan Trust Fund.

⁵ FY 2007-08 and FY 2009-10 are actual revenues transferred from the Colorado Immunization Fund for the cervical cancer immunization. FY 2010-11 and FY 2011-12 are projections from Exhibits C.2 and C.3.

⁶ Figures for FY 2004-05 through FY 2009-10 are actuals, while figures for FY 2010-11 and FY 2011-12 are projections. See Exhibits C.2 and C.3.

⁷ This request does not include General Fund to address the insolvency of the Trust Fund. Please see the Department's FY 2011-12 DI-6 for this request.

Exhibit C.1 - Children's Basic Health Plan Trust Fund Interest Earnings

Estimation of Interest Earnings to the Trust Fund	
FY 2005-06- Actual	
Interest Earned	\$752,518
Beginning Balance, Non-Interest Deposits, Appropriations to the Trust	\$33,044,525
Ratio of Interest Earned	2.28%
FY 2006-07- Actual	
Interest Earned	\$367,880
Beginning Balance, Non-Interest Deposits, Appropriations to the Trust	\$35,102,055
Ratio of Interest Earned	1.05%
FY 2007-08- Actual	
Interest Earned	\$623,549
Beginning Balance, Non-Interest Deposits, Appropriations to the Trust	\$36,475,612
Ratio of Interest Earned	1.71%
FY 2008-09- Actual	
Interest Earned	\$447,522
Beginning Balance, Non-Interest Deposits, Appropriations to the Trust	\$35,063,716
Ratio of Interest Earned	1.28%
FY 2009-10- Actual	
Interest Earned	\$98,725
Beginning Balance, Non-Interest Deposits, Appropriations to the Trust	\$35,133,204
Ratio of Interest Earned	0.28%
FY 2010-11- Projection	
Beginning Balance, Non-Interest Deposits, Appropriations to the Trust	\$36,936,981
Estimated Ratio of Interest Earned	0.78%
Estimated Interest Earnings (adjusted for partial years where applicable)	\$288,108
FY 2011-12- Projection	
Beginning Balance, Non-Interest Deposits, Appropriations to the Trust	\$26,208,640
Estimated Ratio of Interest Earned	0.78%
Estimated Interest Earnings (adjusted for partial years where applicable)	\$204,428
* Actual Interest earnings as reported in the Colorado Financial Reporting System.	

Exhibit C.2 - FY 2010-11 Children's Basic Health Plan Program Expenditures

FY 2010-11 Children's Medical, Prenatal, Dental, Administration Request and Funding Splits							
	Reference	Traditional up to FY 03-04 Level ¹	Traditional Above FY 03-04 Level ²	Expansion to 200%FPL ²	Expansion to 205% FPL ¹	Expansion to 250% FPL ³	Total
FY 2010-11 CBHP Children's Medical Expenditures							
FY 2010-11 Enrollment Estimate	Exhibit C.6	41,786	22,228	4,363	1,504	6,860	76,741
Medical Per Capita	Exhibit C.5	\$2,324.41	\$2,324.41	\$2,324.41	\$2,324.41	\$2,324.41	\$2,324.41
Total Children's Medical Expenditures		\$97,127,796	\$51,666,985	\$10,141,401	\$3,495,913	\$15,945,453	\$178,377,548
Annual Enrollment Fee Collection Per Enrollee ⁴							\$5.43
Total Annual Enrollment Fee Collections (Cash Funds ⁵)		\$226,898	\$120,699	\$23,691	\$8,167	\$37,250	\$416,705
Expenditures To Be Matched by Federal Funds		\$96,900,898	\$51,546,286	\$10,117,710	\$3,487,746	\$15,908,203	\$177,960,843
	Title XXI Federal Funds	\$62,985,584	\$33,505,086	\$6,576,512	\$2,267,035	\$10,340,332	\$115,674,549
	State Funds	\$33,915,314	\$18,041,200	\$3,541,198	\$1,220,711	\$5,567,871	\$62,286,294
FY 2010-11 CBHP Prenatal Services Expenditures							
FY 2010-11 Prenatal Enrollment Estimate	Exhibit C.7	101	1,161	197	76	858	2,393
Prenatal Medical Per Capita	Exhibit C.5	\$14,794.32	\$14,794.32	\$14,794.32	\$14,794.32	\$14,794.32	\$14,794.32
Total Prenatal Medical Expenditures		\$1,494,226	\$17,176,206	\$2,914,481	\$1,124,368	\$12,693,527	\$35,402,808
	Title XXI Federal Funds	\$971,247	\$11,164,534	\$1,894,413	\$730,839	\$8,250,793	\$23,011,826
	State Funds	\$522,979	\$6,011,672	\$1,020,068	\$393,529	\$4,442,734	\$12,390,982
FY 2010-11 Children's Basic Health Plan Premiums Costs		\$98,622,022	\$68,843,191	\$13,055,882	\$4,620,281	\$28,638,980	\$213,780,356
	Title XXI Federal Funds	\$63,956,831	\$44,669,620	\$8,470,925	\$2,997,874	\$18,591,125	\$138,686,375
	State Funds ⁶	\$34,665,191	\$24,173,571	\$4,584,957	\$1,622,407	\$10,047,855	\$75,093,981
FY 2010-11 CBHP Dental Expenditures							
FY 2010-11 Enrollment Estimate	Exhibit C.6	41,786	22,228	4,363	1,504	6,860	76,741
Dental Per Capita	Exhibit C.5	\$152.32	\$152.32	\$152.32	\$152.32	\$152.32	\$152.32
FY 2010-11 Children's Basic Health Plan Dental Benefit Costs		\$6,364,843	\$3,385,769	\$664,572	\$229,089	\$1,044,915	\$11,689,188
	Title XXI Federal Funds	\$4,137,148	\$2,200,749	\$431,972	\$148,908	\$679,195	\$7,597,972
	State Funds	\$2,227,695	\$1,185,020	\$232,600	\$80,181	\$365,720	\$4,091,216
FY 2010-11 Children's Basic Health Plan Administration							
FY 2010-11 External Administration Expenditures	Exhibit C.4	\$4,369,577	\$0	\$500,000	\$0	\$19,926	\$4,889,503
	Title XXI Federal Funds	\$713,076	\$0	\$251,225	\$0	\$12,952	\$977,253
	Title XIX Federal Funds	\$1,636,270	\$0	\$56,750	\$0	\$0	\$1,693,020
	State Funds	\$2,020,231	\$0	\$192,025	\$0	\$6,974	\$2,219,230
FY 2010-11 Internal Administration Expenditures	Exhibit C.4	\$1,787,403	\$0	\$0	\$0	\$0	\$1,787,403
	Title XXI Federal Funds	\$1,161,812	\$0	\$0	\$0	\$0	\$1,161,812
	State Funds	\$625,591	\$0	\$0	\$0	\$0	\$625,591
Total FY 2010-11 Children's Basic Health Plan Expenditures		\$111,143,845	\$72,228,960	\$14,220,454	\$4,849,370	\$29,703,821	\$232,146,450
	Title XXI and Title XIX Federal Funds	\$71,605,137	\$46,870,369	\$9,210,872	\$3,146,782	\$19,283,272	\$150,116,432
	State Funds	\$39,538,708	\$25,358,591	\$5,009,582	\$1,702,588	\$10,420,549	\$82,030,018

¹ Traditional clients up to the FY 2003-04 enrollment level and Expansion to 205% FPL clients are funded from the Children's Basic Health Plan Trust Fund.

² Traditional clients above the FY 2003-04 enrollment level and the Expansion to 200% FPL clients are funded from the Health Care Expansion Fund.

³ Expansion to 250% FPL clients are funded from the Hospital Provider Fee Cash Fund.

⁴ Annual enrollment fees per enrollee for existing clients is estimated to be \$5.43 based on the actual collections in FY 2009-10, adjusted for the projected share of clients required to pay the fee.

⁵ Annual enrollment fees are not eligible for a federal match.

⁶ This amount includes the enrollment fees, as all enrollment fees collected are appropriated from the Trust Fund for use in the Premiums Costs.

Exhibit C.2 - FY 2010-11 Children's Basic Health Plan Program Expenditures

FY 2010-11 Calculation of Fund Splits							
	Total State Funds	Children's Basic Health Plan Trust Fund ¹	Health Care Expansion Fund ²	Hospital Provider Fee ³	Colorado Immunization Fund ⁴	Federal Funds	Total Funds
Children's Medical							
Traditional up to FY 2003-04 Level	\$34,142,212	\$33,582,609	\$0	\$0	\$559,603	\$62,985,584	\$97,127,796
Traditional Above FY 2003-04 Level	\$18,161,899	\$369,668	\$17,792,231	\$0	\$0	\$33,505,086	\$51,666,985
Expansion to 200%	\$3,564,889	\$0	\$3,564,889	\$0	\$0	\$6,576,512	\$10,141,401
Expansion to 205%	\$1,228,878	\$1,228,878	\$0	\$0	\$0	\$2,267,035	\$3,495,913
Expansion to 250%	\$5,605,121	\$0	\$0	\$5,605,121	\$0	\$10,340,332	\$15,945,453
Total	\$62,702,999	\$35,181,155	\$21,357,120	\$5,605,121	\$559,603	\$115,674,549	\$178,377,548
Prenatal							
Traditional up to FY 2003-04 Level	\$522,979	\$522,979	\$0	\$0	\$0	\$971,247	\$1,494,226
Traditional Above FY 2003-04 Level	\$6,011,672	\$0	\$6,011,672	\$0	\$0	\$11,164,534	\$17,176,206
Expansion to 200%	\$1,020,068	\$0	\$1,020,068	\$0	\$0	\$1,894,413	\$2,914,481
Expansion to 205%	\$393,529	\$393,529	\$0	\$0	\$0	\$730,839	\$1,124,368
Expansion to 250%	\$4,442,734	\$0	\$0	\$4,442,734	\$0	\$8,250,793	\$12,693,527
Total	\$12,390,982	\$916,508	\$7,031,740	\$4,442,734	\$0	\$23,011,826	\$35,402,808
Total Premiums							
Traditional up to FY 2003-04 Level	\$34,665,191	\$34,105,588	\$0	\$0	\$559,603	\$63,956,831	\$98,622,022
Traditional Above FY 2003-04 Level	\$24,173,571	\$369,668	\$23,803,903	\$0	\$0	\$44,669,620	\$68,843,191
Expansion to 200%	\$4,584,957	\$0	\$4,584,957	\$0	\$0	\$8,470,925	\$13,055,882
Expansion to 205%	\$1,622,407	\$1,622,407	\$0	\$0	\$0	\$2,997,874	\$4,620,281
Expansion to 250%	\$10,047,855	\$0	\$0	\$10,047,855	\$0	\$0	\$0
Total	\$75,093,981	\$36,097,663	\$28,388,860	\$10,047,855	\$559,603	\$120,095,250	\$185,141,376
Dental							
Traditional up to FY 2003-04 Level	\$2,227,695	\$2,227,695	\$0	\$0	\$0	\$4,137,148	\$6,364,843
Traditional Above FY 2003-04 Level	\$1,185,020	\$0	\$1,185,020	\$0	\$0	\$2,200,749	\$3,385,769
Expansion to 200%	\$232,600	\$0	\$232,600	\$0	\$0	\$431,972	\$664,572
Expansion to 205%	\$80,181	\$80,181	\$0	\$0	\$0	\$148,908	\$229,089
Expansion to 250%	\$365,720	\$0	\$0	\$365,720	\$0	\$679,195	\$1,044,915
Total Dental	\$4,091,216	\$2,307,876	\$1,417,620	\$365,720	\$0	\$7,597,972	\$11,689,188
Total Administration ⁵	\$2,844,821	\$2,645,822	\$192,025	\$6,974	\$0	\$3,832,085	\$6,676,906
¹ The Children's Basic Health Plan Trust Fund is the source for the following: Enrollment of all traditional clients (up to 185% of the federal poverty level) up to the FY 2003-04 level, enrollment fees for all children, and Expansion to 205% FPL clients. ² The Health Care Expansion Fund is the source for the following: Expansion to 200% FPL clients and enrollment above the FY 2003-04 level. ³ The Hospital Provider Fee is the source of funding for all Expansion to 250% clients. ⁴ The Colorado Immunization Fund is the source for the State costs for associated with the cervical cancer immunization, which accounts for approximately 1.65% of the children's per capita. This applies only to traditional children normally funded from the Children's Basic Health Plan Trust Fund. ⁵ Total Administration includes External and Internal Administration.							
FY 2010-11 Incremental Request							
Total Premiums	Total State Funds	Children's Basic Health Plan Trust Fund ¹	Health Care Expansion Fund ²	Hospital Provider Fee ³	Colorado Immunization Fund ⁴	Federal Funds	Total Funds
FY 2010-11 Appropriation	\$71,209,522	\$32,449,328	\$30,000,812	\$8,297,682	\$461,700	\$131,312,444	\$202,521,966
FY 2010-11 Request	\$75,093,981	\$36,097,663	\$28,388,860	\$10,047,855	\$559,603	\$138,686,375	\$213,780,356
FY 2010-11 Incremental Request	\$3,884,459	\$3,648,335	(\$1,611,952)	\$1,750,173	\$97,903	\$7,373,931	\$11,258,390
Total Dental	Total State Funds	Children's Basic Health Plan Trust Fund ¹	Health Care Expansion Fund ²	Hospital Provider Fee ³	Colorado Immunization Fund ⁴	Federal Funds	Total Funds
FY 2010-11 Appropriation	\$4,857,325	\$2,517,883	\$1,946,470	\$392,972	\$0	\$9,020,745	\$13,878,070
FY 2010-11 Request	\$4,091,216	\$2,307,876	\$1,417,620	\$365,720	\$0	\$7,597,972	\$11,689,188
FY 2010-11 Incremental Request	(\$766,109)	(\$210,007)	(\$528,850)	(\$27,252)	\$0	(\$1,422,773)	(\$2,188,882)
Total Administration	Total State Funds	Children's Basic Health Plan Trust Fund ¹	Health Care Expansion Fund ²	Hospital Provider Fee ³	Colorado Immunization Fund ⁴	Federal Funds	Total Funds
FY 2010-11 Appropriation	\$2,844,821	\$2,565,353	\$272,494	\$6,974	\$0	\$3,832,085	\$6,676,906
FY 2010-11 Request	\$2,844,821	\$2,645,822	\$192,025	\$6,974	\$0	\$3,832,085	\$6,676,906
FY 2010-11 Incremental Request	\$0	\$80,469	(\$80,469)	\$0	\$0	\$0	\$0
Total CHP+	Total State Funds	Children's Basic Health Plan Trust Fund ¹	Health Care Expansion Fund ²	Hospital Provider Fee ³	Colorado Immunization Fund ⁴	Federal Funds	Total Funds
FY 2010-11 Appropriation	\$78,911,668	\$37,532,564	\$32,219,776	\$8,697,628	\$461,700	\$144,165,274	\$223,076,942
FY 2010-11 Request	\$82,030,018	\$41,051,361	\$29,998,505	\$10,420,549	\$559,603	\$150,116,432	\$232,146,450
FY 2010-11 Incremental Request	\$3,118,350	\$3,518,797	(\$2,221,271)	\$1,722,921	\$97,903	\$5,951,158	\$9,069,508

Exhibit C.3 - FY 2011-12 Children's Basic Health Plan Program Expenditures

FY 2011-12 Children's Medical, Prenatal, Dental, Administration Request and Funding Splits							
	Reference	Traditional up to FY 03-04 Level ¹	Traditional Above FY 03-04 Level ²	Expansion to 200% FPL ²	Expansion to 205% FPL ¹	Expansion to 250% FPL ³	Total
FY 2011-12 CBHP Children's Medical Expenditures							
FY 2011-12 Enrollment Estimate	Exhibit C.6	41,786	25,277	4,637	1,691	13,125	86,516
Medical Per Capita	Exhibit C.5	\$2,422.04	\$2,422.04	\$2,422.04	\$2,422.04	\$2,422.04	\$2,422.04
Total Children's Medical Expenditures		\$101,207,364	\$61,221,905	\$11,230,999	\$4,095,670	\$31,789,275	\$209,545,213
Annual Enrollment Fee Collection Per Enrollee ⁴							\$5.69
Total Annual Enrollment Fee Collections (Cash Funds ⁵)		\$237,763	\$143,826	\$26,385	\$9,622	\$74,681	\$492,277
Expenditures To Be Matched by Federal Funds		\$100,969,601	\$61,078,079	\$11,204,614	\$4,086,048	\$31,714,594	\$209,052,936
Title XXI Federal Funds		\$65,630,241	\$39,700,751	\$7,282,999	\$2,655,931	\$20,614,486	\$135,884,408
State Funds		\$35,339,360	\$21,377,328	\$3,921,615	\$1,430,117	\$11,100,108	\$73,168,528
FY 2011-12 CBHP Prenatal Services Expenditures							
FY 2011-12 Prenatal Enrollment Estimate	Exhibit C.7	101	1,161	209	82	1,750	3,303
Prenatal Medical Per Capita	Exhibit C.5	\$15,452.67	\$15,452.67	\$15,452.67	\$15,452.67	\$15,452.67	\$15,452.67
Total Prenatal Medical Expenditures		\$1,560,720	\$17,940,550	\$3,229,608	\$1,267,119	\$27,042,173	\$51,040,170
Title XXI Federal Funds		\$1,014,468	\$11,661,358	\$2,099,245	\$823,627	\$17,577,412	\$33,176,110
State Funds		\$546,252	\$6,279,192	\$1,130,363	\$443,492	\$9,464,761	\$17,864,060
FY 2011-12 Children's Basic Health Plan Premiums Costs		\$102,768,084	\$79,162,455	\$14,460,607	\$5,362,789	\$58,831,448	\$260,585,383
Title XXI Federal Funds		\$66,644,709	\$51,362,109	\$9,382,244	\$3,479,558	\$38,191,898	\$169,060,518
State Funds ⁶		\$36,123,375	\$27,800,346	\$5,078,363	\$1,883,231	\$20,639,550	\$91,524,865
FY 2011-12 CBHP Dental Expenditures							
FY 2011-12 Enrollment Estimate	Exhibit C.6	41,786	25,277	4,637	1,691	13,125	86,516
Dental Per Capita	Exhibit C.5	\$155.46	\$155.46	\$155.46	\$155.46	\$155.46	\$155.46
FY 2011-12 Children's Basic Health Plan Dental Benefit Costs		\$6,496,051	\$3,929,562	\$720,868	\$262,883	\$2,040,413	\$13,449,777
Title XXI Federal Funds		\$4,222,433	\$2,554,215	\$468,564	\$170,874	\$1,326,268	\$8,742,354
State Funds		\$2,273,618	\$1,375,347	\$252,304	\$92,009	\$714,145	\$4,707,423
FY 2011-12 Children's Basic Health Plan Administration							
FY 2011-12 External Administration Expenditures	Exhibit C.4	\$4,369,577	\$0	\$500,000	\$0	\$24,833	\$4,894,410
Title XXI Federal Funds		\$713,076	\$0	\$251,225	\$0	\$16,141	\$980,442
Title XIX Federal Funds		\$1,636,270	\$0	\$56,750	\$0	\$0	\$1,693,020
State Funds		\$2,020,231	\$0	\$192,025	\$0	\$8,692	\$2,220,948
FY 2011-12 Internal Administration Expenditures	Exhibit C.4	\$1,517,194	\$0	\$0	\$0	\$0	\$1,517,194
Title XXI Federal Funds		\$986,176	\$0	\$0	\$0	\$0	\$986,176
State Funds		\$531,018	\$0	\$0	\$0	\$0	\$531,018
FY 2011-12 Children's Basic Health Plan Expenditures		\$115,150,906	\$83,092,017	\$15,681,475	\$5,625,672	\$60,896,694	\$280,446,764
Title XXI and Title XIX Federal Funds		\$74,202,664	\$53,916,324	\$10,158,783	\$3,650,432	\$39,534,307	\$181,462,510
State Funds		\$40,948,242	\$29,175,693	\$5,522,692	\$1,975,240	\$21,362,387	\$98,984,254
¹ Traditional clients up to the FY 2003-04 enrollment level and expansion clients between 201% and 205% of the federal poverty level are funded from the Children's Basic Health Plan Trust Fund. ² Traditional clients above the FY 2003-04 enrollment level and the expansion clients between 186% and 200% of the federal poverty level are funded from the Health Care Expansion Fund. ³ Expansion clients between 206% and 250% of the federal poverty level are funded from the Hospital Provider Fee (HB 09-1293). ⁴ Annual enrollment fees per enrollee for existing clients is estimated to be \$5.69 based on the actual collections in FY 2008-09, adjusted for the projected share of clients required to pay the fee. ⁵ Annual enrollment fees are not eligible for a federal match. ⁶ This amount includes the enrollment fees, as all enrollment fees collected are appropriated from the Trust Fund for use in the Premiums Costs.							

Exhibit C.3 - FY 2011-12 Children's Basic Health Plan Program Expenditures

FY 2011-12 Calculation of Fund Splits							
	Total State Funds	Children's Basic Health Plan Trust Fund ¹	Health Care Expansion Fund ²	Hospital Provider Fee ³	Colorado Immunization Fund ⁴	Federal Funds	Total Funds
Children's Medical							
Traditional up to FY 2003-04 Level	\$35,577,123	\$34,994,024	\$0	\$0	\$583,099	\$65,630,241	\$101,207,364
Traditional Above FY 2003-04 Level	\$21,521,154	\$438,833	\$21,082,321	\$0	\$0	\$39,700,751	\$61,221,905
Expansion to 200%	\$3,948,000	\$0	\$3,948,000	\$0	\$0	\$7,282,999	\$11,230,999
Expansion to 205%	\$1,439,739	\$1,439,739	\$0	\$0	\$0	\$2,655,931	\$4,095,670
Expansion to 250%	\$11,174,789	\$0	\$0	\$11,174,789	\$0	\$20,614,486	\$31,789,275
Total	\$73,660,805	\$36,872,596	\$25,030,321	\$11,174,789	\$583,099	\$135,884,408	\$209,545,213
Prenatal							
Traditional up to FY 2003-04 Level	\$546,252	\$546,252	\$0	\$0	\$0	\$1,014,468	\$1,560,720
Traditional Above FY 2003-04 Level	\$6,279,192	\$0	\$6,279,192	\$0	\$0	\$11,661,358	\$17,940,550
Expansion to 200%	\$1,130,363	\$0	\$1,130,363	\$0	\$0	\$2,099,245	\$3,229,608
Expansion to 205%	\$443,492	\$443,492	\$0	\$0	\$0	\$823,627	\$1,267,119
Expansion to 250%	\$9,464,761	\$0	\$0	\$9,464,761	\$0	\$17,577,412	\$27,042,173
Total	\$17,864,060	\$989,744	\$7,409,555	\$9,464,761	\$0	\$33,176,110	\$51,040,170
Total Premiums							
Traditional up to FY 2003-04 Level	\$36,123,375	\$35,540,276	\$0	\$0	\$583,099	\$66,644,709	\$102,768,084
Traditional Above FY 2003-04 Level	\$27,800,346	\$438,833	\$27,361,513	\$0	\$0	\$51,362,109	\$79,162,455
Expansion to 200%	\$5,078,363	\$0	\$5,078,363	\$0	\$0	\$9,382,244	\$14,460,607
Expansion to 205%	\$1,883,231	\$1,883,231	\$0	\$0	\$0	\$3,479,558	\$5,362,789
Expansion to 250%	\$20,639,550	\$0	\$0	\$20,639,550	\$0	\$38,191,898	\$58,831,448
Total	\$91,524,865	\$37,862,340	\$32,439,876	\$20,639,550	\$583,099	\$169,060,518	\$260,585,383
Dental							
Traditional up to FY 2003-04 Level	\$2,273,618	\$2,273,618	\$0	\$0	\$0	\$4,222,433	\$6,496,051
Traditional Above FY 2003-04 Level	\$1,375,347	\$0	\$1,375,347	\$0	\$0	\$2,554,215	\$3,929,562
Expansion to 200%	\$252,304	\$0	\$252,304	\$0	\$0	\$468,564	\$720,868
Expansion to 205%	\$92,009	\$92,009	\$0	\$0	\$0	\$170,874	\$262,883
Expansion to 250%	\$714,145	\$0	\$0	\$714,145	\$0	\$1,326,268	\$2,040,413
Total Dental	\$4,707,423	\$2,365,627	\$1,627,651	\$714,145	\$0	\$8,742,354	\$13,449,777
Total Administration ⁵	\$2,751,966	\$2,551,249	\$192,025	\$8,692	\$0	\$3,659,638	\$6,411,604
¹ The Children's Basic Health Plan Trust Fund is the source for the following: Enrollment of all traditional clients (up to 185% of the federal poverty level) up to the FY 2003-04 level, enrollment fees for all children, and Expansion to 205% FPL clients. ² The Health Care Expansion Fund is the source for the following: Expansion to 200% FPL clients and enrollment above the FY 2003-04 level. ³ The Hospital Provider Fee is the source of funding for all Expansion to 250% clients. ⁴ The Colorado Immunization Fund is the source for the State costs for associated with the cervical cancer immunization, which accounts for approximately 1.65% of the children's per capita. This applies only to traditional children normally funded from the Children's Basic Health Plan Trust Fund. ⁵ Total Administration includes External and Internal Administration.							
FY 2011-12 Incremental Request							
	Total State Funds	Children's Basic Health Plan Trust Fund ¹	Health Care Expansion Fund ²	Hospital Provider Fee ³	Colorado Immunization Fund ⁴	Federal Funds	Total Funds
Total Premiums							
FY 2011-12 Base Request	\$71,209,522	\$32,449,328	\$30,000,812	\$8,297,682	\$461,700	\$131,312,444	\$202,521,966
FY 2011-12 Revised Request	\$91,524,865	\$37,862,340	\$32,439,876	\$20,639,550	\$583,099	\$169,060,518	\$260,585,383
FY 2011-12 Incremental Request	\$20,315,343	\$5,413,012	\$2,439,064	\$12,341,868	\$121,399	\$37,748,074	\$58,063,417
Total Dental							
FY 2011-12 Base Request	\$4,857,325	\$2,517,883	\$1,946,470	\$392,972	\$0	\$9,020,745	\$13,878,070
FY 2011-12 Revised Request	\$4,707,423	\$2,365,627	\$1,627,651	\$714,145	\$0	\$8,742,354	\$13,449,777
FY 2011-12 Incremental Request	(\$149,902)	(\$152,256)	(\$318,819)	\$321,173	\$0	(\$278,391)	(\$428,293)
Total Administration							
FY 2011-12 Base Request	\$2,751,966	\$2,470,780	\$272,494	\$8,692	\$0	\$3,659,638	\$6,411,604
FY 2011-12 Revised Request	\$2,751,966	\$2,551,249	\$192,025	\$8,692	\$0	\$3,659,638	\$6,411,604
FY 2011-12 Incremental Request	\$0	\$80,469	(\$80,469)	\$0	\$0	\$0	\$0
Total CHP+							
FY 2011-12 Base Request	\$78,818,813	\$37,437,991	\$32,219,776	\$8,699,346	\$461,700	\$143,992,827	\$222,811,640
FY 2011-12 Revised Request	\$98,984,254	\$42,779,216	\$34,259,552	\$21,362,387	\$583,099	\$181,462,510	\$280,446,764
FY 2011-12 Incremental Request	\$20,165,441	\$5,341,225	\$2,039,776	\$12,663,041	\$121,399	\$37,469,683	\$57,635,124

Exhibit C.4 - Children's Basic Health Plan Administration

Children's Basic Health Plan Administration Line Item							
Line	External Administration Costs	FY 2010-11 Appropriation	FY 2010-11 Supplemental Request	FY 2010-11 Total Request	FY 2011-12 Base Request	FY 2011-12 Incremental Request	FY 2011-12 Total Request
	Costs paid through the Children's Basic Health Plan Trust Fund						
1	Children's Operating Costs	\$3,692,612	\$0	\$3,692,612	\$3,692,612	\$0	\$3,692,612
2	Prenatal Operational Costs	\$126,478	\$0	\$126,478	\$126,478	\$0	\$126,478
3	Customer Service	\$101,500	\$0	\$101,500	\$101,500	\$0	\$101,500
4	Subtotal Primary Administration (sum of Lines 1 - 3)	\$3,920,590	\$0	\$3,920,590	\$3,920,590	\$0	\$3,920,590
5	Actuarial Services	\$169,000	\$0	\$169,000	\$169,000	\$0	\$169,000
6	Quality Assurance	\$217,597	\$0	\$217,597	\$217,597	\$0	\$217,597
7	Claims Audit, Miscellaneous Administrative Costs	\$62,390	\$0	\$62,390	\$62,390	\$0	\$62,390
8	Subtotal Professional Services (sum of Lines 5 - 7)	\$448,987	\$0	\$448,987	\$448,987	\$0	\$448,987
9	Hospital Provider Fee Administration	\$19,926	\$0	\$19,926	\$24,833	\$0	\$24,833
10	Tobacco Tax Administration (Outreach)	\$500,000	\$0	\$500,000	\$500,000	\$0	\$500,000
11	Total External Administration (Line 4 + Line 8 + Line 10)	\$4,889,503	\$0	\$4,889,503	\$4,894,410	\$0	\$4,894,410
12	Federal Funds	\$2,670,273	\$0	\$2,670,273	\$2,673,462	\$0	\$2,673,462
13	Cash Funds	\$2,219,230	\$0	\$2,219,230	\$2,220,948	\$0	\$2,220,948

Exhibit C.4 - Children's Basic Health Plan Administration

FY 2010-11 External Administration Funding Splits						
Title XXI Federal Match	Request	Allocation	Dollars Matched	Federal Funds @ 65%	State Funds @ 35%	Fund Source
Children's Operating Costs (Line 1)	\$3,692,612	12.0%	\$443,115	\$288,025	\$155,090	Trust
Prenatal Operating Costs (Line 2)	\$126,478	100.0%	\$126,478	\$82,211	\$44,267	Trust
Customer Service (Line 3)	\$101,500	77.3%	\$78,459	\$50,998	\$27,461	Trust
Professional Services (Line 8)	\$448,987	100.0%	\$448,987	\$291,842	\$157,145	Trust
Hospital Provider Fee Administration (Line 9)	\$19,926	100.0%	\$19,926	\$12,952	\$6,974	Hospital Fee
Tobacco Tax Administration (Line 10)	\$500,000	77.3%	\$386,500	\$251,225	\$135,275	HCEF
Total Title XXI	\$4,889,503		\$1,503,465	\$977,253	\$526,212	
Title XIX Federal Match	Request	Allocation	Dollars Matched	Federal Funds @ 50%	State Funds @ 50%	
Eligibility and Enrollment (Line 1)	\$3,692,612	88.0%	\$3,249,497	\$1,624,749	\$1,624,748	Trust
Prenatal Operating Costs (Line 2)	\$126,478	0.0%	\$0	\$0	\$0	Trust
Customer Service (Line 3)	\$101,500	22.7%	\$23,041	\$11,521	\$11,520	Trust
Professional Services (Line 8)	\$448,987	0.0%	\$0	\$0	\$0	Trust
Hospital Provider Fee Administration (Line 9)	\$19,926	0.0%	\$0	\$0	\$0	Hospital Fee
Tobacco Tax Administration (Line 10)	\$500,000	22.7%	\$113,500	\$56,750	\$56,750	HCEF
Total Title XIX	\$4,889,503		\$3,386,038	\$1,693,020	\$1,693,018	
	Total Funds	FF	Total State Funds	Trust Fund	HCEF	Hospital Fee
Total FY 2010-11 Appropriation Fund Splits	\$4,889,503	#####	\$2,219,230	\$2,020,231	\$192,025	\$6,974
FY 2011-12 External Administration Funding Splits						
Title XXI Federal Match	Request	Allocation	Dollars Matched	Federal Funds @ 65%	State Funds @ 35%	Fund Source
Children's Operating Costs (Line 1)	\$3,692,612	12.0%	\$443,115	\$288,025	\$155,090	Trust
Prenatal Operating Costs (Line 2)	\$126,478	100.0%	\$126,478	\$82,211	\$44,267	Trust
Customer Service (Line 3)	\$101,500	77.3%	\$78,459	\$50,998	\$27,461	Trust
Professional Services (Line 8)	\$448,987	100.0%	\$448,987	\$291,842	\$157,145	Trust
Hospital Provider Fee Administration (Line 9)	\$24,833	100.0%	\$24,833	\$16,141	\$8,692	Hospital Fee
Tobacco Tax Administration (Line 10)	\$500,000	77.3%	\$386,500	\$251,225	\$135,275	HCEF
Total Title XXI	\$4,894,410		\$1,508,372	\$980,442	\$527,930	
Title XIX Federal Match	Request	Allocation	Dollars Matched	Federal Funds @ 50%	State Funds @ 50%	
Eligibility and Enrollment (Line 1)	\$3,692,612	88.0%	\$3,249,497	\$1,624,749	\$1,624,748	Trust
Prenatal Operating Costs (Line 2)	\$126,478	0.0%	\$0	\$0	\$0	Trust
Customer Service (Line 3)	\$101,500	22.7%	\$23,041	\$11,521	\$11,520	Trust
Professional Services (Line 8)	\$448,987	0.0%	\$0	\$0	\$0	Trust
Hospital Provider Fee Administration (Line 9)	\$24,833	0.0%	\$0	\$0	\$0	Hospital Fee
Tobacco Tax Administration (Line 10)	\$500,000	22.7%	\$113,500	\$56,750	\$56,750	HCEF
Total Title XIX	\$4,894,410		\$3,386,038	\$1,693,020	\$1,693,018	
	Total Funds	FF	Total State Funds	Trust Fund	HCEF	Hospital Fee
Total FY 2011-12 Request Fund Splits	\$4,894,410	#####	\$2,220,948	\$2,020,231	\$192,025	\$8,692

Exhibit C.4 - Children's Basic Health Plan Administration

Internal Administration Appropriation and Request			
Funds From Children's Basic Health Plan Trust Fund	FY 2010-11 Year-to-date Appropriation	FY 2011-12 Request	Source
General Administration; Personal Services	\$246,225	\$257,564	FY 10-11 Letternotes to HB 10-1376 (Long Bill) Plus Special Bills
General Administration; Operating Expenses	\$768	\$768	
General Administration; Legal Service and Third Party Recovery Legal Services	\$6,633	\$6,633	
Information Technology Contracts and Projects	\$246,755	\$246,755	
Provider Audits and Services, Professional Audit Contracts	\$102,988	\$0	
Colorado Benefits Management System	\$19,564	\$19,183	
Colorado Benefits Management System - SAS 70 Audit	\$115	\$115	FY 2011-12: Base Request Plus Decision Items
Colorado Benefits Management System Client Services Improvement Project	\$2,543	\$0	
Total from the Children's Basic Health Plan Trust Fund	\$625,591	\$531,018	
Matching Federal Funds	\$1,161,812	\$986,176	
Total Internal Administration Costs	\$1,787,403	\$1,517,194	

Exhibit C.5 - Per Capita Costs History and Projections

Children's Medical	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
Cash-based Expenditures ¹	\$50,550,660	\$43,330,612	\$56,713,621	\$65,205,431	\$91,693,631	\$100,411,637	\$150,306,188		
Caseload ²	44,600	41,786	41,945	47,047	57,795	61,582	68,725	76,741	86,516
Per Capita	\$1,133.42	\$1,036.96	\$1,352.09	\$1,385.96	\$1,586.53	\$1,630.54	\$2,187.07	\$2,324.41	\$2,422.04
% Per Capita Change	-	-8.51%	30.39%	2.51%	14.47%	2.77%	34.13%	6.28%	4.20%
Blended Base Rate ²	\$88.10	\$92.01	\$102.12	\$105.85	\$119.78	\$122.11	\$145.34	\$154.47	\$160.95
% Blended Rate Change		4.44%	10.99%	3.65%	13.16%	1.94%	19.03%	6.28%	4.20%
Prenatal Medical									
Prenatal Medical	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
Cash-based Expenditures ¹	\$1,226,490	\$6,685,402	\$11,612,272	\$16,892,791	\$17,798,749	\$19,437,577	\$17,356,024		
Caseload	101	472	963	1,170	1,570	1,665	1,561	2,393	3,303
Per Capita	\$12,143.47	\$14,163.99	\$12,058.43	\$14,438.28	\$11,336.78	\$11,674.22	\$11,118.53	\$14,794.32	\$15,452.67
% Per Capita Change	-	16.64%	-14.87%	19.74%	-21.48%	2.98%	-4.76%	33.06%	4.60%
Base Rate	-	\$888.49	\$816.97	\$1,045.44	\$864.09	\$915.80	\$821.35	\$1,092.92	\$1,141.55
% Rate Change	-	-	-8.05%	27.97%	-17.35%	5.98%	-10.31%	33.06%	4.45%
Children's Dental									
Children's Dental	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
Cash-based Expenditures ¹	\$5,405,336	\$4,656,589	\$5,707,513	\$6,888,782	\$8,735,185	\$9,876,754	\$10,766,208		
Caseload	44,600	41,786	41,945	47,047	57,795	61,582	68,725	76,741	86,516
Per Capita	\$121.20	\$111.44	\$136.07	\$146.42	\$151.14	\$160.38	\$156.66	\$152.32	\$155.46
% Per Capita Change	-	-8.05%	22.10%	7.61%	3.22%	6.11%	-2.32%	-2.77%	2.06%
Rate	\$10.95	\$11.31	\$11.82	\$13.30	\$13.84	\$14.66	\$14.81	\$14.40	\$14.70
% Rate Change	-	3.29%	4.51%	12.52%	4.06%	5.92%	1.02%	-2.77%	2.06%

¹ Cash-based expenditures from the Colorado Financial Reporting System (COFRS). In children's medical only, the reversal of the FY 2005-06 accounts receivable in the amount of \$4,661,297 artificially pushed expenditures from FY 2005-06 to FY 2006-07. The FY 2005-06 accounts receivable accounted for approximately 5.2% of the accrual-based expenditures in FY 2006-07. The FY 2006-07 cash-based expenditures for children's medical from COFRS are decreased by a like amount in order to approximate the FY 2006-07 expenditures without the artificial inflation. The FY 2006-07 expenditures reported here are adjusted.

² Calculated blended rate for FY 2003-04 through FY 2009-10 based on final caseload shares in the ASO and HMOs. Projected blended base rates for FY 2010-11 and FY 2011-12 assume that 32.0% and 30.0% of children will be in the State's managed care network, respectively, with the remainder in HMOs. See narrative for details.

Exhibit C.5 - Per Capita Costs History and Projections

FY 2010-11 Capitation Rates					
	Kids- ASO	Kids- HMO	Kids- Blended ¹	Prenatal	Dental
FY 2009-10 Base Rate (Includes Facility and Physician Reimbursement Changes)	\$155.61	\$140.00	\$145.34	\$821.35	\$14.81
FY 2010-11 Base Rate (Includes Facility and Physician Reimbursement Changes)	\$174.93	\$144.84	\$154.47	\$1,092.92	\$14.40
FY 2010-11 Base Growth	12.42%	3.46%	6.28%	33.06%	-2.77%
Total FY 2010-11 Rate	\$174.93	\$144.84	\$154.47	\$1,092.92	\$14.40
FY 2010-11 Per Capita Calculations					
			Kids (Blended)	Prenatal	Dental
FY 2009-10 Total Per Capita			\$2,187.07	\$11,118.53	\$156.66
FY 2010-11 Base Growth			6.28%	33.06%	-2.77%
Projected FY 2010-11 Base Per Capita			\$2,324.41	\$14,794.32	\$152.32
Projected FY 2010-11 Final Per Capita			\$2,324.41	\$14,794.32	\$152.32
¹ Projected blended rates for FY 2010-11 and FY 2011-12 assume that 35.0% of children will be in the State's managed care network, with the remainder in HMOs. See narrative for details.					
FY 2011-12 Per Capita Calculations					
			Kids (Blended)	Prenatal	Dental
FY 2010-11 Total Per Capita			\$2,324.41	\$14,794.32	\$152.32
FY 2011-12 Base Growth Projection			4.20%	4.45%	2.06%
Projected FY 2011-12 Base Per Capita			\$2,422.04	\$15,452.67	\$155.46
Projected FY 2011-12 Final Per Capita			\$2,422.04	\$15,452.67	\$155.46

Exhibit C.6 - Children's Caseload History and Projections

Historical Monthly Caseload																			
	FY 1998-99	FY 1999-00	FY 2000-01	FY 2001-02	FY 2002-03	FY 2003-04	FY 2004-05	FY 2005-06			FY 2006-07			FY 2007-08					
								Traditional	Expansion to 200% FPL	Total Children	Traditional	Expansion to 200% FPL	Total Children	Traditional	Expansion to 200% FPL	Expansion to 205% FPL	Total Children		
Average Monthly Caseload	12,825	22,935	28,321	37,042	44,600	41,786	35,800	40,596	1,349	41,945	44,060	2,987	47,047	54,008	3,458	330	57,795		
Annual Growth	-	78.83%	23.48%	30.79%	20.40%	-6.31%	-14.33%	13.40%	-	17.16%	8.53%	121.42%	12.16%	22.58%	15.77%	-	22.85%		
	Historical Monthly Caseload									Projections									
	FY 2008-09				FY 2009-10					FY 2010-11					FY 2011-12				
	Traditional	Expansion to 200% FPL	Expansion to 205% FPL	Total Children	Traditional	Expansion to 200% FPL	Expansion to 205% FPL	Expansion to 250% FPL	Total Children	Traditional	Expansion to 200% FPL	Expansion to 205% FPL	Expansion to 250% FPL	Total Children	Traditional	Expansion to 200% FPL	Expansion to 205% FPL	Expansion to 250% FPL	Total Children
July	55,089	3,347	1,308	59,744	59,909	3,908	1,532	0	65,349	61,963	4,222	1,404	1,926	69,515	66,576	4,538	1,611	11,998	84,723
August	53,882	3,371	1,303	58,556	60,932	3,986	1,613	0	66,531	61,829	4,213	1,424	2,823	70,289	66,927	4,562	1,627	12,203	85,319
September	54,260	3,391	1,368	59,019	61,610	3,984	1,645	0	67,239	62,220	4,240	1,444	3,720	71,624	67,290	4,587	1,643	12,408	85,928
October	54,411	3,566	1,494	59,471	62,421	4,094	1,719	0	68,234	62,759	4,277	1,462	4,617	73,115	67,603	4,608	1,657	12,613	86,481
November	53,940	3,580	1,484	59,004	63,164	4,148	1,699	0	69,011	63,285	4,313	1,480	5,514	74,592	67,757	4,618	1,672	12,818	86,865
December	57,334	3,749	1,695	62,778	63,729	4,233	1,678	0	69,640	63,753	4,345	1,499	6,411	76,008	67,996	4,634	1,687	13,023	87,340
January	57,411	3,806	1,705	62,922	64,157	4,221	1,808	0	70,186	64,367	4,387	1,516	7,308	77,578	68,262	4,652	1,700	13,228	87,842
February	57,522	3,631	1,519	62,672	63,827	4,258	1,802	0	69,887	64,823	4,418	1,533	8,205	78,979	68,272	4,653	1,713	13,433	88,071
March	58,626	3,538	1,397	63,561	64,101	4,305	1,806	0	70,212	65,201	4,444	1,550	9,102	80,297	68,678	4,681	1,726	13,638	88,723
April	57,949	3,688	1,402	63,039	63,748	4,237	1,678	0	69,663	65,665	4,476	1,565	9,999	81,705	68,866	4,694	1,738	13,843	89,141
May	58,430	3,863	1,322	63,615	63,147	4,207	1,417	600	69,371	65,977	4,497	1,580	10,896	82,950	68,992	4,703	1,750	14,048	89,493
June	59,307	3,954	1,337	64,598	62,684	4,271	1,385	1,029	69,369	66,330	4,521	1,595	11,793	84,239	69,196	4,717	1,762	14,253	89,928
Average Monthly Caseload	56,513	3,624	1,445	61,582	62,786	4,154	1,649	136	68,725	64,014	4,363	1,504	6,860	76,741	68,035	4,637	1,691	13,125	87,488
Annual Growth	4.64%	4.80%	337.88%	6.55%	11.10%	14.62%	14.12%	-	11.60%	1.96%	5.03%	-8.79%	4944.12%	11.66%	6.28%	6.28%	12.43%	91.33%	14.00%
Adjustments ¹															(972)	0	0	0	(972)
Final Caseload with Adjustments															67,063	4,637	1,691	13,125	86,516
Annual Growth															4.76%	6.28%	12.43%	91.33%	12.74%

¹ Adjustment for HB 09-1293 is added to the traditional children population beginning in FY 2011-12 for 12-month guaranteed eligibility beginning in February 2011. See narrative for details.

Exhibit C.6 - Children's Caseload History and Projections

FY 2010-11 Projection																	
	Prior Month Traditional Caseload	Traditional Base Growth ¹	Traditional Monthly Change	Traditional Children Projection	Prior Month Expansion to 200% FPL Caseload	Expansion to 200% FPL Base Growth ²	Expansion to 200% FPL Monthly Change	Expansion to 200% FPL Children Projection	Prior Month Expansion to 205% FPL Caseload	Expansion to 205% FPL Base Growth ³	Expansion to 205% FPL Monthly Change	Expansion to 205% FPL Children Projection	Prior Month Expansion to 250% FPL Caseload	Expansion to 250% FPL Base Growth ³	Expansion to 250% FPL Monthly Change	Expansion to 250% FPL Children Projection	FY 2010-11 Total Children's Caseload (Pre-adjustments)
July	62,684	-1.2%	(721)	61,963	4,271	-1.2%	(49)	4,222	1,385	1.4%	19	1,404	1,029	87.2%	897	1,926	69,515
August	61,963	-0.2%	(134)	61,829	4,222	-0.2%	(9)	4,213	1,404	1.4%	20	1,424	1,926	46.6%	897	2,823	70,289
September	61,829	0.6%	391	62,220	4,213	0.6%	27	4,240	1,424	1.4%	20	1,444	2,823	31.8%	897	3,720	71,624
October	62,220	0.9%	539	62,759	4,240	0.9%	37	4,277	1,444	1.3%	18	1,462	3,720	24.1%	897	4,617	73,115
November	62,759	0.8%	526	63,285	4,277	0.8%	36	4,313	1,462	1.3%	18	1,480	4,617	19.4%	897	5,514	74,592
December	63,285	0.7%	468	63,753	4,313	0.7%	32	4,345	1,480	1.3%	19	1,499	5,514	16.3%	897	6,411	76,008
January	63,753	1.0%	614	64,367	4,345	1.0%	42	4,387	1,499	1.1%	17	1,516	6,411	14.0%	897	7,308	77,578
February	64,367	0.7%	456	64,823	4,387	0.7%	31	4,418	1,516	1.1%	17	1,533	7,308	12.3%	897	8,205	78,979
March	64,823	0.6%	378	65,201	4,418	0.6%	26	4,444	1,533	1.1%	17	1,550	8,205	10.9%	897	9,102	80,297
April	65,201	0.7%	464	65,665	4,444	0.7%	32	4,476	1,550	1.0%	15	1,565	9,102	9.9%	897	9,999	81,705
May	65,665	0.5%	312	65,977	4,476	0.5%	21	4,497	1,565	1.0%	15	1,580	9,999	9.0%	897	10,896	82,950
June	65,977	0.5%	353	66,330	4,497	0.5%	24	4,521	1,580	1.0%	15	1,595	10,896	8.2%	897	11,793	84,239
Average Monthly Growth Rate		0.5%	304	64,014		0.5%	21	4,363		1.2%	18	1,504		24.1%	897	6,860	76,741
				2.0%				5.0%				-8.8%				4944.1%	11.7%
FY 2011-12 Projection																	
	Prior Month Traditional Caseload	Traditional Base Growth ¹	Traditional Monthly Change	Traditional Children Projection	Prior Month Expansion to 200% FPL Caseload	Expansion to 200% FPL Base Growth ²	Expansion to 200% FPL Monthly Change	Expansion to 200% FPL Children Projection	Prior Month Expansion to 205% FPL Caseload	Expansion to 205% FPL Base Growth ³	Expansion to 205% FPL Monthly Change	Expansion to 205% FPL Children Projection	Prior Month Expansion to 250% FPL Caseload	Expansion to 250% FPL Base Growth ³	Expansion to 250% FPL Monthly Change	Expansion to 250% FPL Children Projection	FY 2011-12 Total Children's Caseload (Pre-adjustments)
July	66,330	0.4%	246	66,576	4,521	0.4%	17	4,538	1,595	1.0%	16	1,611	11,793	1.7%	205	11,998	84,723
August	66,576	0.5%	351	66,927	4,538	0.5%	24	4,562	1,611	1.0%	16	1,627	11,998	1.7%	205	12,203	85,319
September	66,927	0.5%	363	67,290	4,562	0.5%	25	4,587	1,627	1.0%	16	1,643	12,203	1.7%	205	12,408	85,928
October	67,290	0.5%	313	67,603	4,587	0.5%	21	4,608	1,643	0.9%	14	1,657	12,408	1.7%	205	12,613	86,481
November	67,603	0.2%	154	67,757	4,608	0.2%	10	4,618	1,657	0.9%	15	1,672	12,613	1.6%	205	12,818	86,865
December	67,757	0.4%	239	67,996	4,618	0.4%	16	4,634	1,672	0.9%	15	1,687	12,818	1.6%	205	13,023	87,340
January	67,996	0.4%	266	68,262	4,634	0.4%	18	4,652	1,687	0.8%	13	1,700	13,023	1.6%	205	13,228	87,842
February	68,262	0.0%	10	68,272	4,652	0.0%	1	4,653	1,700	0.8%	13	1,713	13,228	1.5%	205	13,433	88,071
March	68,272	0.6%	406	68,678	4,653	0.6%	28	4,681	1,713	0.8%	13	1,726	13,433	1.5%	205	13,638	88,723
April	68,678	0.3%	188	68,866	4,681	0.3%	13	4,694	1,726	0.7%	12	1,738	13,638	1.5%	205	13,843	89,141
May	68,866	0.2%	126	68,992	4,694	0.2%	9	4,703	1,738	0.7%	12	1,750	13,843	1.5%	205	14,048	89,493
June	68,992	0.3%	204	69,196	4,703	0.3%	14	4,717	1,750	0.7%	12	1,762	14,048	1.5%	205	14,253	89,928
Average Monthly Growth Rate		0.4%	239	68,035		0.4%	16	4,637		0.8%	14	1,691		1.6%	205	13,125	87,488
				6.3%				6.3%				12.4%				91.3%	14.0%

¹ The FY 2010-11 traditional children's caseload is forecasted to increase by an average of 0.7% per month. This forecast is based on statistical analysis of caseload data since FY 2002-03. The FY 2011-12 caseload growth is forecasted to decline an average of 0.5% per month.

² The Expansion to 200% FPL Children caseload forecasts for both FY 2010-11 and FY 2011-12 mirror those for traditional children. Thus, the expansion children's caseload is forecasted to increase by an average of 0.7% per month in FY 2010-11 and 0.5% in FY 2011-12.

³ The Expansion to 205% FPL Children caseload is forecasted to increase by an average of 1.2% per month. This forecast is based on experience from August 2008 to April 2010. The FY 2011-12 forecast assumes that monthly growth would decrease to an average of 0.8% per month due to improving economic conditions.

⁴ The Expansion to 250% FPL Children caseload is forecasted to increase by an average of 24.1% per month in FY 2010-11, with the strong growth due to the expansion being in place for less than one year. Growth is anticipated to decrease to an average of 1.6% per month in FY 2011-12 with improving economic conditions.

Exhibit C.7 - Prenatal Caseload History and Projections

Historical Monthly Caseload																	
	FY 2002-03	FY 2003-04	FY 2004-05	FY 2005-06			FY 2006-07			FY 2007-08				FY 2008-09			
				Traditional	Expansion to 200% FPL	Total Prenatal	Traditional	Expansion to 200% FPL	Total Prenatal	Traditional	Expansion to 200% FPL	Expansion to 205% FPL	Total Prenatal	Traditional	Expansion to 200% FPL	Expansion to 205% FPL	Total Prenatal
July	-	347	0	835	24	859	933	165	1,098	1,071	193	0	1,264	1,600	166	64	1,830
August	-	284	157	818	34	852	952	186	1,138	1,138	204	0	1,342	1,489	171	58	1,718
September	-	212	221	848	46	894	931	211	1,142	1,137	204	0	1,341	1,421	169	57	1,647
October	183	148	254	857	58	915	945	246	1,191	1,197	201	0	1,398	1,372	167	57	1,596
November	374	105	337	863	65	928	959	247	1,206	1,220	205	0	1,425	1,340	157	60	1,557
December	485	69	430	880	74	954	945	239	1,184	1,294	202	0	1,496	1,467	184	72	1,723
January	552	34	516	939	100	1,039	935	232	1,167	1,394	217	0	1,611	1,417	182	83	1,682
February	597	12	606	927	104	1,031	956	226	1,182	1,464	219	0	1,683	1,375	176	86	1,637
March	637	0	729	898	108	1,006	981	203	1,184	1,533	193	28	1,754	1,444	165	80	1,689
April	705	0	791	885	126	1,011	946	208	1,154	1,602	169	30	1,801	1,424	172	63	1,659
May	531	0	816	874	133	1,007	980	198	1,178	1,645	164	48	1,857	1,385	183	56	1,624
June	405	0	809	903	157	1,060	1,017	190	1,207	1,649	164	59	1,872	1,381	166	71	1,618
Average Monthly Caseload	497	101	472	877	86	963	957	213	1,170	1,362	195	14	1,570	1,426	172	67	1,665
Annual Growth		-79.68%	367.33%	85.81%	-	104.03%	9.12%	147.67%	21.50%	42.32%	-8.45%	-	34.19%	4.70%	-11.79%	378.57%	6.05%

	Historical Monthly Caseload						Projections								
	FY 2009-10						FY 2010-11					FY 2011-12			
	Traditional	Expansion to 200% FPL	Expansion to 205% FPL	Expansion to 250% FPL	Total Prenatal	Total Prenatal	Expansion to 200% FPL	Expansion to 205% FPL	Expansion to 250% FPL	Total Prenatal	Traditional	Expansion to 200% FPL	Expansion to 205% FPL	Expansion to 250% FPL	Total Prenatal
July	1,389	166	66	0	1,621	1,262	191	73	202	1,728	1,262	203	79	1,550	3,094
August	1,335	170	63	0	1,568	1,262	192	73	321	1,848	1,262	204	79	1,586	3,131
September	1,328	171	72	0	1,571	1,262	193	74	441	1,970	1,262	205	80	1,623	3,170
October	1,295	183	83	0	1,561	1,262	194	74	560	2,090	1,262	206	80	1,659	3,207
November	1,283	188	92	0	1,563	1,262	195	75	679	2,211	1,262	207	81	1,695	3,245
December	1,264	179	85	0	1,528	1,262	196	75	798	2,331	1,262	208	81	1,732	3,283
January	1,253	200	79	0	1,532	1,262	197	76	918	2,453	1,262	209	82	1,768	3,321
February	1,237	200	86	0	1,523	1,262	198	76	1,037	2,573	1,262	210	82	1,805	3,359
March	1,250	198	102	0	1,550	1,262	199	77	1,156	2,694	1,262	211	83	1,841	3,397
April	1,244	184	89	0	1,517	1,262	200	77	1,275	2,814	1,262	212	83	1,877	3,434
May	1,275	185	69	46	1,575	1,262	201	78	1,395	2,936	1,262	213	84	1,914	3,473
June	1,262	190	72	83	1,607	1,262	202	78	1,514	3,056	1,262	214	84	1,950	3,510
Average Monthly Caseload	1,285	185	80	11	1,561	1,262	197	76	858	2,393	1,262	209	82	1,750	3,303
Annual Growth	-9.89%	7.56%	19.40%	-	-6.25%	-1.79%	6.49%	-5.00%	7700.00%	53.30%	0.00%	6.09%	7.89%	103.96%	38.03%

Exhibit C.7 - Prenatal Caseload History and Projections

FY 2010-11 Projection																	
	Prior Month Traditional Caseload	Traditional Base Growth ¹	Traditional Monthly Change	Traditional Prenatal Projection	Prior Month Expansion to 200% FPL Caseload	Expansion to 200% FPL Base Growth ²	Expansion to 200% FPL Monthly Change	Expansion to 200% FPL Prenatal Projection	Prior Month Expansion to 205% FPL Caseload	Expansion to 205% FPL Base Growth ³	Expansion to 205% FPL Monthly Change	Expansion to 205% FPL Prenatal Projection	Prior Month Expansion to 250% FPL Caseload	Expansion to 250% FPL Base Growth ³	Expansion to 250% FPL Monthly Change	Expansion to 250% FPL Prenatal Projection	FY 2010-11 Total Prenatal Caseload
July	1,262	0.0%	0	1,262	190	0.5%	1	191	72	1.4%	1	73	83	143.7%	119	202	1,728
August	1,262	0.0%	0	1,262	191	0.5%	1	192	73	0.0%	0	73	202	59.0%	119	321	1,848
September	1,262	0.0%	0	1,262	192	0.5%	1	193	73	1.4%	1	74	321	37.1%	120	441	1,970
October	1,262	0.0%	0	1,262	193	0.5%	1	194	74	0.0%	0	74	441	27.1%	119	560	2,090
November	1,262	0.0%	0	1,262	194	0.5%	1	195	74	1.4%	1	75	560	21.3%	119	679	2,211
December	1,262	0.0%	0	1,262	195	0.5%	1	196	75	0.0%	0	75	679	17.6%	119	798	2,331
January	1,262	0.0%	0	1,262	196	0.5%	1	197	75	1.3%	1	76	798	14.9%	120	918	2,453
February	1,262	0.0%	0	1,262	197	0.5%	1	198	76	0.0%	0	76	918	13.0%	119	1,037	2,573
March	1,262	0.0%	0	1,262	198	0.5%	1	199	76	1.3%	1	77	1,037	11.5%	119	1,156	2,694
April	1,262	0.0%	0	1,262	199	0.5%	1	200	77	0.0%	0	77	1,156	10.3%	119	1,275	2,814
May	1,262	0.0%	0	1,262	200	0.5%	1	201	77	1.3%	1	78	1,275	9.3%	120	1,395	2,936
June	1,262	0.0%	0	1,262	201	0.5%	1	202	78	0.0%	0	78	1,395	8.5%	119	1,514	3,056
Average Monthly Caseload		0.0%	0	1,262		0.5%	1	197		0.7%	1	76		31.1%	119	858	2,393
Annual Growth				-1.8%				6.5%				-5.0%				7700.0%	53.3%
FY 2011-12 Projection																	
	Prior Month Traditional Caseload	Traditional Base Growth ¹	Traditional Monthly Change	Traditional Prenatal Projection	Prior Month Expansion to 200% FPL Caseload	Expansion to 200% FPL Base Growth ²	Expansion to 200% FPL Monthly Change	Expansion to 200% FPL Prenatal Projection	Prior Month Expansion to 205% FPL Caseload	Expansion to 205% FPL Base Growth ³	Expansion to 205% FPL Monthly Change	Expansion to 205% FPL Prenatal Projection	Prior Month Expansion to 250% FPL Caseload	Expansion to 250% FPL Base Growth ³	Expansion to 250% FPL Monthly Change	Expansion to 250% FPL Prenatal Projection	FY 2011-12 Total Prenatal Caseload
July	1,262	0.0%	0	1,262	202	0.5%	1	203	78	1.4%	1	79	1,514	2.4%	36	1,550	3,094
August	1,262	0.0%	0	1,262	203	0.5%	1	204	79	0.0%	0	79	1,550	2.3%	36	1,586	3,131
September	1,262	0.0%	0	1,262	204	0.5%	1	205	79	1.4%	1	80	1,586	2.3%	37	1,623	3,170
October	1,262	0.0%	0	1,262	205	0.5%	1	206	80	0.0%	0	80	1,623	2.2%	36	1,659	3,207
November	1,262	0.0%	0	1,262	206	0.5%	1	207	80	1.4%	1	81	1,659	2.2%	36	1,695	3,245
December	1,262	0.0%	0	1,262	207	0.5%	1	208	81	0.0%	0	81	1,695	2.1%	37	1,732	3,283
January	1,262	0.0%	0	1,262	208	0.5%	1	209	81	1.3%	1	82	1,732	2.1%	36	1,768	3,321
February	1,262	0.0%	0	1,262	209	0.5%	1	210	82	0.0%	0	82	1,768	2.1%	37	1,805	3,359
March	1,262	0.0%	0	1,262	210	0.5%	1	211	82	1.3%	1	83	1,805	2.0%	36	1,841	3,397
April	1,262	0.0%	0	1,262	211	0.5%	1	212	83	0.0%	0	83	1,841	2.0%	37	1,877	3,434
May	1,262	0.0%	0	1,262	212	0.5%	1	213	83	1.3%	1	84	1,877	1.9%	36	1,914	3,473
June	1,262	0.0%	0	1,262	213	0.5%	1	214	84	0.0%	0	84	1,914	1.9%	36	1,950	3,510
Average Monthly Caseload		0.0%	0	1,262		0.5%	1	209		0.7%	1	82		2.1%	36	1,750	3,303
Annual Growth				0.0%				6.1%				7.9%				104.0%	38.0%

¹ The FY 2010-11 traditional prenatal caseload is forecasted to decrease by slightly less than an average of 0.0% per month. This forecast is based on growth experienced between January 2008 and June 2010. The FY 2010-11 monthly growth rate is projected to remain the same at slightly below 0.0%.

² The FY 2010-11 Expansion to 200% FPL Prenatal caseload forecast is based on growth experienced between July 2008 and June 2010, during which caseload increased by an average of 0.8% per month. The FY 2011-12 forecast assumes that monthly growth will stay constant from that in FY 2010-11.

³ The Expansion to 205% FPL Prenatal caseload is forecasted to increase by an average of 1.7% per month. This forecast is based on experience from July 2008 and June 2010. The FY 2011-12 forecast assumes that monthly growth would remain constant from FY 2010-11.

⁴ The Expansion to 250% FPL Prenatal caseload is forecasted to increase by an average of 31.1% per month in FY 2010-11, with the strong growth due to the expansion being in place for less than one year. Growth is anticipated to decrease to an average of 2.1% per month in FY 2011-12 with improving economic conditions.

Exhibit C.8 - SCHIP Federal Allotment Forecast

SCHIP Federal Allotment Forecast for Colorado as of November 1, 2010										
State Fiscal Year (July 1 - June 30)	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Children's Medical Premiums										
Children's Caseload ¹	41,945	47,047	57,795	61,582	68,725	76,741	86,516	90,594	92,727	93,819
Caseload Growth Rate ²	17.16%	12.16%	22.85%	6.55%	11.60%	11.66%	12.74%	4.71%	2.36%	1.18%
Children's Per Capita ¹	\$1,352.09	\$1,385.96	\$1,586.53	\$1,630.54	\$2,187.07	\$2,324.41	\$2,422.04	\$2,533.53	\$2,650.15	\$2,772.14
Per Capita Growth Rate ³	30.39%	2.51%	14.47%	2.77%	34.13%	6.28%	4.20%	4.60%	4.60%	4.60%
Subtotal Children's Premiums	\$56,713,415	\$65,205,260	\$91,693,501	\$100,411,914	\$150,306,188	\$178,377,548	\$209,545,213	\$229,522,617	\$245,740,459	\$260,079,403
Less Annual Enrollment Fees (No Federal Match)	\$122,626	\$191,726	\$232,136	\$283,367	\$328,499	\$346,589	\$416,705	\$492,277	\$446,620	\$509,801
Children's Dental Premiums										
Children's Caseload ^{1,2}	41,945	47,047	57,795	61,582	68,725	76,741	86,516	90,594	92,727	93,819
Dental Per Capita ¹	\$136.07	\$146.42	\$151.14	\$160.38	\$156.66	\$152.32	\$159.33	\$166.66	\$174.33	\$182.35
Per Capita Growth Rate ³	22.10%	7.61%	3.22%	6.11%	-2.32%	-2.77%	4.60%	4.60%	4.60%	4.60%
Subtotal Children's Dental	\$5,707,456	\$6,888,622	\$8,735,136	\$9,876,521	\$10,766,208	\$11,689,189	\$13,784,594	\$15,098,396	\$16,165,098	\$17,107,895
Prenatal And Delivery Costs										
Prenatal Caseload ¹	963	1,170	1,570	1,665	1,561	2,393	3,303	3,590	3,746	3,827
Caseload Growth Rate ²	104.03%	21.50%	34.19%	6.05%	-6.25%	53.30%	38.03%	8.69%	4.35%	2.17%
Prenatal Per Capita ¹	\$12,058.43	\$14,438.28	\$11,336.78	\$11,674.22	\$11,118.53	\$14,794.32	\$15,475.30	\$16,187.63	\$16,932.75	\$17,712.16
Per Capita Growth Rate ³	-14.87%	19.74%	-21.48%	2.98%	-4.76%	33.06%	4.60%	4.60%	4.60%	4.60%
Subtotal Prenatal and Delivery Costs	\$11,612,268	\$16,892,788	\$17,798,745	\$19,437,576	\$17,356,024	\$35,402,808	\$51,114,916	\$58,113,592	\$63,430,082	\$67,784,436
Subtotal Medical Expenses	\$74,033,139	\$88,986,670	\$118,227,382	\$129,726,011	\$178,428,420	\$225,469,545	\$274,444,723	\$302,734,605	\$325,335,639	\$344,971,734
Administration										
Annual Administration increase ⁴								2.22%	2.22%	2.22%
Administration Expenditures	\$4,567,827	\$6,151,625	\$6,621,395	\$7,577,554	\$6,676,906	\$6,411,604	\$6,413,516	\$6,413,516	\$6,447,198	\$6,447,198
Total Program Costs	\$78,600,966	\$95,138,295	\$124,848,777	\$137,303,565	\$185,105,326	\$231,881,149	\$280,858,239	\$309,148,121	\$331,782,837	\$351,418,932
Federal Funds at 65%	\$51,090,628	\$61,839,892	\$81,151,705	\$89,247,317	\$120,318,462	\$150,722,747	\$182,557,855	\$200,946,279	\$215,658,844	\$228,422,306
Federal Fiscal Year (October 1 - September 30)										
Total Program Costs ⁵	\$92,673,334	\$101,409,555	\$126,894,270	\$157,460,910	\$196,799,282	\$231,881,149	\$280,858,239	\$309,148,121	\$331,782,837	\$351,418,932
Federal Funds ⁵	\$60,237,667	\$65,916,210	\$82,481,275	\$102,349,590	\$127,919,533	\$150,722,747	\$182,557,855	\$200,946,279	\$215,658,844	\$228,422,306
Federal Allotment ⁶	\$57,951,287	\$71,544,798	\$71,544,798	\$100,696,200	\$107,059,532	\$155,429,977	\$164,054,398	\$192,997,491	\$204,169,477	\$213,567,398
Redistributions ⁷	\$0	(\$5,707,946)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Available from Prior Years	\$102,056,558	\$99,770,178	\$99,690,820	\$88,754,343	\$87,100,953	\$66,240,952	\$70,948,182	\$52,444,725	\$44,495,937	\$33,006,570
Total Federal Funds Available	\$160,007,845	\$165,607,030	\$171,235,618	\$189,450,543	\$194,160,485	\$221,670,929	\$235,002,580	\$245,442,216	\$248,665,414	\$246,573,968
Unspent / (Amount needed)	\$99,770,178	\$99,690,820	\$88,754,343	\$87,100,953	\$66,240,952	\$70,948,182	\$52,444,725	\$44,495,937	\$33,006,570	\$18,151,662

¹ Caseload and per capitas for FY 2010-11 and FY 2011-12 are from Exhibits C.2 and C.3.

² Caseload growth for both children and prenatal women in FY 2013-14 and FY 2014-15 is assumed to decrease by 50% per year from the forecasted FY 2012-13 growth.

³ The inflation rate used for medical premiums is the average Consumer Price Index for medical costs between 2000 and 2009 for Denver-Boulder-Greeley. The FY 2011-12 per capita projections are increased by this percent to estimate FY 2012-13 through FY 2014-15.

⁴ The administration expenditures for FY 2005-06 to FY 2009-10 include the Administration line item and the allocation of other Internal Administration expenses. FY 2010-11 and FY 2011-12 estimates are taken from Exhibit C.4. The inflation rate used for administrative expenses are based on Consumer Price Index for all items between 2000 and 2009 for Denver-Boulder-Greeley. The FY 2011-12 administration estimate is increased by the 5-year average percent to estimate internal administration through FY 2014-15.

⁵ For FFY 2006 through 2009, Total and Federal Funds are actuals from CMS-21 Reports. Forecasts for federal funds expenditures are estimated using 75% of one State Fiscal Year and 25% of the next.

⁶ FFY 2010 allocation from CMS. FFY 2011 is rebased to FFY 2010 expenditures increased by the FFY 2009-FFY 2010 inflation factor plus the estimated increase in the allotment due to the expansion to 250% FPL. FFY 2013 is rebased to FFY 2012 expenditures increased by the FFY 2011-FFY 2012 inflation factor. FFY 2012 and FFY 2014 allotments based on prior year increased by the respective inflation factor.

⁷ The negative distribution in FFY 2006 is per the National Institutes of Health Reform Act of 2006, and reflects an early partial redistribution of FFY 2005 federal funds.

Exhibit C.9 - Children's Basic Health Plan Caseload Graphs

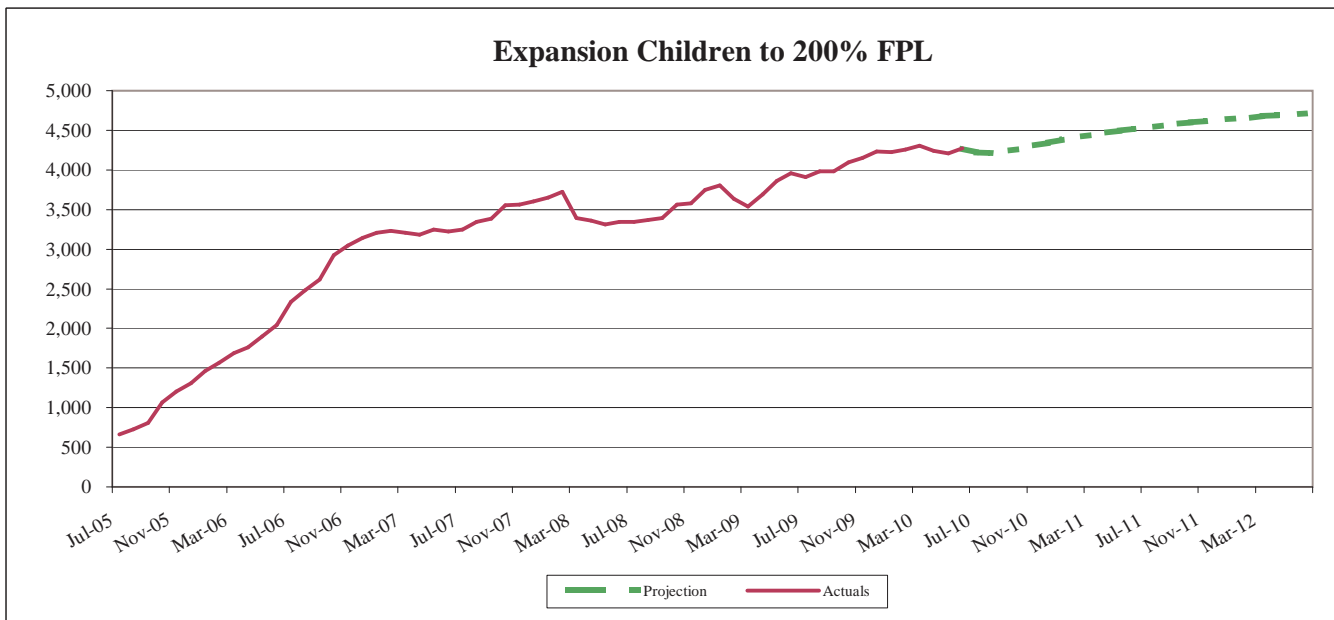
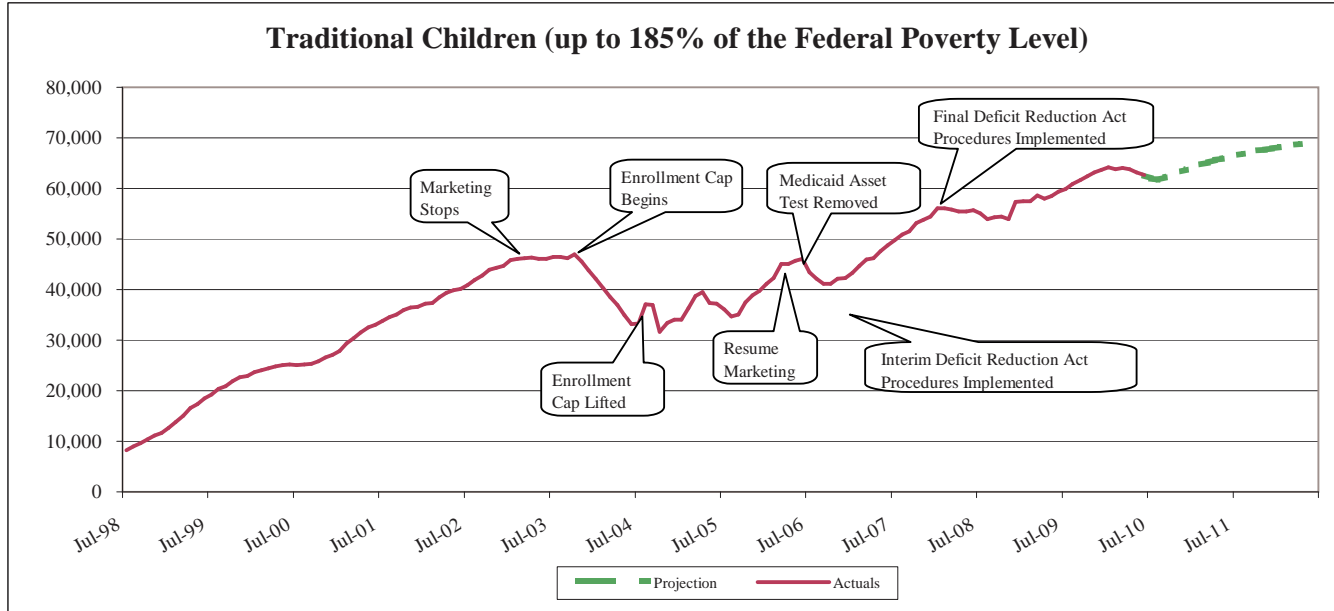


Exhibit C.9 - Children's Basic Health Plan Caseload Graphs

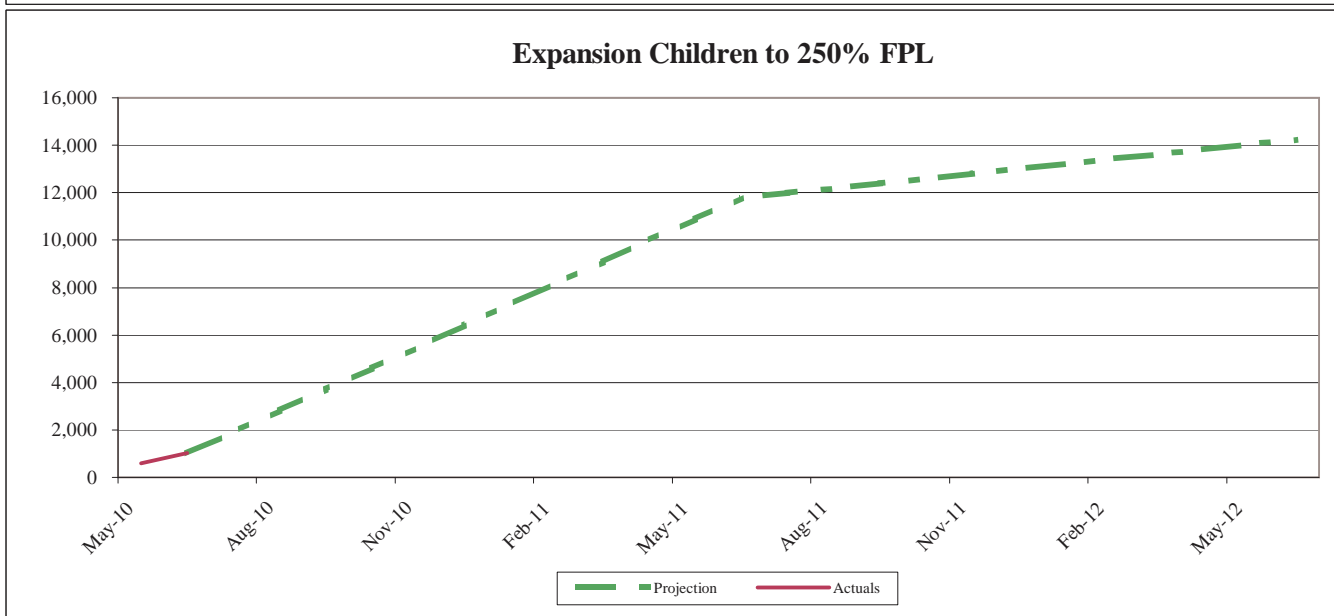
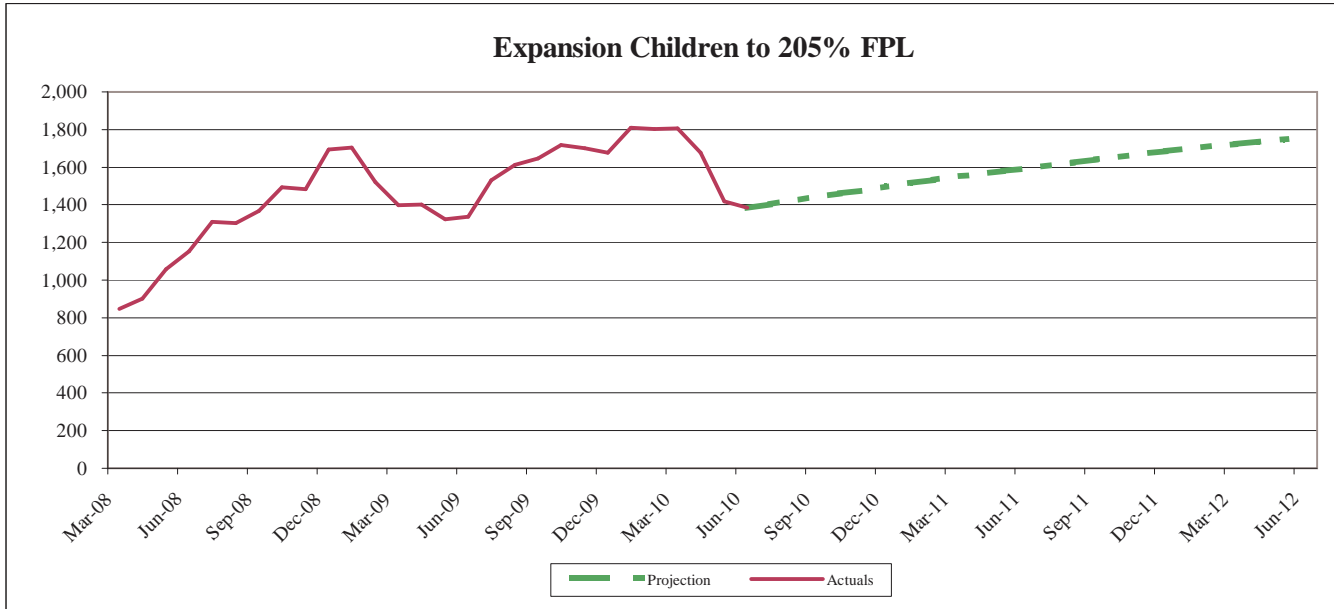


Exhibit C.9 - Children's Basic Health Plan Caseload Graphs

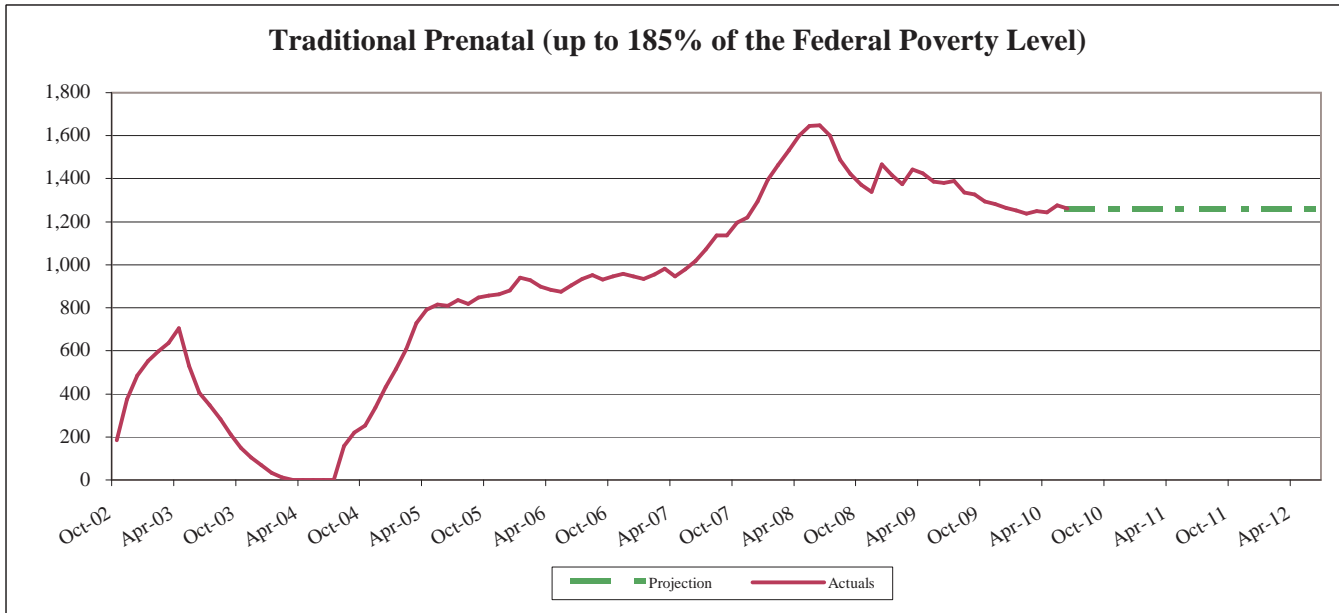
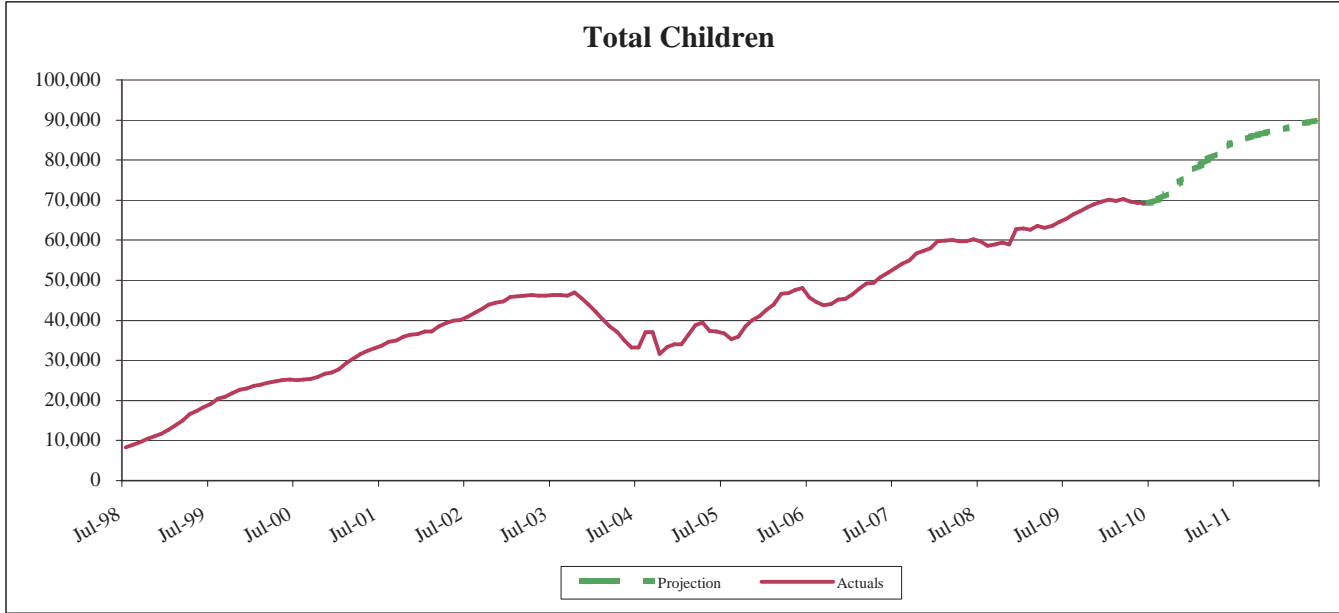


Exhibit C.9 - Children's Basic Health Plan Caseload Graphs

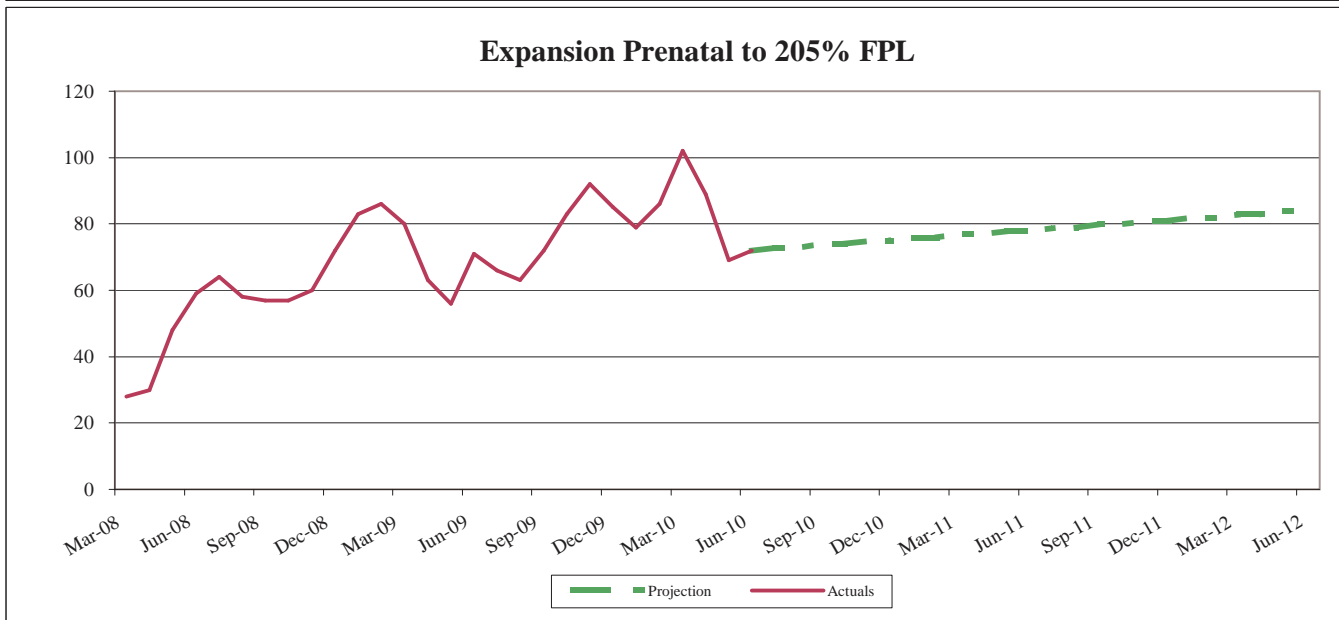
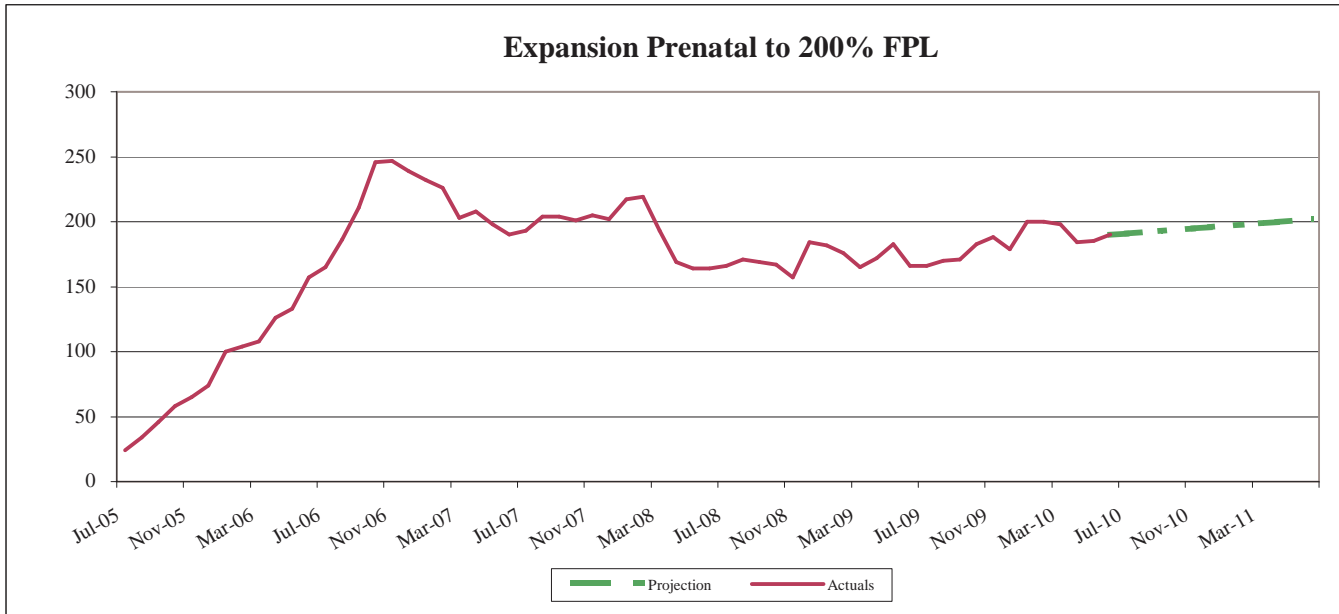


Exhibit C.9 - Children's Basic Health Plan Caseload Graphs

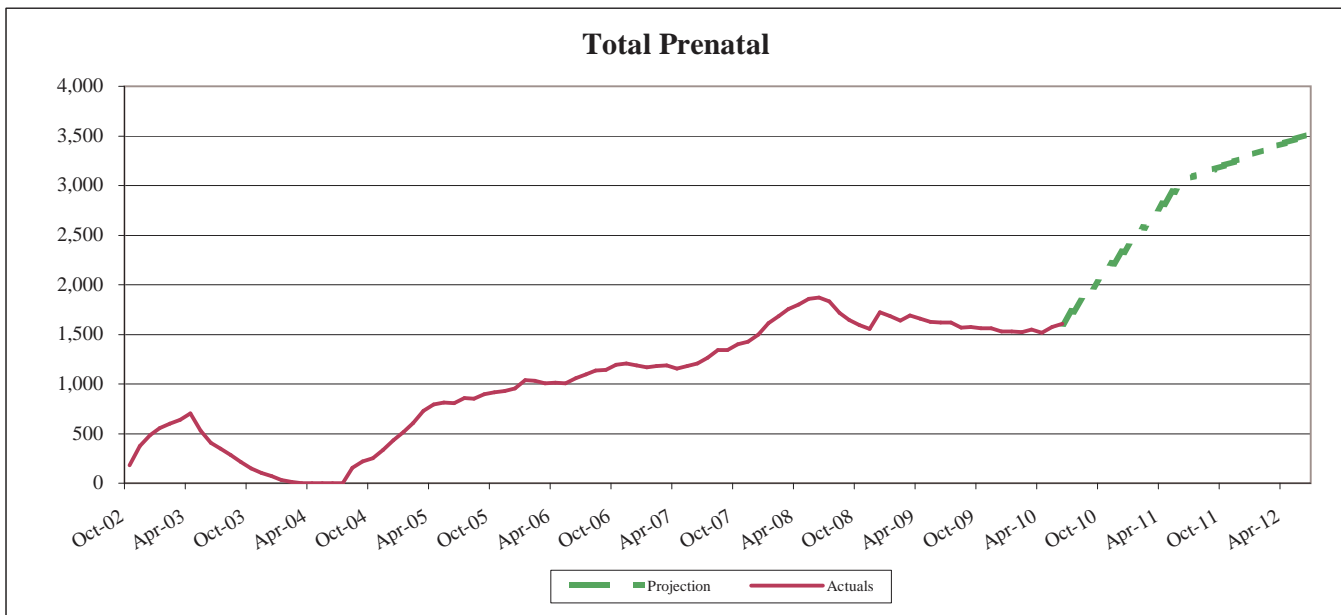
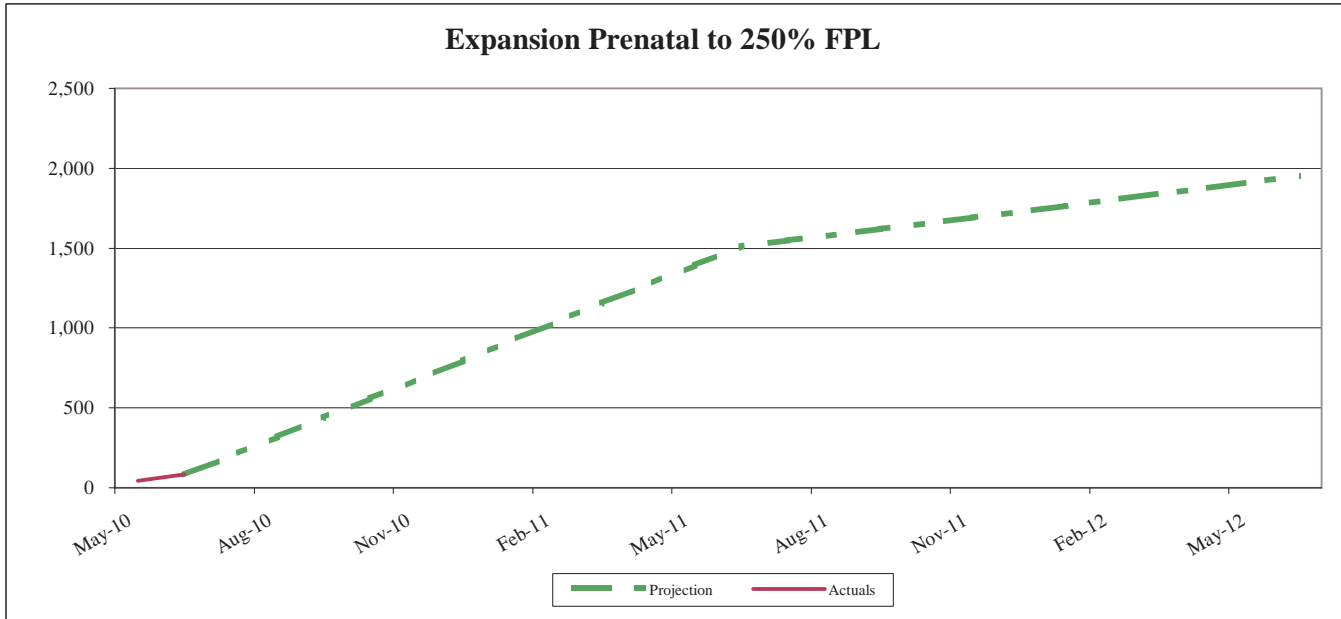
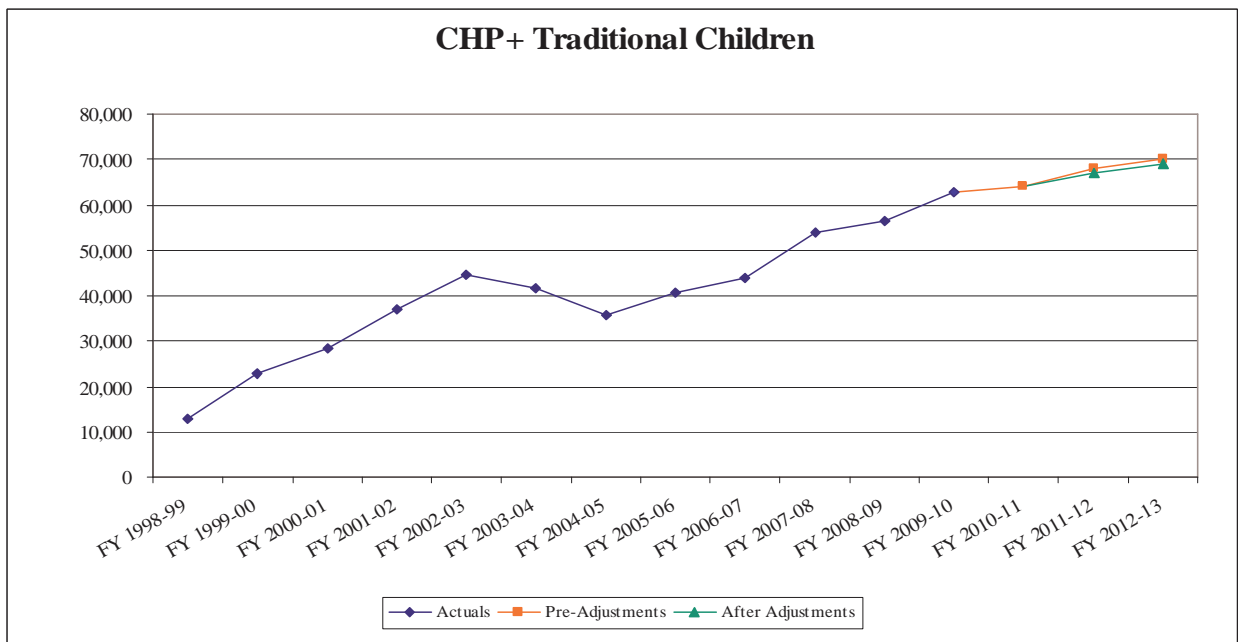
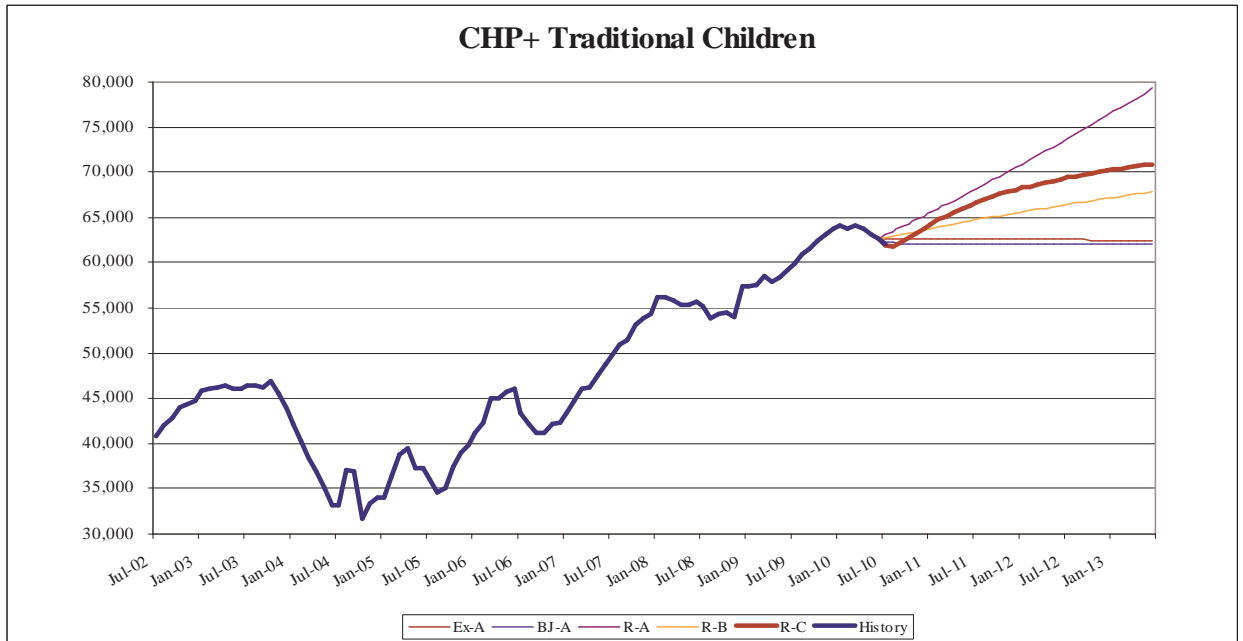


Exhibit C.10

Children's Basic Health Plan Caseload Forecast:

November 1, 2010

Traditional Children



- The Department believes that there is now sufficient data to project caseload for traditional children using econometric models, similar to those used to forecast Medicaid caseload. The table on page 4 outlines the forecast results of the 5 models.
- Growth in traditional children in FY 2009-10 was slightly lower than the Department's February 2010 forecast, in which annual caseload was projected to be 63,176 and monthly growth was projected to be 636. The Department believes that the major reason for this was the implementation of the expansion in the Children's Basic Health Plan to 250% FPL in May 2010, which resulted in movement within income categories. The selected trend for FY 2010-11 for traditional children is lower than the Department's February 2010 forecast, and would result in average growth of **304 per month**. This lower forecast is reflective of the slowing monthly growth seen over the course of FY 2009-10. Because the economy is believed to be partially responsible

Exhibit C.10- FY 2011-12 Budget Cycle, Children's Basic Health Plan Caseload Forecasts

this change, the Department believes that projected economic conditions give no indication that the trend will not continue to be positive throughout FY 2010-11

- Similar to the pattern seen in low-income Medicaid categories, the out-year trend is expected to temper with moderating monthly growth, reflective of projected moderating economic conditions beginning in FY 2010-11.
- There is a small bottom-line adjustment to CHP+ from HB 09-1293, which extends 12-month guaranteed eligibility to children in Medicaid. This is expected to have a negative impact on CHP+ caseload as Medicaid children with increases in income would no longer be moved to CHP+. This adjustment has been updated from the HB 09-1293 estimate to account for the revised caseload forecasts, and is being included in the Traditional Children population as this group is closest to Medicaid in terms of income, and is therefore the group that such children would most likely move to.

Traditional Children							
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change
Jun-08	55,665	-	-	FY 1998-99	12,825	-	-
Jul-08	55,089	(576)	-1.03%	FY 1999-00	22,935	78.83%	10,110
Aug-08	53,882	(1,207)	-2.19%	FY 2000-01	28,321	23.48%	5,386
Sep-08	54,260	378	0.70%	FY 2001-02	37,042	30.79%	8,721
Oct-08	54,411	151	0.28%	FY 2002-03	44,600	20.40%	7,558
Nov-08	53,940	(471)	-0.87%	FY 2003-04	41,786	-6.31%	(2,814)
Dec-08	57,334	3,394	6.29%	FY 2004-05	35,800	-14.33%	(5,986)
Jan-09	57,411	77	0.13%	FY 2005-06	40,596	13.40%	4,796
Feb-09	57,522	111	0.19%	FY 2006-07	44,060	8.53%	3,464
Mar-09	58,626	1,104	1.92%	FY 2007-08	54,008	22.58%	9,948
Apr-09	57,949	(677)	-1.15%	FY 2008-09	56,513	4.64%	2,505
May-09	58,430	481	0.83%	FY 2009-10	62,786	11.10%	6,273
Jun-09	59,307	877	1.50%	FY 2010-11	64,014	1.96%	1,228
Jul-09	59,909	602	1.02%	FY 2011-12	68,035	6.28%	4,021
Aug-09	60,932	1,023	1.71%	FY 2012-13	70,203	3.19%	2,168
Sep-09	61,610	678	1.11%				
Oct-09	62,421	811	1.32%				
Nov-09	63,164	743	1.19%				
Dec-09	63,729	565	0.89%				
Jan-10	64,157	428	0.67%				
Feb-10	63,827	(330)	-0.51%				
Mar-10	64,101	274	0.43%				
Apr-10	63,748	(353)	-0.55%				
May-10	63,147	(601)	-0.94%				
Jun-10	62,684	(463)	-0.73%				

Adjustments (HB 09-1293)	
FY 2010-11	0
FY 2011-12	(972)
FY 2012-13	(1,018)

Projections After Adjustments			
FY 2010-11	64,014	1.96%	1,228
FY 2011-12	67,063	4.76%	3,049
FY 2012-13	69,185	3.16%	2,122

Monthly Average Growth Comparisons		
FY 2009-10 1st Half	737	1.21%
FY 2009-10 2nd Half	(174)	-0.27%
February 2010 Forecast	636	1.07%
FY 2010-11 Forecast	304	0.48%
February 2010 Forecast	476	0.71%
FY 2011-12 Forecast	239	0.36%
February 2010 Forecast	256	0.35%

February 2010 Trend Selections			
FY 2009-10	63,176	11.79%	6,663
FY 2010-11	70,258	11.21%	7,082
FY 2011-12	74,509	6.05%	4,251

Base trend from June 2010 level			
FY 2010-11	62,684	-0.16%	(102)

Actuals		
	Monthly Change	% Change
6-month average	(174)	-0.27%
12-month average	281	0.47%
18-month average	297	0.50%
24-month average	292	0.51%

Actuals Without May and June 2010		
	Monthly Change	% Change
6-month average	5	0.01%
12-month average	444	0.73%
18-month average	401	0.67%
24-month average	367	0.63%

Exhibit C.10- FY 2011-12 Budget Cycle, Children's Basic Health Plan Caseload Forecasts

CHP+ Traditional Children Model Results						
FY 2010-11	FY 2008-09	FY 2009-10	Projected Growth Rate	Projected FY 2010-11 Caseload	Level Change	Average Monthly Change¹
Exponential Smoothing*	56,513	62,786	-0.23%	62,644	(142)	(6)
Box Jenkins	56,513	62,786	-1.16%	62,056	(730)	(56)
Regression A	56,513	62,786	4.18%	65,411	2,625	425
Regression B	56,513	62,786	1.53%	63,747	961	160
Regression C	56,513	62,786	1.96%	64,014	1,228	304

* Denotes Expert Selection, Bold denotes Trend Selection

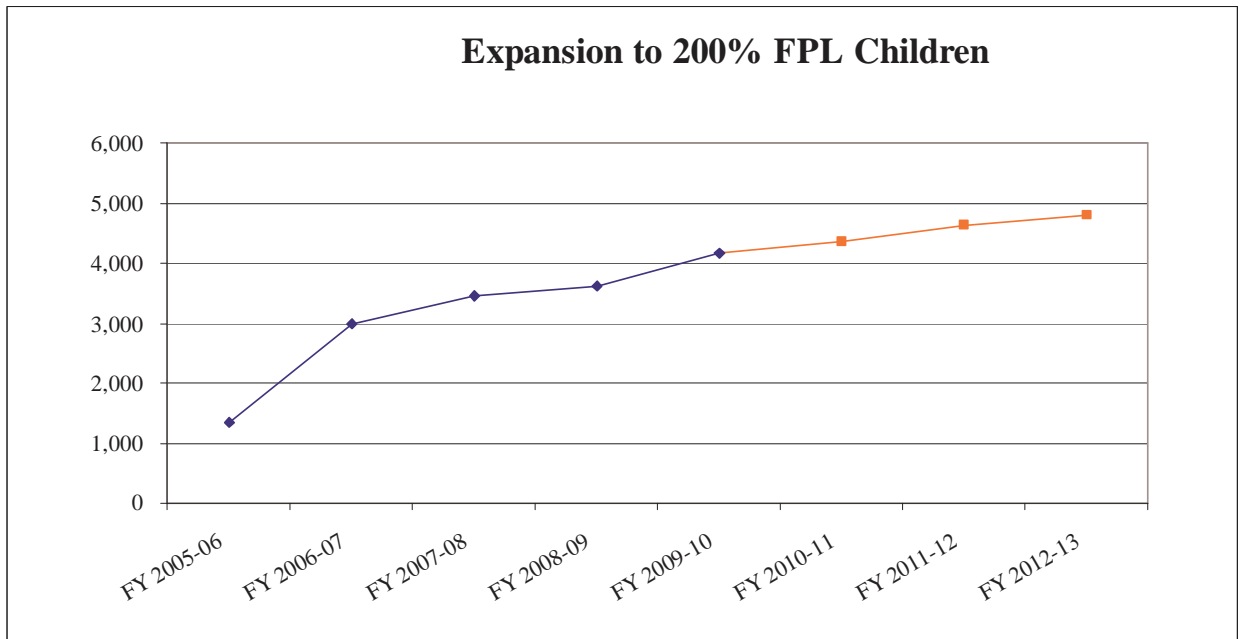
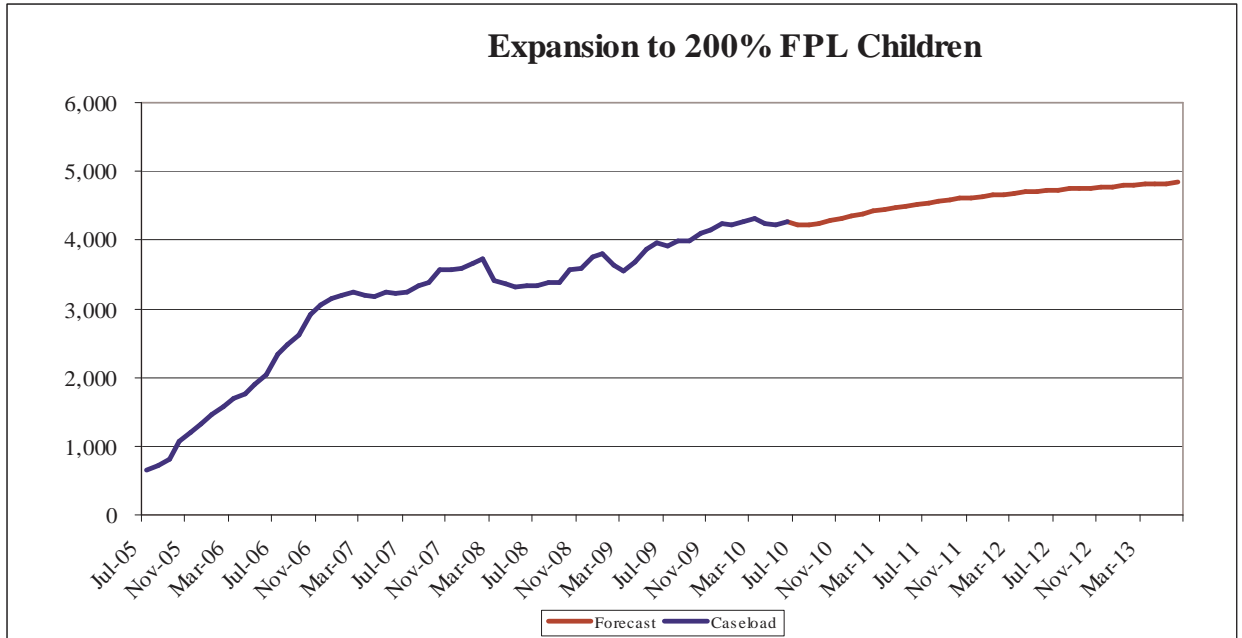
FY 2011-12	FY 2009-10	FY 2010-11 Projected Caseload	Projected Growth Rate	Projected FY 2011-12 Caseload	Level Change	Average Monthly Change¹
Exponential Smoothing*	62,786	64,014	-0.12%	63,938	(76)	(6)
Box Jenkins	62,786	64,014	-0.06%	63,973	(41)	0
Regression A	62,786	64,014	8.13%	69,217	5,203	459
Regression B	62,786	64,014	2.82%	65,822	1,808	142
Regression C	62,786	64,014	6.28%	68,035	4,021	239

FY 2012-13	FY 2010-11 Projected Caseload	Projected FY 2011-12 Caseload	Projected Growth Rate	Projected FY 2012-13 Caseload	Level Change	Average Monthly Change¹
Exponential Smoothing*	64,014	68,035	-0.12%	67,955	(80)	(6)
Box Jenkins	64,014	68,035	0.00%	68,035	0	0
Regression A	64,014	68,035	8.13%	73,565	5,530	496
Regression B	64,014	68,035	2.46%	69,707	1,672	129
Regression C	64,014	68,035	3.19%	70,203	2,168	142

¹ Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

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Expansion to 200% FPL Children



- Growth in Expansion to 200% FPL children in FY 2009-10 was lower than the Department's February 2010 forecast, in which annual caseload was projected to be 4,133 and monthly growth was projected to be 34. This expansion population has now been in place for four years, and the Department believes that the converging of growth rates is reflective of a maturing population that is approaching a stable long-term growth rate. The selected trend for Expansion to 200% FPL children for FY 2010-11 is lower than that from the Department's February 2010 forecast, and would result in average growth of **21 per month**. This projection is based on the monthly growth rates from the model used to forecast traditional children.

Exhibit C.10- FY 2010-11 Children's Basic Health Plan Caseload Forecasts

- As with FY 2010-11, the out-year trends for Expansion to 200% FPL children are based on the forecasted monthly growth for traditional children and are expected to moderate with improving economic conditions.

Expansion to 200% FPL Children				Expansion to 200% FPL Children			
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change
Jun-08	3,347	-	-	FY 2005-06	1,349	-	-
Jul-08	3,347	0	0.00%	FY 2006-07	2,987	121.42%	1,638
Aug-08	3,371	24	0.72%	FY 2007-08	3,458	15.77%	471
Sep-08	3,391	20	0.59%	FY 2008-09	3,624	4.80%	166
Oct-08	3,566	175	5.16%	FY 2009-10	4,154	14.62%	530
Nov-08	3,580	14	0.39%	FY 2010-11	4,363	5.03%	209
Dec-08	3,749	169	4.72%	FY 2011-12	4,637	6.28%	274
Jan-09	3,806	57	1.52%	FY 2012-13	4,785	3.19%	148
Feb-09	3,631	(175)	-4.60%				
Mar-09	3,538	(93)	-2.56%				
Apr-09	3,688	150	4.24%				
May-09	3,863	175	4.75%				
Jun-09	3,954	91	2.36%				
Jul-09	3,908	(46)	-1.16%				
Aug-09	3,986	78	2.00%				
Sep-09	3,984	(2)	-0.05%				
Oct-09	4,094	110	2.76%				
Nov-09	4,148	54	1.32%				
Dec-09	4,233	85	2.05%				
Jan-10	4,221	(12)	-0.28%				
Feb-10	4,258	37	0.88%				
Mar-10	4,305	47	1.10%				
Apr-10	4,237	(68)	-1.58%				
May-10	4,207	(30)	-0.71%				
Jun-10	4,271	64	1.52%				

February 2010 Trend Selections			
FY 2009-10	4,133	14.05%	509
FY 2010-11	4,615	11.66%	482
FY 2011-12	4,893	6.02%	278

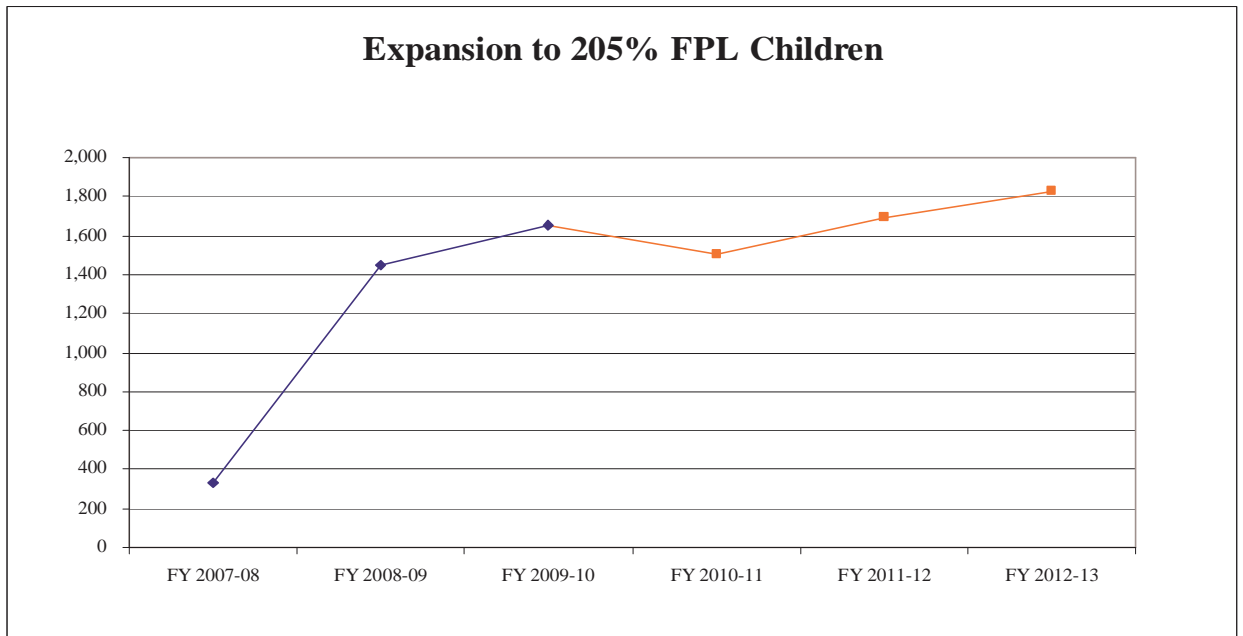
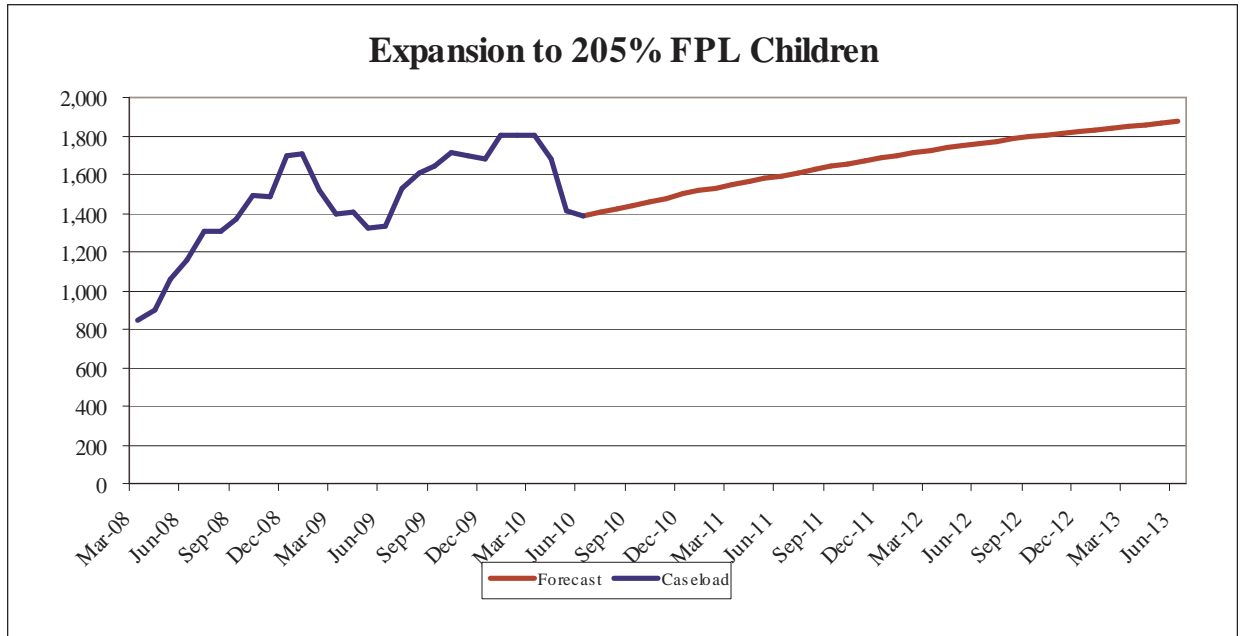
Monthly Average Growth Comparisons			
FY 2009-10 1st Half	6	0.16%	
FY 2009-10 2nd Half	6	0.16%	
February 2010 Forecast	34	0.88%	
FY 2010-11 Forecast	21	0.47%	
February 2010 Forecast	36	0.79%	
FY 2011-12 Forecast	16	0.35%	
February 2010 Forecast	16	0.34%	

Base trend from June 2010 level			
FY 2010-11	4,271	117	2.82%

Actuals		
	Monthly Change	% Change
6-month average	6	0.16%
12-month average	26	0.65%
18-month average	29	0.75%
24-month average	39	1.05%

Actuals Without May and June 2010		
	Monthly Change	% Change
6-month average	1	0.03%
12-month average	28	0.70%
18-month average	31	0.80%
24-month average	40	1.11%

Expansion to 205% FPL Children



- This population was created through SB 07-097, and was implemented beginning March 1, 2008. Children in this population have family income between 201-205% of the federal poverty level.
- Growth in this population in FY 2007-08 was significantly higher than the forecast included in the fiscal note for FY 07-097. The Department was appropriated resources for 108 children in FY 2007-08. The Department believes that this higher than anticipated growth in FY 2007-08 was due largely to the number of children that moved within CHP+, from lower income groupings.
- Growth in Expansion to 205% FPL children in FY 2009-10 was lower than the Department's February 2010 forecast, in which annual caseload was projected to be

Exhibit C.10- FY 2010-11 Children's Basic Health Plan Caseload Forecasts

1,693 and monthly growth was projected to be 41. The selected trend for FY 2010-11 for Expansion to 205% FPL children is lower than the Department's February 2010 forecast, and would result in average growth of **18 per month**. This is based on the average monthly growth of 1.18% that was experienced between August 2008 and April 2010. May and June 2010 are omitted because the Department believes that the large declines seen in these months are due to the expansion to 250% FPL in the Children's Basic Health Plan, which resulted in movement within income categories.

- Out-year trends remain positive, as current forecasts indicate that economic conditions should begin to improve in FY 2010-11. Growth is forecasted to average 1.02% per month in FY 2011-12 and 0.66% per month in FY 2012-13.

Expansion to 205% FPL Children			
	Actuals	Monthly Change	% Change
Jun-08	1,154	-	-
Jul-08	1,308	154	13.34%
Aug-08	1,303	(5)	-0.38%
Sep-08	1,368	65	4.99%
Oct-08	1,494	126	9.21%
Nov-08	1,484	(10)	-0.67%
Dec-08	1,695	211	14.22%
Jan-09	1,705	10	0.59%
Feb-09	1,519	(186)	-10.91%
Mar-09	1,397	(122)	-8.03%
Apr-09	1,402	5	0.36%
May-09	1,322	(80)	-5.71%
Jun-09	1,337	15	1.13%
Jul-09	1,532	195	14.58%
Aug-09	1,613	81	5.29%
Sep-09	1,645	32	1.98%
Oct-09	1,719	74	4.50%
Nov-09	1,699	(20)	-1.16%
Dec-09	1,678	(21)	-1.24%
Jan-10	1,808	130	7.75%
Feb-10	1,802	(6)	-0.33%
Mar-10	1,806	4	0.22%
Apr-10	1,678	(128)	-7.09%
May-10	1,417	(261)	-15.55%
Jun-10	1,385	(32)	-2.26%

	Caseload	% Change	Level Change
FY 2007-08	330	-	-
FY 2008-09	1,445	337.88%	1,115
FY 2009-10	1,649	14.12%	204
FY 2010-11	1,504	-8.79%	(145)
FY 2011-12	1,691	12.43%	187
FY 2012-13	1,828	8.10%	137

February 2010 Trend Selections			
FY 2009-10	1,693	17.16%	248
FY 2010-11	1,935	14.29%	242
FY 2011-12	2,114	9.25%	179

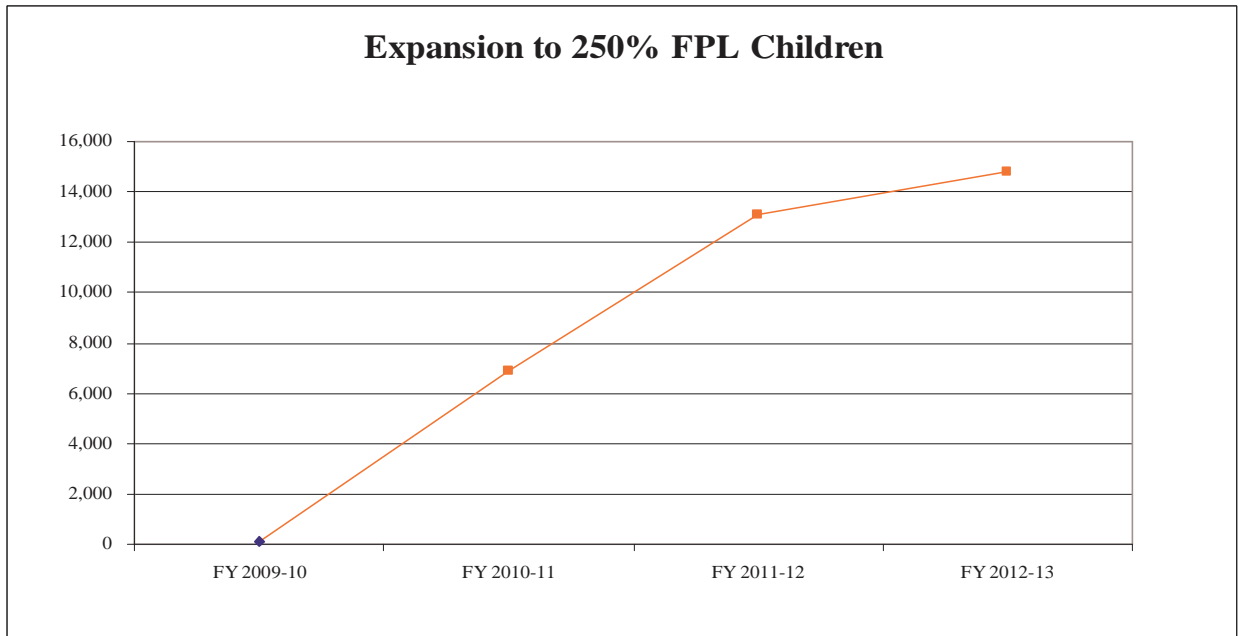
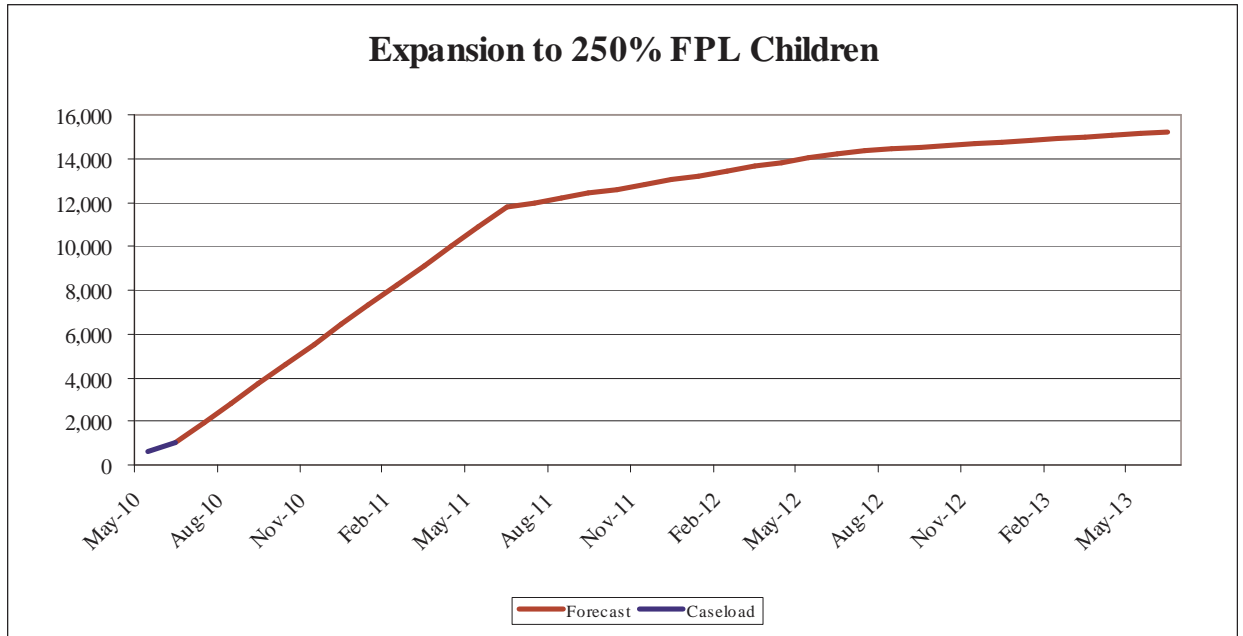
Monthly Average Growth Comparisons			
FY 2009-10 1st Half	57	3.99%	
FY 2009-10 2nd Half	(49)	-2.88%	
February 2010 Forecast	41	2.70%	
FY 2010-11 Forecast	18	1.19%	
February 2010 Forecast	15	0.77%	
FY 2011-12 Forecast	14	0.83%	
February 2010 Forecast	15	0.72%	

Base trend from June 2010 level			
FY 2010-11	1,385	(264)	-16.01%

Actuals		
	Monthly Change	% Change
6-month average	(49)	-2.88%
12-month average	4	0.56%
18-month average	(17)	-0.88%
24-month average	10	1.03%

Actuals Without May and June 2010		
	Monthly Change	% Change
6-month average	0	0.14%
12-month average	34	2.45%
18-month average	(1)	0.12%
24-month average	24	1.94%

Expansion to 250% FPL Children



- This population was created through HB 09-1293, and was implemented beginning May 1, 2010. Children in this population have family income between 206-250% of the federal poverty level.
- Growth in FY 2009-10 was lower than the Department's February 2010 estimates. However, the Department believes that caseload will grow as was originally forecasted due to moderating economic conditions, which may increase caseload in the higher income groups. The forecast would result in average growth of **897 per month** in FY 2010-11 and 205 per month in FY 2011-12.

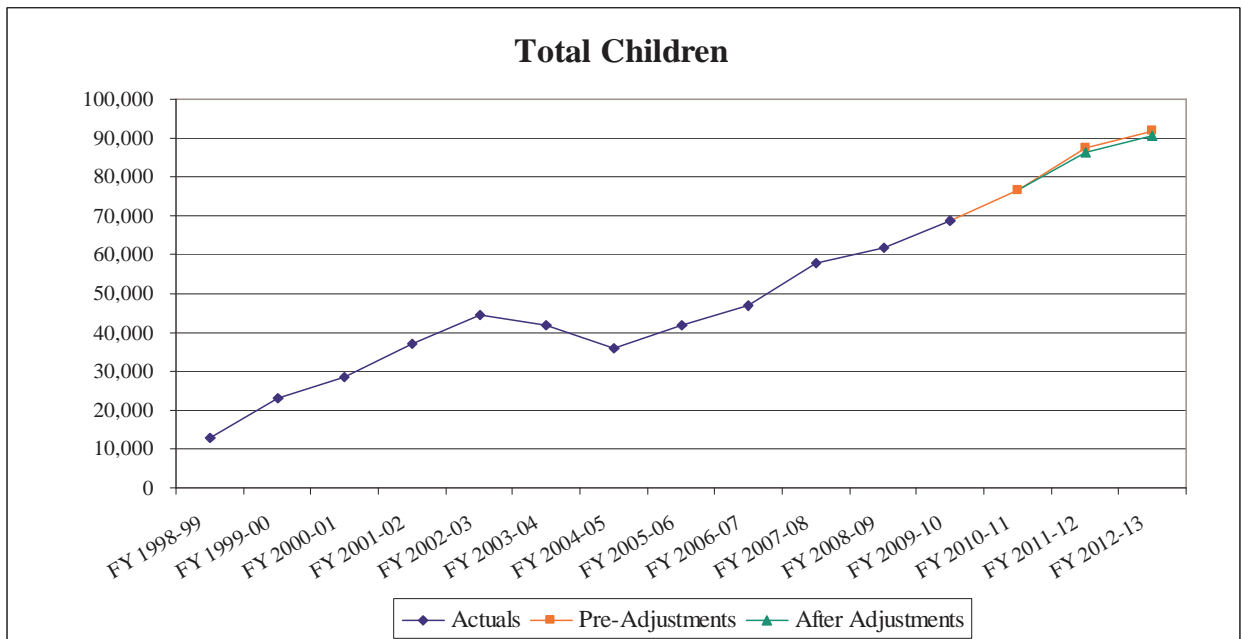
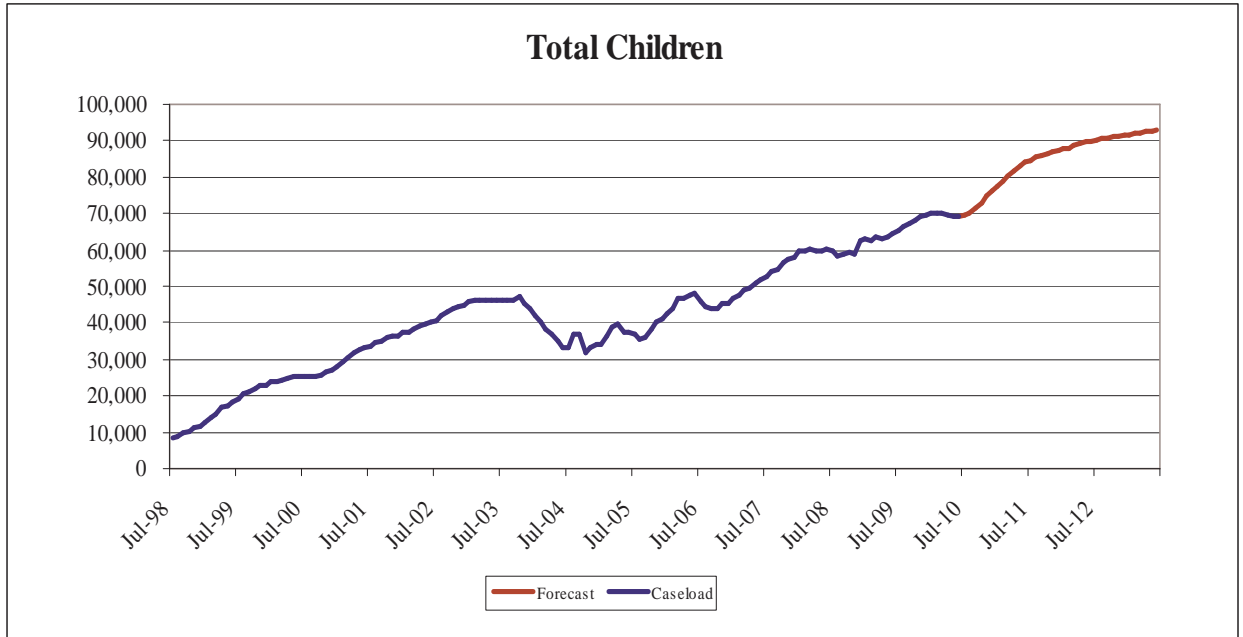
Exhibit C.10- FY 2010-11 Children's Basic Health Plan Caseload Forecasts

Expansion to 250% Children							
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change
May-10	600	-	-	FY 2009-10	136	-	-
Jun-10	1,029	429	71.50%	FY 2010-11	6,860	4944.12%	6,724
				FY 2011-12	13,125	91.33%	6,265
				FY 2012-13	14,794	12.72%	1,669

February 2010 Trend Selections			
FY 2009-10	420	-	-
FY 2010-11	6,860	1533.33%	6,440
FY 2011-12	13,125	91.33%	6,265

Monthly Growth Estimates		
FY 2010-11	897	24.13%
FY 2011-12	205	1.59%
FY 2012-13	79	0.54%

Total Children



- The FY 2010-11 children's caseload forecast is 76,741, a 11.66% increase over the FY 2009-10 caseload of 68,725. This forecast results in average increases of **1,239 (1.63%) per month**. The FY 2011-12 caseload is projected to increase by 12.74% to 86,516, and FY 2012-13 caseload is forecasted to grow 4.71% to 90,591. Total children's caseload is projected to increase by 0.55% (474 clients) per month in FY 2011-12 and 0.26% (239 clients) per month in FY 2012-13. Caseload growth in CHP+ may accelerate as the caseload increases in Medicaid children moderate.
- There is a small bottom-line adjustment to this eligibility type from HB 09-1293, which extends 12-month guaranteed eligibility to children in Medicaid, which is expected to have a negative impact on CHP+ caseload as Medicaid children with increases in income would no longer be moved to CHP+. This bottom-line adjustment

Exhibit C.10- FY 2010-11 Children's Basic Health Plan Caseload Forecasts

has been updated from the HB 09-1293 estimate to account for the revised caseload forecasts.

Total Children							
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change
Jun-08	60,166	-	-	FY 1998-99	12,825	-	-
Jul-08	59,744	(422)	-0.70%	FY 1999-00	22,935	78.83%	10,110
Aug-08	58,556	(1,188)	-1.99%	FY 2000-01	28,321	23.48%	5,386
Sep-08	59,019	463	0.79%	FY 2001-02	37,042	30.79%	8,721
Oct-08	59,471	452	0.77%	FY 2002-03	44,600	20.40%	7,558
Nov-08	59,004	(467)	-0.79%	FY 2003-04	41,786	-6.31%	(2,814)
Dec-08	62,778	3,774	6.40%	FY 2004-05	35,800	-14.33%	(5,986)
Jan-09	62,922	144	0.23%	FY 2005-06	41,946	17.17%	6,146
Feb-09	62,672	(250)	-0.40%	FY 2006-07	47,047	12.16%	5,101
Mar-09	63,561	889	1.42%	FY 2007-08	57,795	22.85%	10,748
Apr-09	63,039	(522)	-0.82%	FY 2008-09	61,582	6.55%	3,787
May-09	63,615	576	0.91%	FY 2009-10	68,725	11.60%	7,143
Jun-09	64,598	983	1.55%	FY 2010-11	76,741	11.66%	8,016
Jul-09	65,349	751	1.16%	FY 2011-12	87,488	14.00%	10,747
Aug-09	66,531	1,182	1.81%	FY 2012-13	91,609	4.71%	4,121
Sep-09	67,239	708	1.06%				
Oct-09	68,234	995	1.48%				
Nov-09	69,011	777	1.14%				
Dec-09	69,640	629	0.91%				
Jan-10	70,186	546	0.78%				
Feb-10	69,887	(299)	-0.43%				
Mar-10	70,212	325	0.47%				
Apr-10	69,663	(549)	-0.78%				
May-10	69,371	(292)	-0.42%				
Jun-10	69,369	(2)	0.00%				

Adjustments (HB 09-1293)	
FY 2010-11	0
FY 2011-12	(972)
FY 2012-13	(1,018)

Projections After Adjustments			
FY 2010-11	76,741	11.66%	8,016
FY 2011-12	86,516	12.74%	9,775
FY 2012-13	90,591	4.71%	4,075

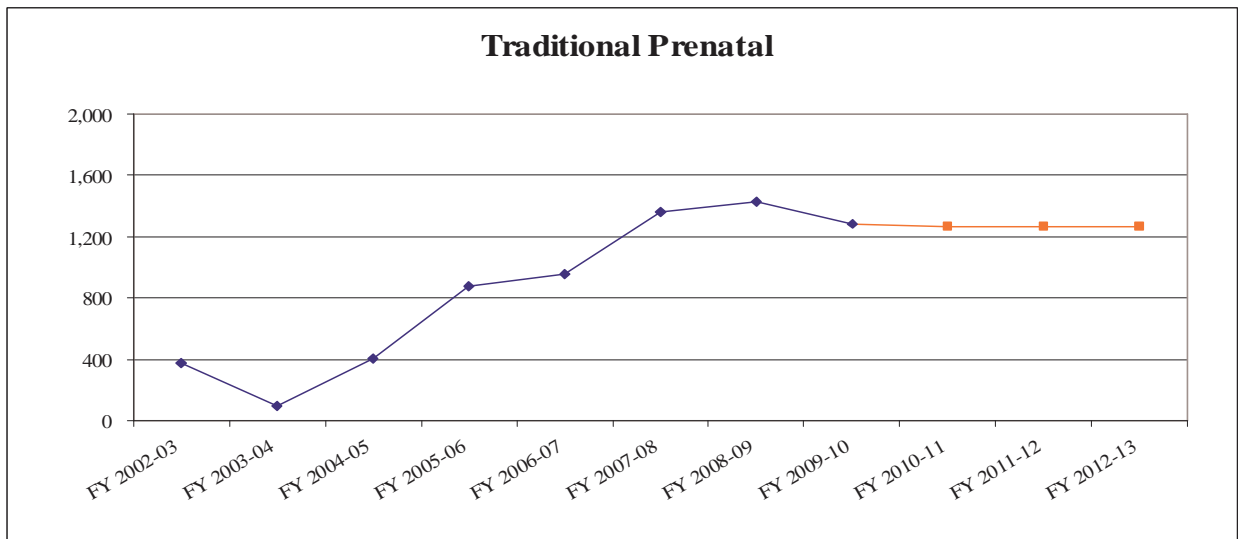
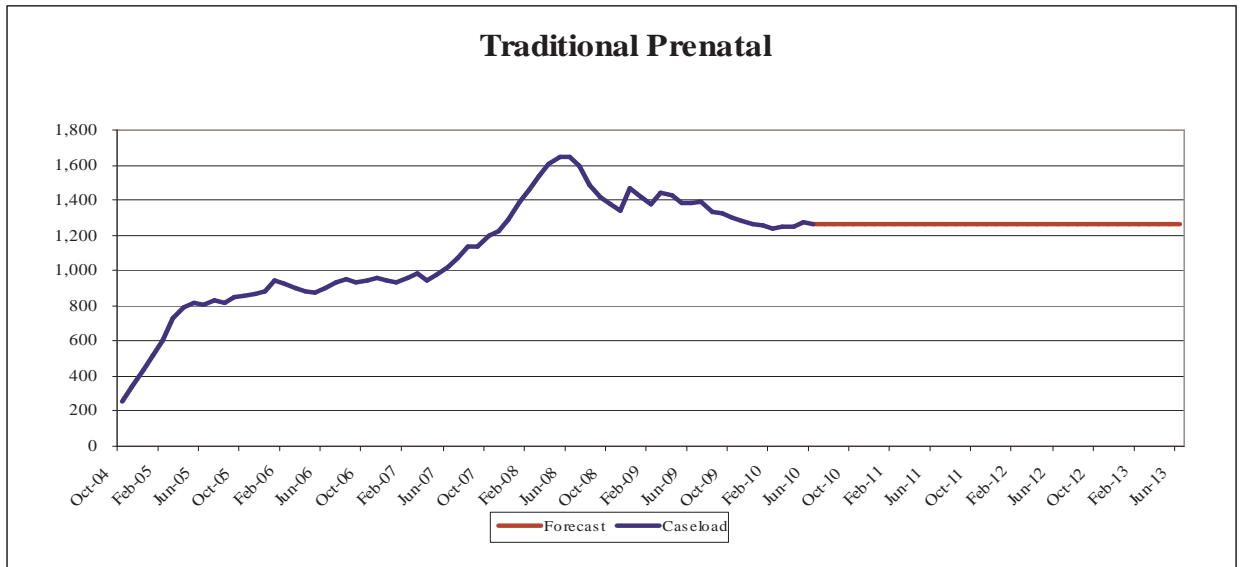
Actuals		
	Monthly Change	% Change
6-month average	(45)	-0.06%
12-month average	398	0.60%
18-month average	366	0.56%
24-month average	383	0.61%

Base trend from June 2010 level			
FY 2010-11	69,369	644	282

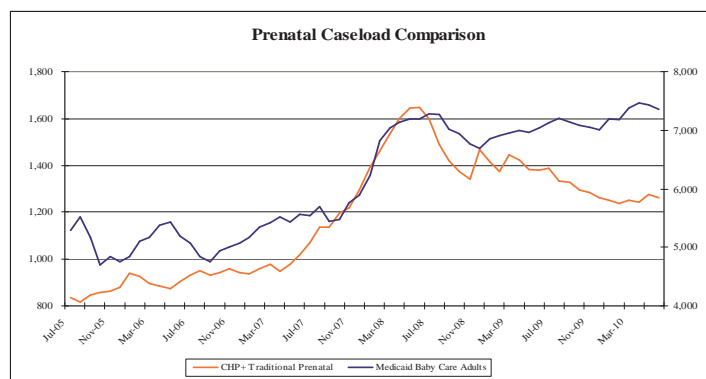
February Trend Selections (AFTER adjustments)			
FY 2009-10	69,422	12.73%	7,840
FY 2010-11	83,668	20.52%	14,246
FY 2011-12	94,641	13.11%	10,973

Monthly Average Growth Comparisons		
FY 2009-10 1st Half	840	1.26%
FY 2009-10 2nd Half	(45)	-0.06%
February 2010 Forecast	670	0.86%
FY 2010-11 Forecast	1,239	1.63%
February 2010 Forecast	610	0.81%
FY 2011-12 Forecast	474	0.55%
February 2010 Forecast	282	0.35%

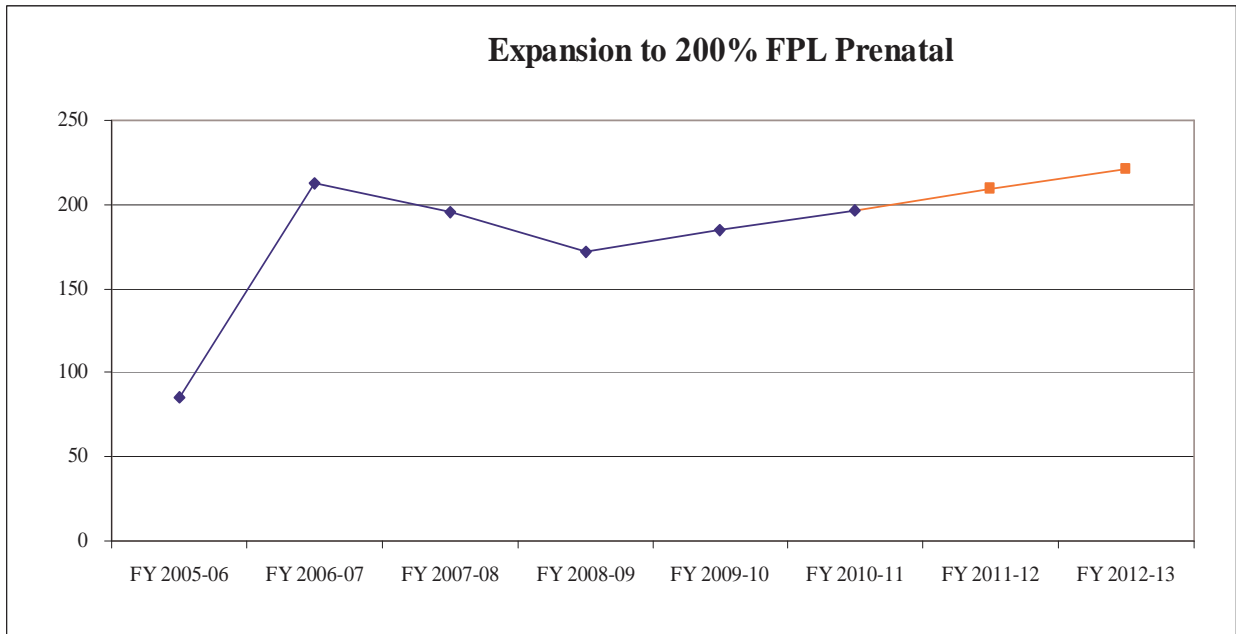
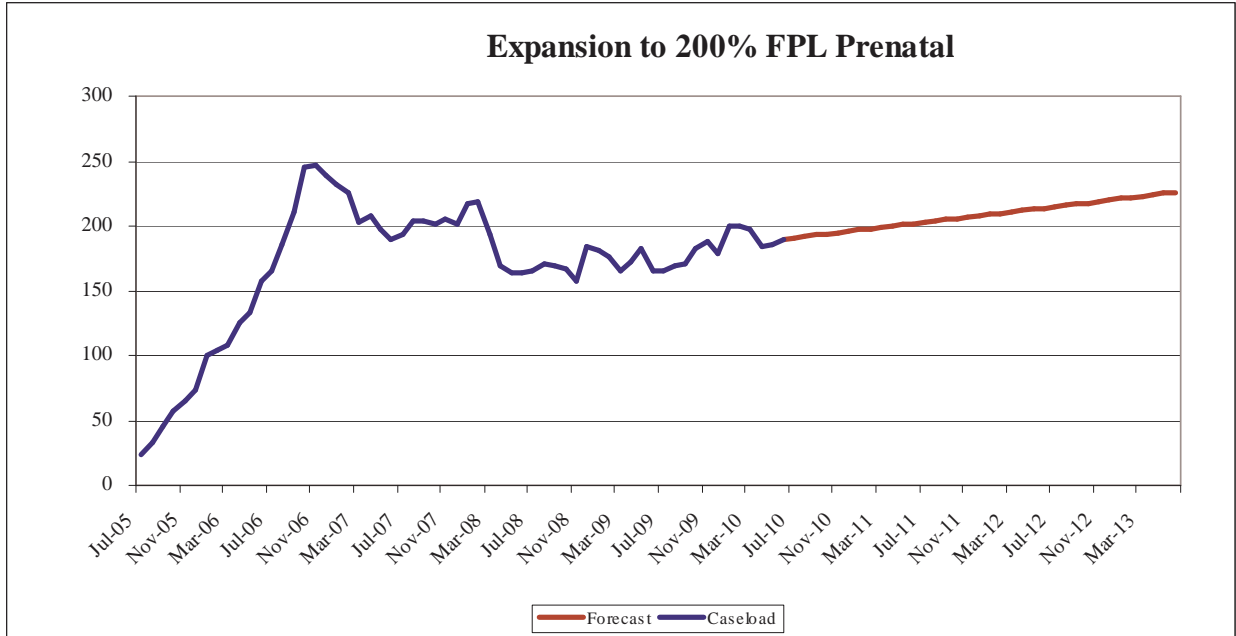
Traditional Prenatal



- Caseload growth in traditional prenatal in FY 2009-10 was lower than the Department's February 2010 forecast, in which annual caseload was projected to be 1,291 and monthly growth was projected to be 0. Similar to Baby and Kid Care Adults in Medicaid, which are pregnant women up to 133% FPL, caseload exhibited unusually strong growth in FY 2007-08 and a negative trend beginning in the first half of FY 2008-09. Traditional prenatal in CHP+, however, has continued to exhibit declines.



Expansion to 200% FPL Prenatal



- While the Expansion to 200% FPL prenatal population has been in place for the same amount of time as the expansion children, its growth rate is not converging with the traditional prenatal population, as is occurring with the children's populations.
- Growth in Expansion to 200% FPL prenatal population in FY 2009-10 was slightly higher than the Department's February 2010 forecast, in which annual caseload was projected to be 179 and monthly growth was projected to be 2.
- The Department's forecast for FY 2010-11 is based on the growth experienced between May 2008 and June 2010, during which monthly increases averaged 0.60%. The Department projects that this moderate growth will continue in FY 2010-11. The

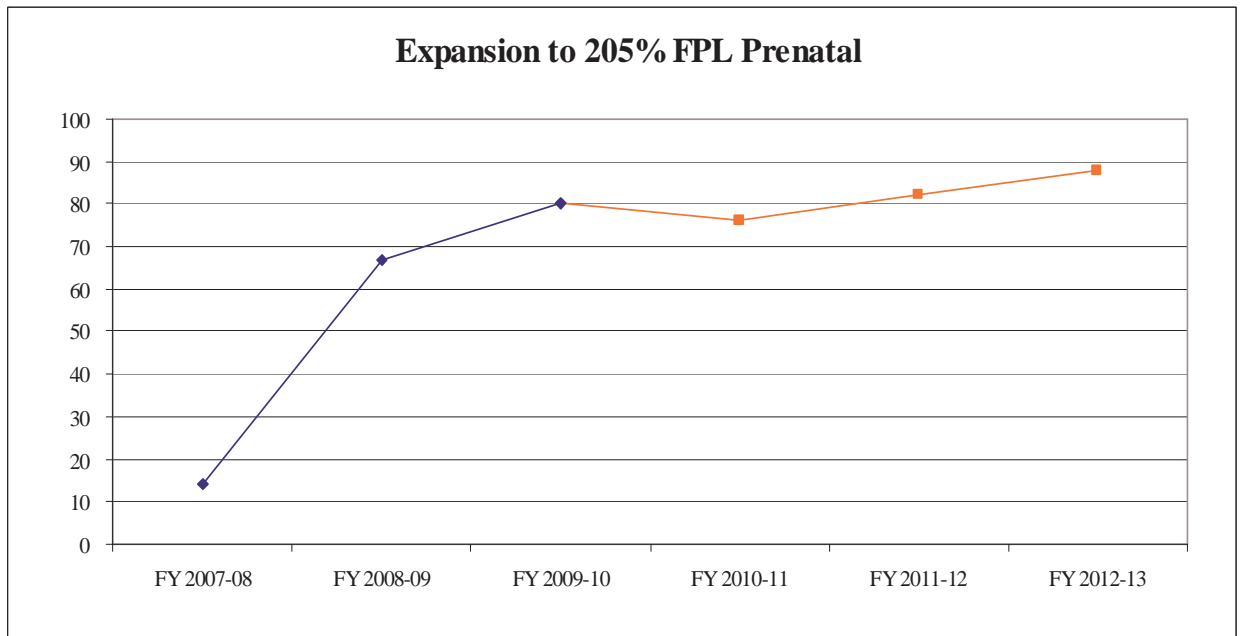
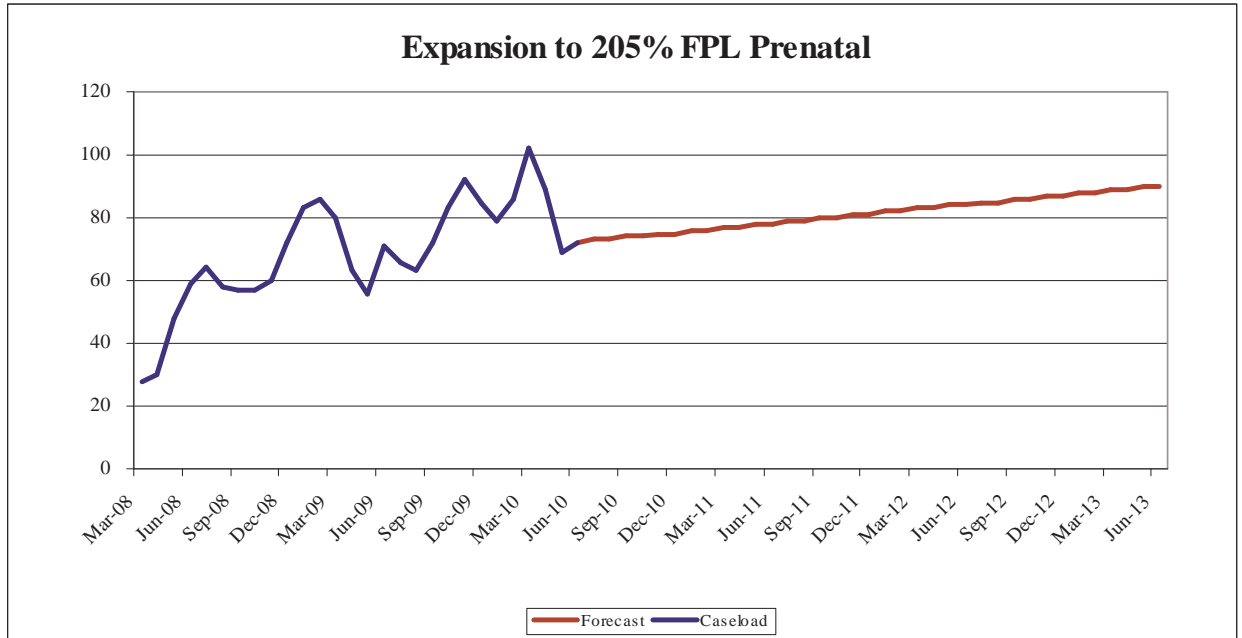
Exhibit C.10- FY 2010-11 Children's Basic Health Plan Caseload Forecasts

selected trend is higher than that from the Department's February 2010 forecast, and results in average growth of **1 per month**.

- Moderate out-year growth trends are anticipated due to the Family Planning initiatives discussed previously. The Department assumes that the forecasted growth from FY 2010-11 will continue in both FY 2011-12 and FY 2012-13.

Expansion to 200% FPL Prenatal							
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change
Jun-08	164	-	-	FY 2005-06	86	-	-
Jul-08	166	2	1.22%	FY 2006-07	213	147.67%	127
Aug-08	171	5	3.01%	FY 2007-08	195	-8.45%	(18)
Sep-08	169	(2)	-1.17%	FY 2008-09	172	-11.79%	(23)
Oct-08	167	(2)	-1.18%	FY 2009-10	185	7.56%	13
Nov-08	157	(10)	-5.99%	FY 2010-11	197	6.49%	12
Dec-08	184	27	17.20%	FY 2011-12	209	6.09%	12
Jan-09	182	(2)	-1.09%	FY 2012-13	221	5.74%	12
Feb-09	176	(6)	-3.30%	February 2010 Trend Selections			
Mar-09	165	(11)	-6.25%	FY 2009-10	179	4.07%	7
Apr-09	172	7	4.24%	FY 2010-11	192	7.26%	13
May-09	183	11	6.40%	FY 2011-12	204	6.25%	12
Jun-09	166	(17)	-9.29%	Monthly Average Growth Comparisons			
Jul-09	166	0	0.00%	FY 2009-10 1st Half	2	1.33%	
Aug-09	170	4	2.41%	FY 2009-10 2nd Half	2	1.15%	
Sep-09	171	1	0.59%	February 2010 Forecast	2	0.99%	
Oct-09	183	12	7.02%	FY 2010-11 Forecast	1	0.51%	
Nov-09	188	5	2.73%	February 2010 Forecast	1	0.65%	
Dec-09	179	(9)	-4.79%	FY 2011-12 Forecast	1	0.48%	
Jan-10	200	21	11.73%	February 2010 Forecast	1	0.65%	
Feb-10	200	0	0.00%	Actuals			
Mar-10	198	(2)	-1.00%		Monthly Change	% Change	
Apr-10	184	(14)	-7.07%	6-month average	2	1.15%	
May-10	185	1	0.54%	12-month average	2	1.24%	
Jun-10	190	5	2.70%	18-month average	0	0.31%	
Base trend from June 2010 level				24-month average	1	0.78%	
FY 2010-11	190	5	2.70%				

Expansion to 205% FPL Prenatal



- Along with the Expansion to 205% FPL children, this population was created through SB 07-097 and was implemented beginning March 1, 2008. Prenatal women in this population have family income between 201-205% of the federal poverty level.
- Growth in this population in FY 2007-08 was significantly higher than the forecast included in the fiscal note for FY 07-097. The Department was appropriated resources for 7 prenatal women in FY 2007-08. The Department believes that this higher than anticipated growth is partially due to the women moving within CHP+, from lower income groupings.
- Growth in Expansion to 205% FPL prenatal in FY 2009-10 was lower than the Department's February 2010 forecast, in which annual caseload was projected to be 79

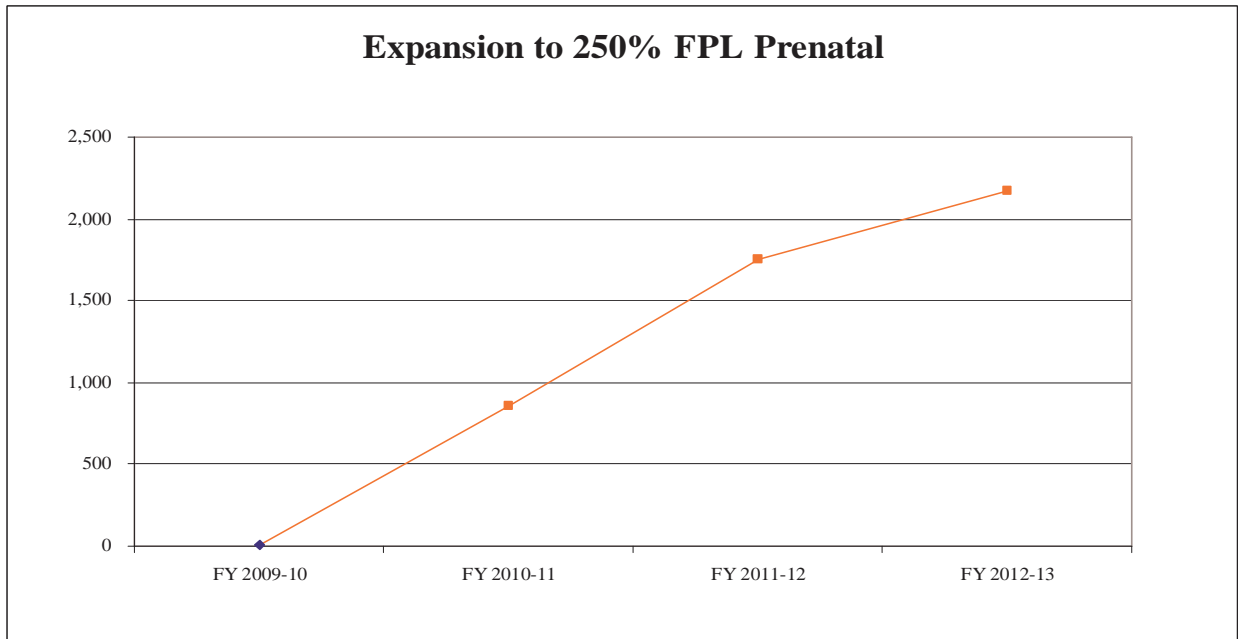
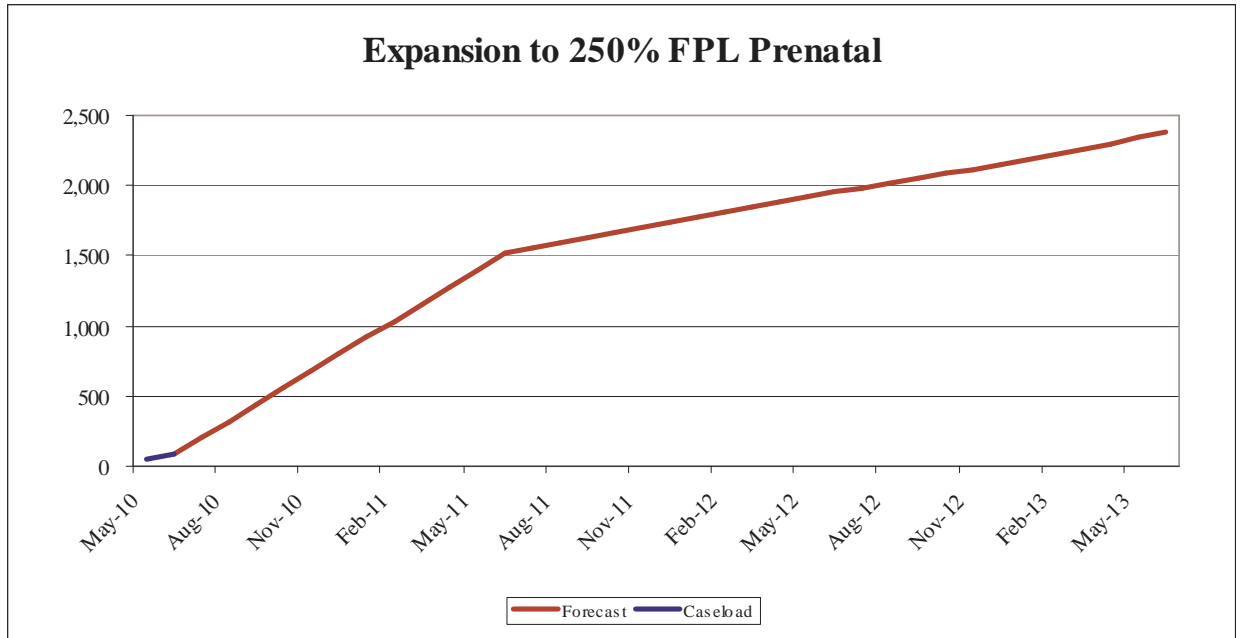
Exhibit C.10- FY 2010-11 Children's Basic Health Plan Caseload Forecasts

and monthly growth was forecasted to be 2. The selected trend for FY 2010-11 for Expansion to 205% FPL prenatal is lower than the Department's February 2010 forecast, and would result in average growth of less than **1 per month**. This is based on the average monthly growth of 1.66% that was experienced between July 2008 and June 2010.

- The Department assumes that this moderate growth will continue in the out-years.

Expansion to 205% FPL Prenatal							
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change
Jun-08	59	-	-	FY 2007-08	14	-	-
Jul-08	64	5	8.47%	FY 2008-09	67	378.57%	53
Aug-08	58	(6)	-9.38%	FY 2009-10	80	19.40%	13
Sep-08	57	(1)	-1.72%	FY 2010-11	76	-5.00%	(4)
Oct-08	57	0	0.00%	FY 2011-12	82	7.89%	6
Nov-08	60	3	5.26%	FY 2012-13	88	7.32%	6
Dec-08	72	12	20.00%	February 2010 Trend Selections			
Jan-09	83	11	15.28%	FY 2009-10	84	25.37%	17
Feb-09	86	3	3.61%	FY 2010-11	110	30.95%	26
Mar-09	80	(6)	-6.98%	FY 2011-12	128	16.36%	18
Apr-09	63	(17)	-21.25%	Actuals			
May-09	56	(7)	-11.11%		Monthly Change	% Change	
Jun-09	71	15	26.79%	6-month average	(2)	-1.74%	
Jul-09	66	(5)	-7.04%	12-month average	0	0.90%	
Aug-09	63	(3)	-4.55%	18-month average	0	0.95%	
Sep-09	72	9	14.29%	24-month average	1	1.66%	
Oct-09	83	11	15.28%	Monthly Average Growth Comparisons			
Nov-09	92	9	10.84%	FY 2009-10 1st Half	2	3.54%	
Dec-09	85	(7)	-7.61%	FY 2009-10 2nd Half	(2)	-1.74%	
Jan-10	79	(6)	-7.06%	February 2010 Forecast	2	2.92%	
Feb-10	86	7	8.86%	FY 2010-11 Forecast	1	0.67%	
Mar-10	102	16	18.60%	February 2010 Forecast	2	2.01%	
Apr-10	89	(13)	-12.75%	FY 2011-12 Forecast	1	0.62%	
May-10	69	(20)	-22.47%	February 2010 Forecast	1	0.86%	
Jun-10	72	3	4.35%	Base trend from June 2010 level			
				FY 2010-11	72	(8)	-10.00%

Expansion to 250% FPL Prenatal



- This population was created through HB 09-1293, and was implemented beginning May 1, 2010. Pregnant women in this population have family income between 206-250% of the federal poverty level.
- Growth in FY 2009-10 was lower than the Department's February 2010 estimates. However, the Department believes that caseload will grow as was originally forecasted due to moderating economic conditions, which may increase caseload in the higher income groups. The forecast would result in average growth of **119 per month** in FY 2010-11 and 36 per month in FY 2011-12.

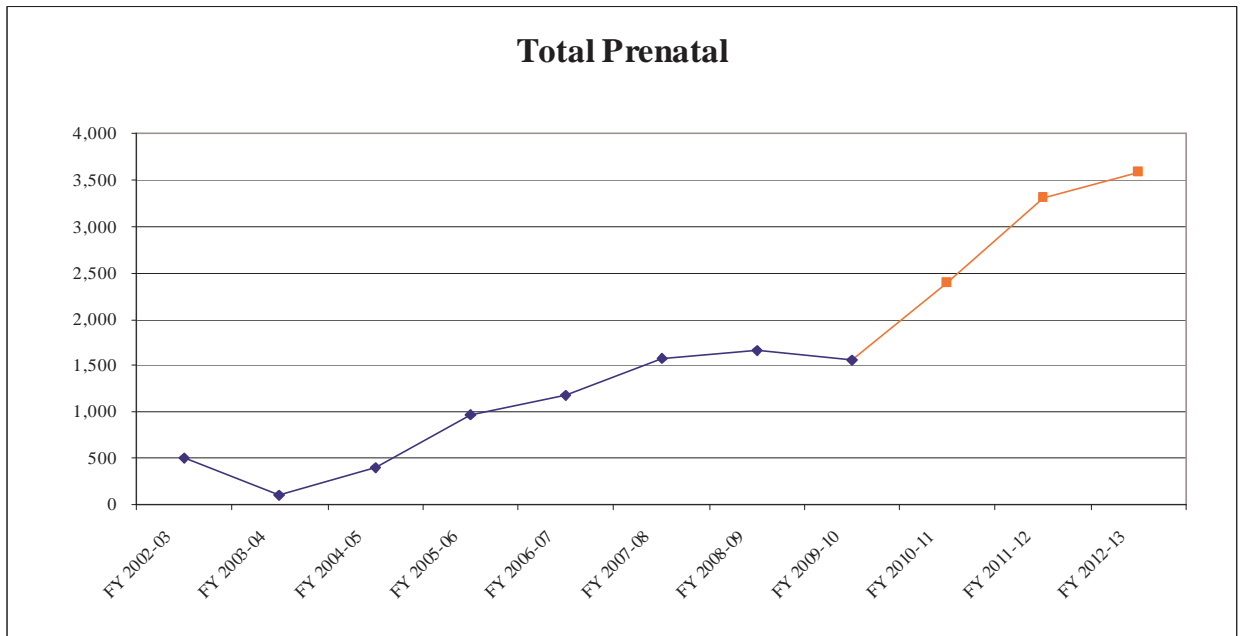
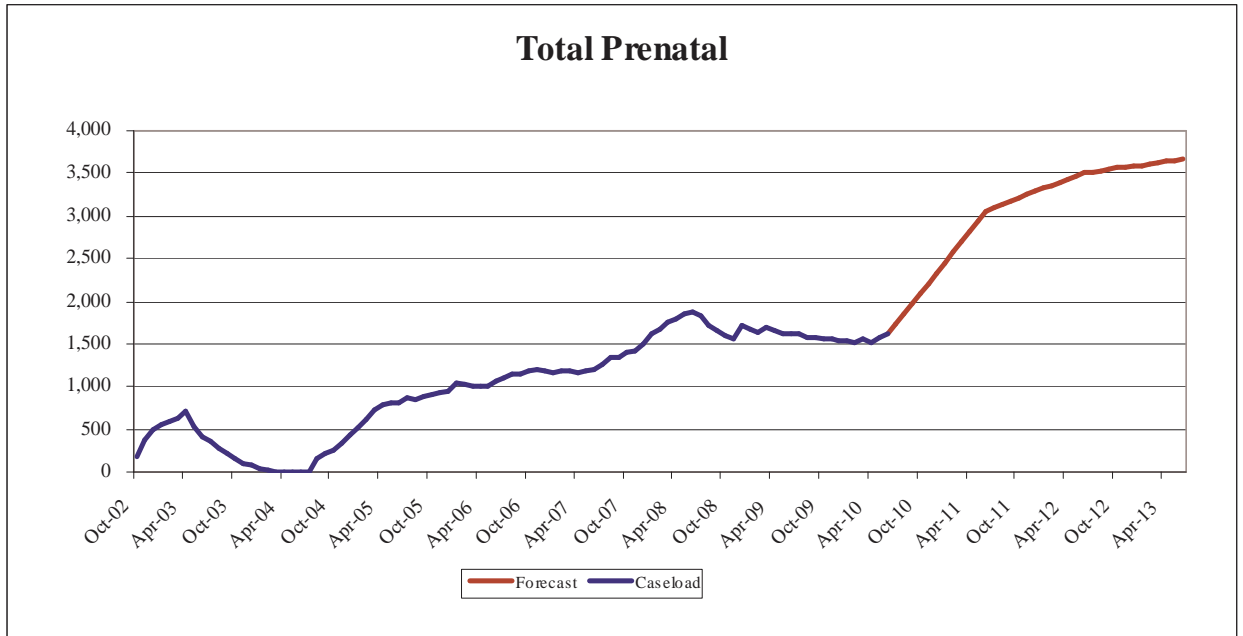
Exhibit C.10- FY 2010-11 Children's Basic Health Plan Caseload Forecasts

Expansion to 250% Prenatal					Caseload	% Change	Level Change
	Actuals	Monthly Change	% Change				
May-10	46	-	-	FY 2009-10	11	-	-
Jun-10	83	37	80.43%	FY 2010-11	858	7700.00%	847
				FY 2011-12	1,750	103.96%	892
				FY 2012-13	2,174	24.23%	424

February 2010 Trend Selections			
FY 2009-10	53	-	-
FY 2010-11	858	1518.87%	805
FY 2011-12	1,750	103.96%	892

Monthly Growth Estimates		
FY 2010-11	119	31.10%
FY 2011-12	36	2.13%
FY 2012-13	35	1.66%

Total Prenatal



- The FY 2010-11 total prenatal caseload forecast is 2,392, a 53.24% increase over the FY 2009-10 caseload of 1,561. This forecast includes average increases of **121 (6.06%) per month**. The FY 2011-12 caseload is projected to increase 38.04% to 3,302, and FY 2012-13 caseload is forecasted to grow 8.72% to 3,590. Total prenatal caseload is projected to increase by 2.26% (66 clients) per month in FY 2011-12 and 0.37% (13 clients) per month in FY 2011-12.

Exhibit C.10- FY 2010-11 Children's Basic Health Plan Caseload Forecasts

Total Prenatal							
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change
Jun-08	1,872	-	-	FY 2002-03	497	-	-
Jul-08	1,830	(42)	-2.24%	FY 2003-04	101	-79.68%	(396)
Aug-08	1,718	(112)	-6.12%	FY 2004-05	405	300.99%	304
Sep-08	1,647	(71)	-4.13%	FY 2005-06	963	137.78%	558
Oct-08	1,596	(51)	-3.10%	FY 2006-07	1,169	21.39%	206
Nov-08	1,557	(39)	-2.44%	FY 2007-08	1,570	34.30%	401
Dec-08	1,723	166	10.66%	FY 2008-09	1,665	6.05%	95
Jan-09	1,682	(41)	-2.38%	FY 2009-10	1,561	-6.25%	(104)
Feb-09	1,637	(45)	-2.68%	FY 2010-11	2,392	53.24%	831
Mar-09	1,689	52	3.18%	FY 2011-12	3,303	38.04%	910
Apr-09	1,659	(30)	-1.78%	FY 2012-13	3,590	8.72%	288
May-09	1,624	(35)	-2.11%	February 2010 Trend Selections (AFTER Adjustments)			
Jun-09	1,618	(6)	-0.37%	FY 2009-10	1,607	-3.48%	(58)
Jul-09	1,621	3	0.19%	FY 2010-11	2,426	50.96%	819
Aug-09	1,568	(53)	-3.27%	FY 2011-12	3,348	38.00%	922
Sep-09	1,571	3	0.19%	Monthly Average Growth Comparisons			
Oct-09	1,561	(10)	-0.64%	FY 2009-10 1st Half	(15)	-0.94%	
Nov-09	1,563	2	0.13%	FY 2009-10 2nd Half	13	0.86%	
Dec-09	1,528	(35)	-2.24%	February 2010 Forecast	(6)	0.22%	
Jan-10	1,532	4	0.26%	FY 2010-11 Forecast	121	6.06%	
Feb-10	1,523	(9)	-0.59%	February 2010 Forecast	3	0.19%	
Mar-10	1,550	27	1.77%	FY 2011-12 Forecast	66	2.26%	
Apr-10	1,517	(33)	-2.13%	February 2010 Forecast	2	0.13%	
May-10	1,575	58	3.82%				
Jun-10	1,607	32	2.03%				

Actuals		
	Monthly Change	% Change
6-month average	13	0.86%
12-month average	(1)	-0.04%
18-month average	(6)	-0.37%
24-month average	(11)	-0.58%

Base trend from June 2010 level			
FY 2010-11	1,607	46	2.95%

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title: Medicare Modernization Act State Contribution Payment		Department: Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JB</i>			Date: November 1, 2010 <i>10/20</i>			
Priority Number: DI-4 S-4					OSPB Approval: <i>Jelle</i>			Date: <i>10-21-10</i>			
	Fund	1 Prior Year Actual FY 2009-10	2 Appropriation FY 2010-11	3 Supplemental Request FY 2010-11	4 Total Revised Request FY 2010-11	5 Base Request FY 2011-12	6 Decision/ Base Reduction FY 2011-12	7 November 1 Request FY 2011-12	8 Budget Amendment FY 2011-12	9 Total Revised Request FY 2011-12	10 Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	57,624,126	70,700,172	(501,254)	70,198,918	89,106,681	2,231,489	91,338,170	0	91,338,170	2,231,489
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	57,624,126	70,700,172	(501,254)	70,198,918	89,106,681	2,231,489	91,338,170	0	91,338,170	2,231,489
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE:RF	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
(5) Other Medical Services: Medicaid Modernization Act of 2003 State Contribution Payment	Total	57,624,126	70,700,172	(501,254)	70,198,918	89,106,681	2,231,489	91,338,170	0	91,338,170	2,231,489
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	57,624,126	70,700,172	(501,254)	70,198,918	89,106,681	2,231,489	91,338,170	0	91,338,170	2,231,489
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE:RF	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
Non-Line Item Request: None											
Letternote Revised Text: None.											
Cash or Federal Fund Name and COFRS Fund Number:		None.									
Reappropriated Funds Source, by Department and Line Item Name:		None.									
Approval by OIT? Yes: No: N/A: <input checked="" type="checkbox"/>											
Schedule 13s from Affected Departments:		None.									

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	DI-4 S-4
Change Request Title:	Medicare Modernization Act State Contribution Payment

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

This Request is for an additional \$2,231,489 General Fund in FY 2011-12 for the “Other Medical Services; Medicare Modernization Act of 2003 State Contribution Payment” line item. This request is the result of a projected increase in the caseload of dual-eligible individuals in conjunction with a projected increase in the per-member per-month (PMPM) rate paid by the State as required by federal regulations.

General Description of Request:

On January 1, 2006, the federal Centers for Medicare and Medicaid Services (CMS) assumed responsibility for the Part D prescription-drug benefit that replaced the Medicaid prescription-drug coverage for dual-eligible clients (individuals eligible for both Medicare and Medicaid). In lieu of the states’ obligation to cover prescription drugs for this population, CMS began requiring states to pay a portion of what their anticipated dual-eligible drug cost would have been had this cost shift not occurred. In January 2006, states began to pay CMS these “Clawback” payments. The payments were calculated by taking 90% of the federal portion of each state’s average PMPM dual-eligible drug benefit from calendar year 2003, inflated to 2006 using the average growth rate from the National

Health Expenditure (NHE) per-capita drug expenditures. This inflated PMPM amount is then multiplied by the number of dual-eligible clients, including retroactive clients, back to January 2006. As each calendar year passes, the 90% factor is lowered by 1.67% each year – which is known as the phase-down percentage – until it reaches 75%, where it will remain beginning in 2015. In addition, CMS inflates each state’s PMPM rates based on either NHE growth or actual growth in Part D expenditures.

In 2007, SB 07-133 changed the accounting for the payment from accrual to cash, which resulted in the May and June payments billed in one fiscal year to not be paid until the next fiscal year. This delay in payment allowed a one-time savings the year it was implemented. In addition, SB 09-265 “Medicaid CHP+ Payment Timing” made clear that the Department must make Clawback payments in compliance with the Federal rules, which allow the Department to make the May payment as late as July 25 of the same year, but that the Department is not required to make the Clawback payments before such date. As such, Clawback payments are paid two (2) months after the end of the month that the payment is for.

On February 18, 2010, the U.S. Department of Health and Human Services (HHS) determined that payments for Part D prescription-drug dual-eligible members should be calculated in accordance with the American Recovery and Reinvestment Act of 2009 (ARRA) using the enhanced Federal Medical Assistance Percentage (FMAP). The State contribution, funded entirely by General Fund, is normally 50% of the total prescription drug cost. Under the ARRA FMAP, the state contribution percentage is currently 38.41%, significantly reducing the state contribution payment. CMS applied the adjustment retroactively to payments going back to the original implementation of ARRA in October 2008 and the retroactive amount to be credited to Colorado was \$22,115,248 through December 2009. In addition to the retroactive credit, the federal government applied the ARRA-enhanced FMAP rate to monthly billing for January 2010 through June 2010.

During the FY 2010-11 Figure Setting process, the Joint Budget Committee adjusted the Department’s appropriation to account for the enhanced FMAP specified in ARRA,

section 5001(h)(3). The enhanced FMAP was set to expire December 31, 2010; however, Congress passed HR 1586, which signed by the President on August 10, 2010, and contains an extension of enhanced FMAP provisions for six months to June 30, 2011 (the end of FY 2010-11), albeit at a lower rate. The extension contains a phase-down of the FMAP rate, and the Department anticipates that the FMAP rate for the 3rd quarter of FY 2010-11 will be 58.77%, and that the FMAP rate for the 4th quarter will be 56.88%. As a result of this extension, the Department requested that its appropriations be adjusted to reflect the current expiration date of the enhanced FMAP in its FY 2010-11 ES-1 “Decrease Amount for Extended Enhanced Federal Medical Assistance Percentage.” The FY 2010-11 estimates included in this request to build to the FY 2011-12 requested increase incorporates this change.

The Department currently estimates the total FY 2011-12 MMA Clawback payment will equal \$91,338,170, which is \$2,231,489 more than the base request for FY 2011-12. This difference between the current FY 2010-11 appropriation and this FY 2011-12 request is primarily a result of the phased-down expiration of ARRA. The updated estimates are based on revised projections of the PMPM rate, dual-eligible caseload, and the anticipated level of retroactivity.

To estimate the PMPM rate for CY 2011, the Department followed the procedure outlined by the Office of the Actuary at CMS, which are detailed in the “Assumptions for Calculations” section of this request. The Department forecasts that the PMPM rate for CY 2011 will be \$127.32 and \$129.40 in CY 2012 (see Table 4).

The dual-eligible caseload is comprised of a subset of Medicaid eligibility categories Adults 65 and Older (OAP-A), Disabled Adults 60 to 64 (OAP-B), and Disabled Individuals to 59 (AND/AB) and is obtained through the Medicaid Management Information System, which processes all Medicaid claims for the State. To estimate dual-eligible caseload, the Department analyzed data from January 2006 through June 2010 and concluded a 3% historical over-the-year trend is the most reasonably accurate method to forecast dual-eligible caseload, excluding retroactivity (i.e., non-retroactive caseload). This forecasting method calculates the non-retroactive caseload by increasing the non-

retroactive caseload from the same month from the previous year by 3%. For example, the forecasted non-retroactive caseload for January 2011 of 55,184 is equal to the non-retroactive caseload from January 2010 of 53,577 increased by 3% ($53,577 * (100\% + 3\%) = 55,184$). See Table 5 for monthly non-retroactive actual caseload and projections.

In addition to the non-retroactive payments for the dual-eligibles in a given month, the State is required to make payments for individuals found to be retroactively eligible for up to two years prior (which is offset by credits to the State for individuals retroactively disenrolled). Based on data from January 2006 forward, the Department determined that the retroactive caseload figure has historically represented roughly 5% of the non-retroactive (non-retroactive) caseload paid in a given month. As such, the Department forecasts the retroactive caseload to be paid in any given month to be 5% of the non-retroactive projected caseload. For example, the Department estimates that in addition to the January 2011 non-retroactive caseload of 55,184, an additional 2,759 individuals will be retroactively enrolled in January 2011 for the prior two years ($55,184 * 5\% = 2,759$).

Based upon the caseload forecast, the Department anticipates that non-retroactive dual-eligible caseload will increase in FY 2011-12 from 55,505 in July 2011 to 57,667 in June 2012, and caseload with retroactivity for the same period will increase from 58,283 to 60,552 (see Tables 5 and 6). Further, the Department assumes this caseload category will continue to increase for the foreseeable future due to the continuing retirement of the “baby boomer” generation.

Consequences if Not Funded:

If the Department does not receive the requested additional appropriation and subsequently cannot make the required federal payment, the Department is at risk of having the amount due for the Clawback payment – plus interest – deducted from the federal funds received for the Medicaid program. Such a deduction could cause the Department to be under-funded to provide services in FY 2011-12 and would necessitate a General Fund appropriation or program cuts to make up the difference, as Medicaid is an entitlement program in which the Department cannot cap enrollment.

Calculations for Request:

Summary of Request FY 2010-11: Other Medical Services; Medicare Modernization Act of 2003 State Contribution Payment	Total Funds	General Fund
FY 2009-10 Final Appropriation	\$88,808,586	\$88,808,586
FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	\$792,720	\$792,720
FY 2010-11 DI-4: "MMA State Contribution Payment"	\$1,727,607	\$1,727,607
FY 2010-11 S-4, BA-4: "MMA State Contribution Payment"	\$596,989	\$596,989
FY 2010-11 BA-25: "ARRA FMAP Adjustment to MMA"	(\$21,225,730)	(\$21,225,730)
FY 2010-11 Long Bill Appropriation	\$70,700,172	\$70,700,172
FY 2010-11 ES-1: "Decrease Amount for Extended Enhanced FMAP"	\$2,067,630	\$2,067,630
FY 2010-11 S-4: "MMA State Contribution Payment" Placeholder	(\$501,254)	(\$501,254)
FY 2010-11 Revised Request	\$72,266,548	\$72,266,548

Summary of Request FY 2011-12: Other Medical Services; Medicare Modernization Act of 2003 State Contribution Payment	Total Funds	General Fund
FY 2010-11 Long Bill Appropriation	\$70,700,172	\$70,700,172
Annualization of FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	\$842,040	\$842,040
Annualization of FY 2010-11 BA-25: "ARRA FMAP Adjustment to MMA"	\$17,564,469	\$17,564,469
FY 2011-12 Base Request	\$89,106,681	\$89,106,681
FY 2011-12 DI-4: "MMA State Contribution Payment"	\$2,231,489	\$2,231,489
FY 2011-12 Revised Request	\$91,338,170	\$91,338,170

Summary of Request FY 2012-13: Other Medical Services; Medicare Modernization Act of 2003 State Contribution Payment	Total Funds	General Fund
FY 2011-12 Base Request	\$89,106,681	\$89,106,681
FY 2011-12 DI-4: "MMA State Contribution Payment"	\$2,231,489	\$2,231,489
FY 2012-13 Change From Base	\$2,231,489	\$2,231,489

Table 1: National Health Expenditures 2009-2019 Prescription Drug Expenditures			
	Year	Per Capita	Percent Change
Historical Estimate	CY 2004	\$644	-
	CY 2005	\$675	4.81%
	CY 2006	\$726	7.56%
	CY 2007	\$752	3.58%
	CY 2008	\$769	2.26%
Projected	CY 2009	\$802	4.29%
	CY 2010	\$839	4.61%
	CY 2011	\$878	4.65%
	CY 2012	\$911	3.76%

Source: Centers for Medicare & Medicaid Services, NHE Projections 2009-2019, Table 11.

<https://www.cms.gov/NationalHealthExpendData/downloads/proj2009.pdf>

Table 2: Phase-down Percentage from the Medicare Modernization Act of 2003	
Phase-down Percent Per Year:	Percentage
CY 2006	90.00%
CY 2007	88.33%
CY 2008	86.67%
CY 2009	85.00%
CY 2010	83.33%
CY 2011	81.67%
CY 2012	80.00%
CY 2013	78.33%
CY 2014	76.67%
CY 2015 and thereafter	75.00%

Source: Centers for Medicare & Medicaid Services, CMS Legislative Summary, April 2004, page 23.

<https://www.cms.gov/MMAUpdate/downloads/PL108-173summary.pdf>

Table 3: Calculation of Rate Increase Prior to Applying Phase-down			
Row	Source	Amount	Description
From "National Health Expenditure Projections 2008-2018"			
A	Estimated 2004 Per Capita Prescription Drug Expenditures	\$643	From: Table 11: Prescription Drug Expenditures; Aggregate and per Capita Amounts, Percent Distribution and Annual Percent Change by Source of Funds: Calendar Years 2003-2018
B	Estimated 2007 Per Capita Prescription Drug Expenditures	\$753	From: Table 11: Prescription Drug Expenditures; Aggregate and per Capita Amounts, Percent Distribution and Annual Percent Change by Source of Funds: Calendar Years 2003-2018
C	Percentage Growth	17.11%	(Row A / Row B) - 1
From "National Health Expenditure Projections 2009-2019"			
D	Estimated 2004 Per Capita Prescription Drug Expenditures	\$644	From: Table 11: Prescription Drug Expenditures; Aggregate and per Capita Amounts, Percent Distribution and Annual Percent Change by Source of Funds: Calendar Years 2004-2019
E	Estimated 2007 Per Capita Prescription Drug Expenditures	\$752	From: Table 11: Prescription Drug Expenditures; Aggregate and per Capita Amounts, Percent Distribution and Annual Percent Change by Source of Funds: Calendar Years 2004-2019
F	Percentage Growth	16.77%	(Row E / Row D) - 1
G	Change in the Percentage Growth	-1.99%	(Row F / Row C) - 1
H	Annual Percentage increase in average per capita aggregate Part D expenditures for 2010	0.31%	Source: "Announcement of Calendar Year (CY) 2011 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies" from CMS. Attachment II.
I	Final Percentage Change in Rate Prior to Applying Phase-down	-1.68%	Row G + Row H

Sources: Centers for Medicare & Medicaid Services, NHE Projections 2008-2018, Table 11.

<https://www.cms.gov/NationalHealthExpendData/downloads/proj2008.pdf>

Centers for Medicare & Medicaid Services, NHE Projections 2009-2019, Table 11.

<https://www.cms.gov/NationalHealthExpendData/downloads/proj2009.pdf>

Table 4: Per-Client Per-Month (PCPM) Rate History and Estimates			
		Non-ARRA Rate	ARRA Rate
CY 2008 PMPM Rate	Q1	\$120.03	-
	Q2		-
	Q3		-
	Q4		\$98.95
CY 2009 PMPM Rate	Q1	\$128.62	\$106.03
	Q2		\$98.81
	Q3		\$98.81
	Q4		\$98.81
CY 2010 PMPM Rate	Q1	\$132.12	\$101.49
	Q2		\$101.49
	Q3		\$101.49
	Q4		\$101.49
CY 2010 Phase-down Percentage (Table 2)			83.33%
CY 2010 PCPM Rate prior to Phase-down (\$132.12 / 83.33%)			\$158.55
Final Percentage Increase in Rate prior to applying Phase-down for CY 2011 (Table 3, Row I)			-1.68%
Projected CY 2011 PCPM Rate Prior to Phase-down (\$158.55 * (1 - 1.68%))			\$155.89
CY 2011 Phase-down Percentage (Table 2)			81.67%
Projected CY 2011 PCPM Rate (\$155.81 * 81.67%)			\$127.32
		Non-ARRA Rate	ARRA Rate
CY 2011 PMPM Rate	Q1	\$127.32	\$104.98
	Q2		\$109.80
	Q3		-
	Q4		-
Annual Percentage Increase for 2012 from NHE (Table 1)			3.76%
Projected CY 2012 PCPM Rate Prior to Phase-down (\$155.89 * 1.0376)			\$161.75
CY 2012 Phase-down Percentage (Table 2)			80.00%
Projected CY 2012 PCPM Rate (\$159.53 * .80)			\$129.40

Table 5: Non-retroactive Dual-Eligible Caseload History and Projections (without retroactivity)			
	FY 2009-10	FY 2010-11	FY 2011-12
July	52,319	53,889	55,505
August	52,812	54,396	56,028
September	52,965	54,554	56,191
October	53,154	54,749	56,391
November	53,108	54,701	56,342
December	53,150	54,745	56,387
January	53,577	55,184	56,840
February	53,453	55,057	56,708
March	53,508	55,113	56,767
April	53,718	55,330	56,989
May	54,018	55,639	57,308
June	54,357	55,988	57,667

Italicized font denotes projected figures.

Table 6: Dual-Eligible Caseload Projections (with retroactivity)			
	FY 2009-10	FY 2010-11	FY 2011-12
July	54,935	56,583	58,283
August	55,453	57,114	58,829
September	55,613	57,282	59,000
October	55,812	57,483	59,211
November	55,763	57,434	59,160
December	55,808	57,479	59,207
January	56,256	57,946	59,682
February	56,126	57,812	59,543
March	56,183	57,871	59,606
April	56,404	58,098	59,838
May	56,719	58,423	60,175
June	57,075	58,789	60,552

	CY 2009	CY 2010	CY 2011	FY 2010-11 TOTAL
July 2010	350	56,233	0	56,583
August 2010	270	56,844	0	57,114
September 2010	217	57,065	0	57,282
October 2010	162	57,321	0	57,483
November 2010	118	57,316	0	57,434
December 2010	91	57,388	0	57,479
January 2011	68	2,694	55,184	57,946
February 2011	46	1,746	56,020	57,812
March 2011	29	1,214	56,628	57,871
April 2011	18	897	57,183	58,098
May 2011	12	630	57,781	58,423
June 2011	6	471	58,312	58,789
CY Total Member Months	1,387	349,819	341,108	
CY Q1 Rate	\$98.81	\$101.49	Varies (see Table 7a)	
Expenditures	\$137,049	\$35,503,130	\$36,626,368	\$72,266,548

The vertical columns depict the CY of service, while the horizontal rows depict the FY of billing.

FY 2010-11	Member Months	Rate	Total Cost
Q1	0	\$101.49	\$0
Q2	0	\$101.49	\$0
Q3	171,637	\$104.98	\$18,018,452
Q4	169,471	\$109.80	\$18,607,916
Total	341,108		\$36,626,368

	CY 2010	CY 2011	CY 2012	FY 2011-12 TOTAL
July 2011	363	57,921	0	58,284
August 2011	281	58,548	0	58,829
September 2011	225	58,775	0	59,000
October 2011	170	59,041	0	59,211
November 2011	125	59,035	0	59,160
December 2011	97	59,110	0	59,207
January 2012	69	2,773	56,840	59,682
February 2012	46	1,797	57,700	59,543
March 2012	29	1,249	58,328	59,606
April 2012	18	922	58,898	59,838
May 2012	12	648	59,515	60,175
June 2012	6	486	60,060	60,552
CY Total Member Months	1,441	360,305	351,341	
CY Rate	\$101.49	Varies (see Table 8a)	\$129.40	
Expenditures	\$146,247	\$45,728,398	\$45,463,525	\$91,338,170

The vertical columns depict the CY of service, while the horizontal rows depict the FY of billing.

FY 2010-11	Member Months	Rate	Total Cost
Q1	2,012	\$104.98	\$211,220
Q2	5,747	\$109.80	\$631,021
Q3	175,796	\$127.32	\$22,382,347
Q4	176,750	\$127.32	\$22,503,810
Total	360,305		\$45,728,398

Cash Funds Projections:

Not Applicable.

Assumptions for Calculations:

The Department assumes the changes in the PMPM rate paid by the Department will be based on the growth in the 2009 NHE prescription-drug per-capita estimates, as shown in Table 1, and offset by the phase-down percent shown in Table 2. Per 42 CFR 423.902 (4), the growth factor for 2007 and succeeding years will equal the annual percentage increase in average per-capita aggregate expenditures for covered Part D drugs in the United States for Part D-eligible individuals for the 12-month period ending in July of the previous year. Since the Department does not have the data to project the Part D drug expenditures, the Department has used the 2009 NHE forecasts for years beyond CY 2009 as a proxy for the annual growth in the per-capita rate.

Tables 1 through 4 provide relevant information for calculating the PMPM rates for CY 2011 and CY 2012. In order to estimate the 2011 PMPM rate, which the Department estimates will be \$127.32, the Department followed the procedure outlined by the Office of the Actuary at CMS using the latest available NHE estimates of per-capita drug expenditures growth for the period 2004 to 2007 listed in CMS's NHE Projections from 2008 and 2009, combined with the 2010 annual percentage increase in the average per-capita aggregate Part D expenditures from CMS. To estimate the PMPM rate for calendar year 2011 and beyond, the Department used the annual percentage increase in prescription drug expenditures from the NHE shown in Table 1. In addition, the projection is also based on the phase-down percentage detailed in 42 CFR 423.908 and shown in Table 2.

The Department notes that the projection of PMPM rates is based on the growth in the NHE drug expenditures; however, federal law states the growth factor for 2007 and succeeding years will equal the annual percentage increase in average per-capita aggregate expenditures for covered Part D drugs in the United States for Part D-eligible individuals during the 12-month period ending in July of the previous year. Since actual expenditure data is not available for 2011 and beyond at the time of this request, the actual per capita rate growth may differ from the Department's projection. Table 3 shows the derivation of

the projected PMPM rate increase for 2011. The full derivation of the 2011 estimated rate is shown in Table 4.

Tables 5 and 6 depict the Department’s estimates for non-retroactive and total (including retroactivity) dual-eligible caseload. The Department assumes that the average growth rate in non-retroactive caseload through FY 2011-12 will remain relatively unchanged from that experienced between January 2006 and June 2010. As such, the Department assumes that the dual-eligible caseload will grow at monthly rate of approximately 0.25%, or an annual growth rate of approximately 3%. The Department also assumes the proportion of retroactive caseload to non-retroactive caseload in any given month of payment of 5% will remain relatively unchanged through FY 2011-12. The Department has allocated the estimated retroactive caseload among the prior 23 month based on the average distribution experienced between October 2007 and June 2010.

Impact on Other Government Agencies: Not Applicable.

Cost Benefit Analysis:

FY 2010-11 Cost Benefit Analysis	Costs	Benefits
Request	The cost of this request includes \$2,231,489 in General Fund in FY 2011-12 to pay for the increase in the projected caseload of dual-eligible individuals and a projected increase in the PMPM rate paid by the State per federal regulations.	This request would allow the Department to meet its obligations to the federal government and ensure the Department would not have the amount of payment plus interest deducted from the federal funds received for the Medicaid program.
Consequences if not Funded	The cost of not funding the request would be the potential deduction in federal funds received by the Medicaid program equal to the amount owed for the payment plus interest. This would equal an amount greater than \$2,231,489.	There are no benefits to the Department because the savings of General Fund would be offset by greater loss of federal funds that would need to be backfilled with General Fund for the Medicaid program.

Implementation Schedule:

Not Applicable.

Statutory and Federal Authority:

42 C.F.R. §423.908 (2010) *Phased-down State contribution to drug benefit costs assumed by Medicare. This subpart sets forth the requirements for State contributions for Part D drug benefits based on full-benefit dual eligible individual drug expenditures.*

42 C.F.R. §423.910 (a) (2010) General rule: *Each of the 50 States and the District of Columbia is required to provide for payment to CMS a phased-down contribution to defray a portion of the Medicare drug expenditures for individuals whose projected Medicaid drug coverage is assumed by Medicare Part D.*

42 C.F.R. §423.910 (b) (2) (2010) Method of payment: *Payments for the phased down State contribution begins in January 2006, and are made on a monthly basis for each subsequent month. State payment must be made in a manner specified by CMS that is similar to the manner in which State payments are made under the State Buy-in Program except that all payments must be deposited into the Medicare Prescription Drug Account in the Federal Supplementary Medical Insurance Trust Fund. The policy on collection of the Phased-down State contribution payment is the same as the policy that governs collection of Part A and Part B Medicare premiums for State Buy-in.*

42 C.F.R. §423.910 (g) (2010) Annual per capita drug expenditures. *CMS notifies each State no later than October 15 before each calendar year, beginning October 15, 2005, of their annual per capita drug payment expenditure amount for the next year.*

24-75-109, C.R.S. (2010). *Controller may allow expenditures in excess of appropriations - limitations - appropriations for subsequent fiscal year restricted - repeal. (1) For the purpose of closing the state's books, and subject to the provisions of this section, the controller may, on or after May 1 of any fiscal year and before the forty-fifth day after the close thereof, upon approval of the governor, allow any department, institution, or*

agency of the state, including any institution of higher education, to make an expenditure in excess of the amount authorized by an item of appropriation for such fiscal year if:

(a.6) The overexpenditure is by the department of health care policy and financing for the required state contribution payment pursuant to the federal "medicare modernization act of 2003", pub.l. 108-173;

(6) The controller may allow overexpenditures pursuant to this section only for the fiscal years beginning July 1, 1998, July 1, 1999, July 1, 2000, July 1, 2001, July 1, 2002, July 1, 2003, July 1, 2004, July 1, 2005, July 1, 2006, July 1, 2007, and July 1, 2008, July 1, 2009, July 1, 2010, July 1, 2011, July 1, 2012, and July 1, 2013, and this section is repealed, effective September 1, 2014.

25.5-4-105, C.R.S. (2010) Nothing in this article or articles 5 and 6 of this title shall prevent the state department from complying with federal requirements for a program of medical assistance in order for the state of Colorado to qualify for federal funds under Title XIX of the social security act and to maintain a program within the limits of available appropriations.

25.5-4-201, C.R.S. (2010) Cash system of accounting - financial administration of medical services premiums - medical programs administered by department of human services - federal contributions - rules. (1.5) (a) The state department shall utilize the cash system of accounting, as enunciated by the governmental accounting standards board, for the contributions required by 42 U.S.C. sec. 1396u-5 (c).

(b) The contributions required by 42 U.S.C. sec. 1396u-5 (c) shall be made in the manner required by the federal centers for medicare and medicaid services, or any successor agency. Nothing in this paragraph (b) shall require the state department to make the contribution before the contribution is due.

25.5-5-503, C.R.S. (2010) (1) The state department is authorized to ensure the participation of Colorado medical assistance recipients, who are also eligible for

medicare, in any federal prescription drug benefit enacted for medicare recipients. (2) Prescribed drugs shall not be a covered benefit under the medical assistance program for a recipient who is eligible for a prescription drug benefit program under medicare; except that, if a prescribed drug is not a covered Part D drug as defined in the “Medicare Prescription Drug, Improvement, and Modernization Act of 2003”, Pub.L. 108-173, the prescribed drug may be a covered benefit if it is otherwise covered under the medical assistance program and federal financial participation is available.

Performance Measures:

If the Department does not receive an additional appropriation, and subsequently cannot make the required payment, the Department is at risk of having the amount due for the Clawback payment plus interest deducted from the federal funds received for the Medicaid program. This deduction would hinder the Department’s ability to achieve all performance measures requiring State and matching federal funding. Funding this request would assist the Department in achieving many of its performance measures, including the following:

- Increase the number of clients served through targeted, integrated care management programs.
- Increase the number of children served through a dedicated medical home service delivery model.
- Maintain or reduce the difference between the Department’s spending authority and actual expenditures for Medicaid services.

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title:		CBMS Compliance with Low Income Subsidy and Disability Determination Services Federal Requirements									
Department:		Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JB</i>			Date: November 1 2010 <i>10/20</i>			
Priority Number:		DI-5			OSP Approval: <i>Jeli</i>			Date: <i>10.22.10</i>			
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	8 636 709	9 561 132	0	9 561 132	8 997 491	214 920	9 212 411	0	9 212 411	0
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	4 371 712	4 741 183	0	4 741 183	4 345 760	107 460	4 453 220	0	4 453 220	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	26 736	20 046	0	20 046	133 744	0	133 744	0	133 744	0
	CFE/RF	32 682	22 385	0	22 385	22 385	0	22 385	0	22 385	0
	FF	4 405 579	4 777 518	0	4 777 518	4 495 602	107 460	4 603 062	0	4 603 062	0
(6) Department of Human Services Medicaid-Funded Programs; (B) Office of Information Technology Services - Medicaid Funding, Colorado Benefits Management System	Total	8 636 709	9 561 132	0	9 561 132	8 997 491	214 920	9 212 411	0	9 212 411	0
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	4 371 712	4 741 183	0	4 741 183	4 345 760	107 460	4 453 220	0	4 453 220	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	26 736	20 046	0	20 046	133 744	0	133 744	0	133 744	0
	CFE/RF	32 682	22 385	0	22 385	22 385	0	22 385	0	22 385	0
	FF	4 405 579	4 777 518	0	4 777 518	4 495 602	107 460	4 603 062	0	4 603 062	0
Non-Line Item Request:		None									
Letternote Revised Text:		None									
Cash or Federal Fund Name and COFRS Fund Number:		FF Title XIX									
Reappropriated Funds Source by Department and Line Item Name:											
Approval by OIT?		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>									
Schedule 13s from Affected Departments:		Department of Human Services Governor's Office of Information Technology									

Schedule 13
Change Request for FY 2011-12 Budget Request Cycle

Decision Item FY 2011-12 <input checked="" type="checkbox"/>	Base Reduction Item FY 2011-12 <input type="checkbox"/>	Supplemental FY 2010-11 <input type="checkbox"/>	Budget Amendment FY 2011-12 <input type="checkbox"/>
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Request Title: HCPF - CBMS Compliance with Low Income Subsidy and Disability Determination Services Federal Requirements
 Department: Department of Human Services
 Priority Number: NP-5

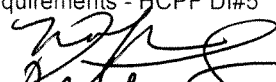
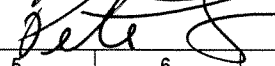
Dept. Approval by: *[Signature]* Date: 10-21-10
 OSPB Approval: *[Signature]* Date: 10-25-10

	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	24,143,101	24,875,508	0	24,875,508	24,037,179	214,920	24,252,099	0	24,252,099	0
	FTE	42.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	5,987,896	6,138,426	0	6,138,426	6,135,426	0	6,135,426	0	6,135,426	0
	CF	1,183,809	1,158,436	0	1,158,436	939,086	0	939,086	0	939,086	0
	RF	8,762,227	9,359,525	0	9,359,525	8,997,489	214,920	9,212,409	0	9,212,409	0
	FF	8,209,169	8,219,121	0	8,219,121	7,965,178	0	7,965,178	0	7,965,178	0
	MCF	8,836,708	9,359,525	0	9,359,525	8,997,489	214,920	9,212,409	0	9,212,409	0
	MGF	4,535,015	4,641,210	0	4,641,210	4,345,760	107,460	4,453,220	0	4,453,220	0
	NGF	10,522,911	10,779,636	0	10,779,636	10,481,186	107,460	10,588,646	0	10,588,646	0
(2) Office of Information Technology Services, Colorado Benenits Management System (CBMS)	Total	24,143,101	24,875,508	0	24,875,508	24,037,179	214,920	24,252,099	0	24,252,099	0
	FTE	42.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	5,987,896	6,138,426	0	6,138,426	6,135,426	0	6,135,426	0	6,135,426	0
	CF	1,183,809	1,158,436	0	1,158,436	939,086	0	939,086	0	939,086	0
	RF	8,762,227	9,359,525	0	9,359,525	8,997,489	214,920	9,212,409	0	9,212,409	0
	FF	8,209,169	8,219,121	0	8,219,121	7,965,178	0	7,965,178	0	7,965,178	0
	MCF	8,836,708	9,359,525	0	9,359,525	8,997,489	214,920	9,212,409	0	9,212,409	0
	MGF	4,535,015	4,641,210	0	4,641,210	4,345,760	107,460	4,453,220	0	4,453,220	0
	NGF	10,522,911	10,779,636	0	10,779,636	10,481,186	107,460	10,588,646	0	10,588,646	0

Non-Line Item Request: None
 Letternote Revised Text for FY 2010-11: None
 Letternote Text Requested for FY 2011-12: None
 Cash or Federal Fund Name and COFRS Fund Number:
 Reappropriated Funds Source, by Department and Line Item Name: Health Care Policy and Financing
 Approval by OIT? Yes: No: N/A:
 Schedule 13s from Affected Departments: Health Care Policy and Financing, Governor's Office of Information Technology

Schedule 13
Change Request for FY 2011-12 Budget Request Cycle

Decision Item FY 2011-12 Base Reduction Item FY 2011-12 Supplemental FY 2010-11 Budget Amendment FY 2011-12

Request Title: HCPF - CBMS Compliance with Low Income Subsidy and DDS Federal Requirements - HCPF DI#5
Department: Governor's Office of Information Technology **Dept. Approval by:**  **Date:** 10/21/10
Priority Number: Corresponds to Human Services # NP-5 **OSPB Approval:**  **Date:** 10/25/10

	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	0	30,192,910	0	30,192,910	23,951,792	214,920	24,166,712	0	24,166,712	0
	FTE	0.0	58.5	0.0	58.5	58.5	0.0	58.5	0.0	58.5	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	30,192,910	0	30,192,910	23,951,792	214,920	24,166,712	0	24,166,712	0
	FF	0	0	0	0	0	0	0	0	0	0
(5) Office of Information Technology, (C)	Total	0	30,192,910	0	30,192,910	23,951,792	214,920	24,166,712	0	24,166,712	0
Statewide Information Technology Services,	FTE	0.0	58.5	0.0	58.5	58.5	0.0	58.5	0.0	58.5	0.0
(9) Colorado Benefits Management System	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	30,192,910	0	30,192,910	23,951,792	214,920	24,166,712	0	24,166,712	0
	FF	0	0	0	0	0	0	0	0	0	0

Non-Line Item Request: None
Letternote Revised Text for FY 2010-11: None
Letternote Text Requested for FY 2011-12: None
Cash or Federal Fund Name and COFRS Fund Number:
Reappropriated Funds Source, by Department and Line Item Name: This amount shall be from user fees collected from other state agencies and deposited in the Information Technology Revolving Fund created in Section 24-37.5-112)1)(a) C.R.S
Approval by OIT? Yes: **No:** **N/A:**
Schedule 13s from Affected Departments: HCPF, DHS

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	DI-5
Change Request Title:	CBMS Compliance with Low Income Subsidy and Disability Determination Services Federal Requirements

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department requests \$214,920 total funds and \$107,460 General Fund in FY 2011-12 for development costs for the Colorado Benefits Management System (CBMS) to create two interfaces for data that is transmitted from the Centers for Medicare and Medicaid Services (CMS). The first interface would make the process to assist Medicare clients in Colorado to apply for Medical Savings Programs that provide Medicare Part D prescription drug subsidies to low income clients more efficient. The change would help the Department to meet the federal application processing limit for the determination of client qualification for the low income Medical Savings Programs. The Department has struggled to meet these federal requirements, thereby putting federal financial participation at risk. The second interface would allow CBMS to match Social Security number data related to Supplemental Security Income (SSI) in CBMS with information that is provided to the vendor that is contracted to perform disability determination services for elderly, blind, and/or disabled clients to qualify for medical assistance through Medicaid. This change will keep the Department in compliance with Federal regulations and help to keep it out of court.

General Description of Request:

The Department requests \$214,920 total funds and \$107,460 General Fund in FY 2011-12 to complete the computer programming changes.

These changes to the CBMS system will help the Department to meet federal application processing requirements. Historically, as a result of shortcomings in the abilities of the CBMS, the Department has been struggling to meet the federal requirement on allocation processing time. The state's continuing failure to meet the federal deadlines put federal financial participation at risk, and increases the likelihood of the state defaulting on the CBMS settlement that would have cleared the State obligation from the previous lawsuit. The CBMS settlement was approved by the District Court, City and County of Denver, on January 3, 2008, and this court retains jurisdiction of the settlement for 36 months, or until January 3, 2011. As of August 18, 2010, the Plaintiffs in the settlement contend that HCPF was not in compliance with the settlement. On August 18, 2010, Plaintiffs filed a motion with the court to request Contempt, Enforcement, and Modification of the Stipulation and Order of Settlement

CBMS Changes to Accept Required Federal Low Income Subsidy Data for Adult Clients

The computer programming changes would create an interface to accept a daily data transmission from the federal Centers for Medicare and Medicaid Services containing information about Medicare clients living in Colorado who may qualify for the low income subsidy. The file information would initiate an application in CBMS to determine eligibility for a Medicare Savings Program, such as the Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB), or Qualified Individual (QI). The computer programming changes would begin in FY 2011-12 and take approximately five months to complete. After the computer programming changes have been completed, the county departments would take over the function of finalizing the already initiated applications. Currently there is no funding in the total CBMS appropriation to pay for vendor staffing by the CBMS contractor to make the changes needed by this new undertaking. The pool of maintenance hours for making computer

programming changes has been already assigned to other projects equally as urgent. If funding is made available, the CBMS contractor would add staff to complete the changes.

The daily data transmission may not contain all of the information necessary to complete the application, so it is anticipated that most applicants will require further communication via letters mailed to the Medicare clients. CBMS already has processes in place to trigger the mailing of letters to clients, so no additional development costs would be incurred to change computer programming coding for the letters.

The Medicare Modernization Act of 2003 added a prescription drug benefit to Medicare effective in January 2006. This drug benefit is referred to as Medicare Part D. Medicare clients generally have to pay monthly premiums to Prescription Drug Plans to receive the benefit. The law also provides financial assistance with the cost of the Medicare Part D prescription drugs for Medicare beneficiaries with low incomes who meet certain income and asset qualifications. The financial assistance is called “extra help” or the “low income subsidy program.” The low income subsidy helps pay for some of a client’s Part D prescription drug plan costs, including Part D plan premiums, deductibles, and copayments. Depending on the client’s income and assets, the client may qualify for a full or partial subsidy.

Medicare clients who already qualify for a Medicare Savings Program automatically qualify for the low income subsidy. Clients in the eligibility categories of Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB), or Qualified Individual (QI) automatically qualify. Other low income Medicare clients, who have not previously applied for State medical financial assistance, such as through the Medicaid program, may qualify for the low income subsidy, but those clients must apply separately for that determination. The federal Medicare program has required that state Medicaid programs assist the newly qualified Medicare clients in the determination of qualification for the low income subsidy. Caseload for these clients has grown every fiscal year from 12,908 in FY 2006-07 to a projected total of 18,427 in FY 2011-12, a growth of 48.8% in the six year time span. See Table 1 later in this request for the projected growth in caseload affected by this request. As the Baby Boomer generation continues to

retire and qualifies for Medicare, some will be in the low income category and will need this subsidy for prescription drug assistance, so the number of clients for Low Income Subsidy is expected to continue to increase for several years into the future.

When the Colorado Benefits Management System was developed, it was not anticipated that Medicare Part D would later exist or that a low income subsidy might be part of the Part D benefits, or even that the State would be required to assist low income Medicare clients to apply for the low income subsidy. Therefore, CBMS currently has no automated processes to receive a daily file containing information about newly qualified Medicare clients from the federal Centers for Medicare and Medicaid Services. The daily data transmission would be used to screen for low income subsidy qualification. Because of the lack of an automated process, the Department has been performing the screening and follow-up work manually. The manual approach is very time consuming and labor intensive, with the result that the Department does not meet the federal requirement to determine client qualification within 45 days in approximately one third of the cases. The manual process currently used by the Department receives no additional federal financial participation from CMS other than the federal match for Departmental staff salaries although no extra staff salaries are paid for this work despite the increased work load, but funding to create and operate an automated process through CBMS would receive federal financial participation of 50% for the developmental phase when the developmental phase actually occurs.

In addition to regular low income clients, the automated process developed in CBMS would also benefit clients referred to as Pickle clients. The Pickle Amendment, enacted in April 1977 established a separate category of Medicaid eligibility for former Supplemental Security Income (SSI) or Old Age Pension (OAP State supplement) recipients who would still be eligible for SSI or OAP if it were not for the cost of living adjustment (COLA) to their Title II Social Security Retirement, Survivors or Disability Insurance Benefit (RSDI). This law requires that an individual be deemed a recipient of SSI, and therefore eligible for Medicaid if the client still meets all eligibility criteria after disregarding the COLA. To be eligible for Medicaid as a Pickle client, the person must meet the following criteria in

addition to meeting all other requirements for Medicaid including disability, low income, and limited resources:

- Simultaneously entitled to receive both RSDI and SSI in at least one month since April 1977
- Currently eligible for and receiving RSDI
- Currently ineligible for SSI and
- Below the current SSI income standard after adding all countable income and disregarding all COLA since the last month the client was eligible for both SSI and RSDI.

This last step creates a frozen RSDI countable amount in determining Pickle eligibility. The frozen amount of the RSDI is the amount received in the last month the client was eligible for both SSI and RSDI. Each year the Social Security Administration sends two data files of potential Pickle clients that lost SSI for either a Title II income entitlement or a COLA to the Title II income. The Department is required to establish an annual review system that identifies the Pickle clients. Currently the Department has no way to identify these clients. For the past five years, the Department has not notified these individuals of their potential eligibility for Medicaid, so the Department is unable to determine how many of the clients are not receiving the Medicaid benefits to which they are entitled.

A second problem related to Pickle clients is that CBMS calculation does not disregard the correct COLA amount and therefore does not determine Pickle eligibility correctly. A CBMS request to change the computer programming to handle COLA and Pickle eligibility correctly was submitted to the CBMS vendor in 2006 and 2007, but that computer programming request has not been prioritized for work by the vendor. Recent correspondence was received from Colorado Legal Services that identified this issue as a serious concern for clients who have not received eligibility confirmations within federally required time frames. The correspondence from Colorado Legal Services emphasized the need for the Department to implement a timely solution. This correspondence also alerted the Department to the risk of a lawsuit.

Before the CBMS vendor begins work on the computer programming changes, staff in the Department will have completed the research and information gathering that is necessary to compile the detailed requirements for system changes. As a temporary measure, Departmental staff have been performing the processes manually to identify some of the adult clients, but not the Pickle clients, for the low income subsidy for over five years. Unfortunately, this manual process often causes eligibility determination to be delayed beyond the federally required time frame for completion because the manual process is so time consuming. Departmental staff is well qualified to specify what must be accomplished in the mechanized interface for the CMS file and the resulting application. No additional funding is requested for the requirements phase, since the requirements will be detailed by existing resources within the Department

After implementation of the low income subsidy mechanization in CBMS, workers in the county departments of social services would be trained, as needed, by State staff that already provide training to county workers on other CBMS changes. The training would be absorbed by existing resources, and no additional funding is requested for training related to this project.

Disability Determination Services SSA Data Added to CBMS

The Social Security Administration periodically sends a file containing social security numbers of applicants for SSI; however the file is not being utilized in a mechanized matter. The Department needs to act on utilizing the file from the Social Security Administration by putting in place a user interface process in CBMS. The file performs the matching of social security numbers for potential Medicaid applicants who are already qualified for SSI payments or who are concurrently applying for SSI qualification. Applicants who are found to be already eligible for SSI are automatically eligible for Medicaid, so a Medicaid application can be processed immediately. Applicants who have been denied SSI eligibility may still qualify for Medicaid depending on a further disability determination. Applicants who have a determination pending for SSI will require a follow up to confirm the results of that determination and whether additional qualification for Medicaid is necessary. Confirmation of the above status for clients would become part of

the electronic matching processes that this funding request would cover. The source of funding for the CBMS development and implementation of this project would be totally Medicaid.

Currently there is no funding in the total CBMS appropriation to pay for vendor staffing by the CBMS contractor to make the changes needed by this new undertaking. The pool of maintenance hours for making computer programming changes has been already assigned to other projects equally as urgent. If funding is made available, the CBMS contractor would add staff to complete the changes.

When CBMS was implemented, the Department did not anticipate that it would be expected by the federal government to screen Supplemental Security Income (SSI) clients for prior approval of SSI financial assistance when the same clients apply for Medicaid. The federal Social Security Administration is responsible for determining qualification for SSI by aged, blind, and disabled individuals. A person who qualifies for SSI automatically qualifies for Medicaid. In most states, the Social Security Administration contracts with a state agency to handle the SSI application and qualification processes. In Colorado, the Social Security Administration has contracted with the Colorado Department of Human Services (DHS), Disability Determination Services (DDS) to provide the determination and qualification for SSI.

At a hearing before the General Assembly's Joint Budget Committee on November 30, 2009, the Department of Human Services presented information about the SSI application process as managed by Disability Determination Services. Approximately 43% of SSI applicants are initially approved with approximately 57% initially denied. Of the 57% denied, approximately 44% appeal. Of the 44% that appeal, approximately 14% are granted approval after appeal. That process still leaves a substantial number of applicants who are not granted approval for SSI payments.

Some of the substantial number of applicants who are not approved for SSI payments may be approved for medical assistance through Medicaid despite not being approved for SSI benefits because they meet the disability criteria for Medicaid. This determination is made

by the vendor who has been contracted by the Department of Health Care Policy and Financing to perform the work that is described below. Thus, elderly, blind, and/or disabled individuals applying for Medicaid may be approved for Medicaid assistance concurrently with, before, or after SSI application. When a disability determination is required, as well as a Medicaid application, the combined time frame for processing the application within federal regulations is 90 days. HCPF continues to miss the deadline in approximately one third of the cases.

The disability determination consists of reviewing signs, symptoms, and physical or mental difficulties experienced by the applicant. The review also considers results of laboratory tests and other medical findings that would indicate the level and severity of the applicant's disability that imposes limitations on the person's everyday life. The time frame needed to collect all the information and complete the evaluation often takes six weeks or longer. If the Department can verify that the client has already been qualified for SSI payments, the Department could conclude the disability determination had already been done and would therefore not need to request that a second disability determination be made for Medicaid purposes. This is because the qualifications used for Medicaid disability determination are similar to the qualifications used for SSI disability determination. Not needing the second disability determination could save six weeks of processing the Medicaid application.

The potential clients who would be evaluated for needed medical services are in the Medicaid eligibility category of disabled individuals who qualify for Aid to the Needy Disabled and Aid to the Blind and are under the age of 60. Over 2,000 applicants are processed on an annual basis for inclusion into this category. However, not all applicants meet the medical qualifications for both the financial and medical assistance. At the same time, other clients who were previously in this category have aged into other categories for those aged 60 and older. In the Department's November 6, 2009 FY 2010-11 Budget Request, page EB-1 shows that caseload for this category has grown from 48,799 in FY 2006-07 to 53,264 in FY 2009-10, and it is projected to grow to 55,416 during FY 2010-11 with continued growth in FY 2011-12 to 61,280. Since the Department does not expect any significant decrease in the number of applications for SSI or Medicaid, the

need to match social security numbers is expected to continue into the foreseeable future. See Table 1 later in this request for growth in the caseload affected by this request.

As a temporary measure, the Department is checking social security numbers manually through CBMS. The manual process is cumbersome, time consuming, and increases the risk of error. Due to the large volume of applications, the manual checking of Social Security numbers adds one to two weeks to the disability determination process. Consequently, the State is at significant risk of not completing the medical evaluation within the federally required time limit. The federal limit is 45 days in most circumstances, but is 90 days when both a Medicaid application and a level of disability determination must be accomplished. The Department has struggled in consistently meeting the deadlines. For example, during June 2010, the Department estimates that approximately 35% of applications related to disability determinations were not completed within the federally required timeline. If this situation continues, the State risks incurring federal sanctions, including the loss of federal financial participation.

As documented in the Report of the State Auditor, “Access to Medicaid Home and Community-Based Long-Term Care Services,” published in January 2009, pages 29 through 32, eligibility processes are intended to run in coordinated fashion, including some that run concurrently to facilitate individuals’ access to services. In the past when both the Medicaid application process and the disability determination process have been necessary, the time span has frequently exceeded 90 days. Other difficulties have been:

- Delays in receiving evidence, such as a medical examination or documentation of the condition on which the disability is claimed;
- Applicant’s failure to provide information and/or documentation in a timely manner;
- Incomplete application information; and
- County delays in notifying the Department or the contracted vendor of a need for the Medicaid disability determination.

The Department has worked to remedy the above difficulties, but the matching of social security numbers for applicants who are applying or have applied for SSI with the social security numbers of applicants who need Medicaid disability determination remains an

ongoing challenge. The manual process puts additional strain on the Department and its contractor's ability to meet federal minimum requirements as pertains to application processing. Temporary workers have been used to ease the workload, but temporary workers add costs for the process and require extensive training to be effective in the job. The Department has even considered hiring additional FTE to complete the manual matching. The heavy workload and the need for temporary workers will continue until electronic matching development work can be funded.

Beginning in January 2010, the Social Security Administration has supplied a file of Social Security numbers for SSI applicants to CBMS, but the file cannot yet be used electronically. The interface would simplify the process of matching Social Security numbers of SSI applicants to the Social Security numbers of Medicaid applicants who would need a disability determination. Currently, CBMS is not capable of utilizing the file from the Social Security Administration. Therefore, the manual checking and matching process described earlier in this request will continue to be used until CBMS can be modified to effectively utilize the data provided by the Social Security Administration.

Departmental staff has begun gathering information and defining requirements to provide the CBMS contractor computer programming staff with the desired outcomes and a preliminary analysis of the changes in CBMS that need to be made.

The CBMS contractor work would begin with a detailed impact analysis to identify all changes that would need to occur within CBMS. The second step would be completing the computer programming changes and the unit testing phase. The third step by the CBMS contractor would be system testing. See Table 2 for specific costs for each step mentioned above to be completed by the CBMS contractor.

After the changes by the CBMS contractor staff have been completed, State staff would need to perform user acceptance testing to check for any modifications that might still need to be made in the computer programming changes. The CBMS contractor would make the modifications if needed after which implementation could occur. The final result would be quicker matching of Medicaid applicant social security numbers with social

security numbers on SSI completed or pending applications. A match would expedite the Medicaid application process and improve the probability of meeting the 90 days federal time limit on completing both the Medicaid application and the disability determination.

CBMS Stipulation Agreement and Late Medical Assistance Applications

The current CBMS Stipulation Agreement with plaintiffs who have not been timely determined for eligibility expires in January 2011. The Stipulation Agreement included a settlement with both HCPF and DHS. The Department has been engaged in CBMS mediation discussions regarding changing the terms and conditions of the agreement. Because of the recent CBMS performance issues with the system itself and the length of time that has been required to make necessary changes into CBMS, new applications submitted into CBMS are exceeding federal processing guidelines. Thus, the Department finds itself in a weakened negotiating position and risks the plaintiffs pursuing the legal remedies through District Court. Colorado Center on Law and Policy represents several clients that have been impacted by the lack of progress in making the necessary changes in CBMS. Colorado Center on Law and Policy and its clients are pursuing why it has taken so long to make changes into CBMS when the changes have been identified since the implementation of CBMS in 2004.

On August 18, 2010, the Colorado Center on Law and Policy filed a Motion for Contempt, Enforcement, and Modification of the Settlement with HCPF in District Court. The Center on Law and Policy is still negotiating with DHS. On pages five and six of the motion, the Colorado Center on Law and Policy alleges that a large percentage of initial applications and redeterminations continue to be late per the timeframes required by federal regulations.

Without these changes, the Department risks additional litigation in District Court and also risks Title XIX federal disallowances for federal financial participation that would have serious consequences for the entire CBMS appropriation. The funding in this request will not solve all deficiencies in CBMS, but the funding in this request would help the

Department to address the delayed completion of applications for Low Income Subsidy and the Disability Determination Services.

Consequences if Not Funded:

If no funding were to be received, the current time-consuming and labor-intensive processes would continue with the increased probability that the Department will be unable to complete the eligibility determinations within the federal 45 day limit. As a result the State would be out of compliance with a federal mandate to accept and process a mechanized daily file from CMS. The Department also risks adverse federal and State audit findings that could result in loss of federal financial participation. The Department is aware of risks for a lawsuit by Colorado Center on Law and Policy on behalf of clients who are not being correctly deemed eligible for Medicaid and the potential liability created by a lawsuit.

Furthermore, if this request is not funded, the manual process of checking for matches of social security numbers in CBMS for SSI applicants and Medicaid disability determination applicants would continue, and the Department would continue to struggle to meet the federal 90 days limit for the combined Medicaid application and disability level determination. If it were not possible to check social security numbers for matching with already approved or pending SSI applications, the Department's disability determination contractor might inadvertently complete extra unnecessary disability determinations and thereby drive up the cost of the disability determination contract with the vendor. If processing limits are exceeded, the Department would be out of federal compliance and federal financial participation would be at risk.

Calculations for Request:

Summary of Request FY 2011-12 for Health Care Policy and Financing	Total Funds	General Fund	Federal Funds
Total Request	\$214,920	\$107,460	\$107,460
(6) Department of Human Services Medicaid-Funded Programs; (B) Office of Information Technology Services – Medicaid Funding, Colorado Benefits Management System	\$214,920	\$107,460	\$107,460

Table 1: Medicaid Caseload Growth						
Fiscal Year	FY 2006-07 Actual	FY 2007-08 Actual	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Projected	FY 2011-12 Projected
Partially Dual Eligible Clients for Low Income Subsidy						
Caseload	12,908	14,217	15,075	15,919	17,177	18,427
Year to Year Growth	16.37%	10.12%	6.06%	5.60%	7.90%	7.28%
Elderly, Blind and Disabled Clients for Disability Determination Services						
Caseload	48,799	49,933	51,355	53,265	55,416	61,280
Year to Year Growth	1.97%	2.32%	2.85%	3.72%	4.04%	10.58%

Table 2: How CBMS Vendor Will Use the Funding		
Fiscal Year	Low Income Subsidy Interface	Dollars
FY 2011-12	Detailed Impact Analysis by CBMS Vendor: 200 Hours at \$108 per Hour	\$21,600
	Computer Programming Coding and Unit Testing by CBMS Vendor: 900 Hours at \$108 per Hour	\$97,200
	System Testing by CBMS Vendor: 240 Hours at \$108 per Hour	\$25,920
	Subtotal FY 2011-12	\$144,720
FY 2011-12	Disability Determination Services Interface	
	Detailed Impact Analysis by CBMS Vendor: 100 Hours at \$108 per Hour	\$10,800
	Computer Programming coding and Unit Testing by CBMS Vendor: 400 Hours at \$108 per Hour	\$43,200
	System Testing by CBMS Vendor: 150 Hours at \$108 per Hour	\$16,200
	Subtotal FY 2011-12	\$70,200
	Grand Total FY 2011-12	\$214,920

Cash Funds Projections:

Not applicable.

Assumptions for Calculations:

The Department assumes that this request primarily affects Medicare clients who qualify for Medicaid assistance through the Medicare Savings Programs for dual eligible clients or through the Elderly, Blind, and Disabled clients category, so no financial participation has been sought from the Department of Human Services which usually shares the costs for the CBMS work.

It is further assumed that:

- The federal financial participation rate is 50%, as is usual for most Medicaid administrative eligibility functions.
- The work by the CBMS contract vendor will be completed during FY 2011-12.

- The vendor cost per hours is \$108 for developments costs to make computer programming changes during FY 2011-12. This hourly rate is part of the CBMS vendor contract.
- The estimated hours of work contained in the Order of Magnitude letter from the CBMS vendor for this project will be sufficient to complete all tasks to be contracted by CBMS vendor.
- Departmental staff, rather than the CBMS contract vendor, will complete the project requirements on which the contract vendor will base the work.
- State staff, rather than the vendor will be responsible for the follow-up training with county workers after implementation of CBMS changes.

Impact on Other Government Agencies:

The \$214,920 total funding, including \$107,460 General Fund, would be added to the CBMS line item appropriation in both the Department of Human Services and the Governor’s Office of Information Technology as Reappropriated Funds because all CBMS funding also passes through those Departments.

Summary of Request FY 2011-12 for Department of Human Services	Total Funds	Reappropriated Funds
Total Request	\$214,920	\$214,920
<u>(2) Office of Information Technology Services; Office of Information Technology, Colorado Benefits Management System</u>	\$214,920	\$214,920

Summary of Request FY 2011-12 for Governor-Lieutenant Governor- State Planning and Budgeting	Total Funds	Reappropriated Funds
Total Request	\$214,920	\$214,920
<u>(5) Office of Information Technology Services: (C) Statewide Information Technology Services, (9) Colorado Benefits Management System</u>	\$214,920	\$214,920

Cost Benefit Analysis:

Cost	Benefits
<p>\$214,920 total funds, including \$107,460 General Fund.</p>	<p>Increases possibility that lawsuit by Colorado Center on Law and Policy, including the August 18, 2010 Motion for Contempt, Enforcement, and Modification of the Settlement can be renegotiated.</p>
	<p>Increases the Department's ability to process client applications within federally required timeframes, reducing the likelihood of incurring federal sanctions, including the loss of federal financial participation.</p>
	<p>Meets federal mandate obligations to receive and work with mechanized files from federal Centers for Medicare and Medicaid Services. The CMS files and interfaces will expedite processing of applications.</p>
	<p>Increases the probability that the client applications will be completed within the time limit required by federal regulations.</p>
	<p>Increases client satisfaction and provides relief to client out of pocket medical costs when the time limit is met.</p>
	<p>Alleviates need for time consuming labor intensive manual process used recently for matching Social Security numbers. Reduces potential for error inherent in manual processes.</p>
	<p>Avoids adding further delay if Medicaid disability determination is not necessary because SSI disability determination can be verified as having already occurred.</p>
	<p>Allows eligibility workers more time for dealing with policy issues and client's unusual needs rather than manual work that should be mechanized.</p>

Implementation Schedule for Both Interfaces:

Task	Completed by Whom	Month/Year
Prepare Requirements for Computer Programming Changes to Achieve	Departmental Staff	May 2011
Amendment to CBMS Contract Written and Fully Approved	Departmental Staff and CBMS Contractor in agreement with Department of Human Services, Governor's Office of Information Technology, and State Controller's Office	June 30, 2011
Detailed Impact Analysis Written	CBMS Contractor Staff	July 2011
Approval of Detailed Impact Analysis	Departmental Staff	August 2011
Computer Programming Coding and Unit Testing	CBMS Contractor Staff	September 2011
User Acceptance Testing	Departmental Staff	October 2011
Implementation	CBMS Contractor Staff	November 2011
Training on Changes as Needed and Ongoing	Departmental Staff Assisted by Staff from Department of Human Services	December 2011 and Going Forward

Statutory and Federal Authority:

25.5-4-105, C.R.S. (2010) *Nothing in this article or articles 5 and 6 of this title shall prevent the state department from complying with federal requirements for a program of medical assistance order for the state of Colorado to qualify for federal funds under Title XIS of the social security act and to maintain a program within the limits of available appropriations.*

25.5-5-503, C.R.S. (2010) (1) *The state department is authorized to ensure the participation of Colorado medical assistance recipients, who are also eligible for medicare, in any federal prescription drug benefit enacted for medicare recipients.*

42 C.F.R. §435.120 *Except as allowed under §435.121, the agency must provide Medicaid to aged, blind, and disabled individuals or couples who are receiving or are deemed to be receiving SSI.*

42 C.F.R. §435.135-136 (135) (a) *If an agency provides Medicaid to aged, blind, or disabled individuals receiving SSI or State supplements, it must provide Medicaid to individuals who – (1) Are receiving OASDI; 2) Were eligible for and receiving SSI or State supplements but became ineligible for those payments after April 1977; and (3) Would still be eligible for SSI or State supplements if the amount of OASDI cost-of-living increases paid under section 215(i) of the Act, after the last month after April 1977 for which those individuals were both eligible for and received SSI or a State supplement and were entitled to OASDI, were deducted from current OASDI benefits. (b) Cost-of-living increases include the increases received by the individual or his or her financially responsible spouse or other family member (e.g., a parent). (c) If the agency adopts more restrictive eligibility requirements than those under SSI, it must provide Medicaid to individuals specified in paragraph (a) of this section on the same basis as Medicaid is provided to individuals continuing to receive SSI or State supplements. If the individual incurs enough medical expenses to reduce his or her income to the financial eligibility standard for the categorically needy, the agency must cover that individual as categorically needy. In determining the amount of his or her income, the agency may deduct the cost-of-living increases paid under section 215(i) after the last month after April 1977 for which that individual was both eligible for and received SSI or a State supplement and was entitled to OASDI, up to the amount that made him or her ineligible for SSI.*

(136) *An agency must-- (a) Provide a one-time notice of potential Medicaid eligibility under Sec. 435.135 to all individuals who meet the requirements of Sec. 435.135 (a) or (c) who were not receiving Medicaid as of March 9, 1984; and (b) Establish an annual review system to identify individuals who meet the requirements of Sec. 435.135 (a) or (c) and who lose categorically needy eligibility for Medicaid because of a loss of SSI. States without medically needy programs must send notices of potential*

eligibility for Medicaid to these individuals for 3 consecutive years following their identification through the annual review system.

42 C.F.R §435.541 (2) The agency may not make an independent determination of disability if S[ocial] S[ecurity] A[dministration] has made a disability determination within the time limits set forth in §435.911 on the same issues presented in the Medicaid application.

42 C.F.R §435.910 (a) The agency must require, as a condition of eligibility, that each individual (including children) requesting Medicaid services furnish each of his or her social security numbers (SSN). (b) The agency must advise the applicant of (2) the statute or other authority under which the agency is requesting the applicant's SSN; and (3) the uses the agency will make of each SSN, including its use for verifying income, eligibility, and amount of medical assistance payments.

42 C.F.R §435.911 (a) The agency must establish time standards for determining eligibility and inform the applicant of what they are. These standards may not exceed— (1) Ninety days for applicants who apply for Medicaid on the basis of disability; and (2) Forty-five days for all other applicants.

Performance Measures:

Although the Department has no performance measure specifically related to the Colorado Benefits Management System, the Department believes that approval and implementation of this request would improve access to and the quality of health care for clients by assisting low income clients to afford their prescription drugs, and to improve the Medicaid application and disability determination processes for elderly, blind, and disabled clients.

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title: Cash Fund Insolvency Financing											
Department: Health Care Policy and Financing					Dept. Approval by: John Bartholomew			Date: November 1, 2010 ^{10/26}			
Priority Number: DI-8, S-5					OSPB Approval: <i>[Signature]</i>			Date: 10-29-10			
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	3 296 467	9 411 482	686 184	10 097 666	0	13 796 996	13 796 996	0	13 796 996	15 760 341
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	2 710 779	9 411 482	686 184	10 097 666	0	13 796 996	13 796 996	0	13 796 996	15 760 341
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	585 688	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
(4) Indigent Care Program; H.B. 97-1304 Children's Basic Health Plan Trust	Total	3 296 467	9 411 482	686 184	10 097 666	0	13 796 996	13 796 996	0	13 796 996	15 760 341
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	2 710 779	9 411 482	686 184	10 097 666	0	13 796 996	13 796 996	0	13 796 996	15 760 341
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	585 688	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
Non-Line Item Request:		FY 2011-12 The Department is requesting a transfer of \$41 714 371 to the Health Care Expansion Fund (18K). Of this amount, \$15 046 971 is General Fund and \$26 667 400 is cash funds from the CHIPRA Enrollment and Retention bonus. Please see narrative for detail. FY 2012-13. The Department is requesting a transfer of \$90 397 911 to the Health Care Expansion Fund (18K). Of this amount, \$61 026 270 is General Fund and \$29 371 641 is cash funds from the CHIPRA Enrollment and Retention bonus. Please see narrative for detail.									
Letternote Revised Text:		None									
Cash or Federal Fund Name and COFRS Fund Number:		None									
Reappropriated Funds Source, by Department and Line Item Name:		None.									
Approval by OIT?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input checked="" type="checkbox"/>									
Schedule 13s from Affected Departments:		None									

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	DI-6, S-5
Change Request Title:	Cash Fund Insolvency Financing

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department requests \$686,184 General Fund in FY 2010-11 to balance the Children's Basic Health Plan (CHP+) Trust Fund. The Department's request for FY 2011-12 includes an appropriation of \$13,796,996 General Fund to address the CHP+ Trust Fund insolvency. In addition, the Department requests a transfer to the Health Care Expansion Fund in the amount of \$41,714,371 total funds, including \$15,046,971 General Fund and \$26,667,400 cash funds from the CHIPRA bonus payment. These revenue transfers will ensure the solvency of the Health Care Expansion fund in FY 2011-12. Similarly, the Department's request for FY 2012-13 includes \$15,760,341 General Fund to address the CHP+ Trust Fund insolvency. In addition, the Department requests a transfer to the Health Care Expansion Fund in the amount of \$90,397,911 total funds, including \$61,026,270 General Fund and \$29,371,641 cash funds from the CHIPRA bonus payment. These revenue transfers will ensure the solvency of the Health Care Expansion fund in FY 2012-13. These amounts assume that all of the Department's other requests are approved as submitted. Legislation would be required in order to deposit the funds received by the Department into the Health Care Expansion Fund.

General Description of Request: The following table summarizes the requested appropriations and transfers.

	FY 2010-11	FY 2011-12	FY 2012-13
Base Health Care Expansion Fund Deficit	\$0	\$50,020,351	\$93,621,923
BRI-2 "Medicaid Payment Timing"	\$0	(\$1,699,936)	(\$180,855)
BRI-4 "CHP+ Program Reductions": Health Care Expansion Fund	\$0	(\$1,355,622)	(\$2,096,813)
BRI-5 "Medicaid Reductions": Health Care Expansion Fund	\$0	(\$383,068)	(\$572,067)
BRI-6, S-6 "Delay Managed Care Payments": Health Care Expansion Fund	\$0	(\$4,867,354)	(\$374,278)
Net Health Care Expansion Fund Deficit (Requested Total Transfer)	\$0	\$41,714,371	\$90,397,911
CHIPRA Bonus Revenue	\$0	(\$26,667,400)	(\$29,371,641)
General Fund Need for Health Care Expansion Fund	\$0	\$15,046,971	\$61,026,270
Base CHP+ Trust Fund Deficit	\$3,383,178	\$15,751,013	\$18,149,704
BRI-4 "CHP+ Program Reductions": CHP+ Trust Fund	\$0	(\$1,471,827)	(\$2,162,644)
BRI-6, S-6 "Delay Managed Care Payments": CHP+ Trust Fund	(\$2,696,994)	(\$482,190)	(\$226,719)
Net CHP+ Trust Fund Deficit (Requested General Fund Appropriation)	\$686,184	\$13,796,996	\$15,760,341

Insolvency of the Health Care Expansion Fund

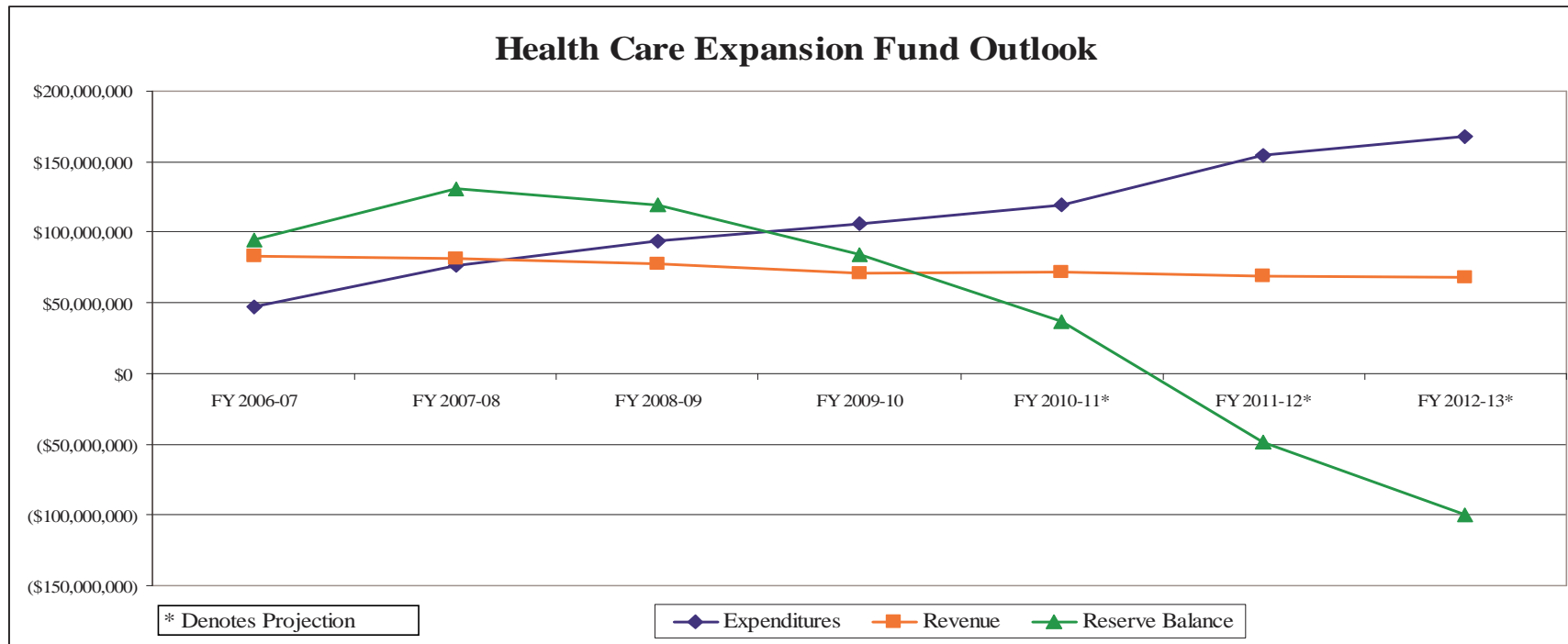
The Health Care Expansion Fund receives 46% of annual Tobacco Tax revenues as stipulated in HB 05-1262, the Tobacco Tax Implementation bill. This legislation requires that Health Care Expansion Fund monies be used to expand eligibility for low-income individuals through Medicaid or the Children's Basic Health Plan. The funds are used to pay for services provided to the following expanded eligibility groups:

- Children's Basic Health Plan (CHP+) eligibility to 200% of the federal poverty level;
- CHP+ enrollment above the FY 2003-04 levels;
- removal of the Medicaid asset test;

- reduction of the Children's Extensive Support and Children's Home and Community Based Services waitlists;
- increase the eligibility of parents of enrolled children to at least 60% of the federal poverty level;
- Medicaid coverage for optional legal immigrants;
- presumptive eligibility for pregnant women on Medicaid;
- expand Medicaid eligibility to age 21 for Foster Care children (SB 07-002 and SB 08-099); and
- CHP+ Outreach.

On average, annual Amendment 35 Tobacco Tax revenues have been declining since the implementation of HB 05-1262, and expenditures out of the Health Care Expansion Fund have been increasing each year. See the chart below which displays revenues into the fund, expenditures, and the reserve fund balance.

As can be seen in the chart below, in FY 2007-08, expenditures began to outpace the revenue coming into the fund and began dipping into the reserve fund balance. Also illustrated, revenue has been continuously trending downward, while the expenditures continue to grow. Projections into the future display the same trends, which will continue to increase the gap between revenue and expenditures, increasing the amount that must be taken from the reserve fund to support the expenditures.



Going forward, assuming equal monthly expenditures in FY 2011-12, it can be expected that the reserve fund balance will be exhausted in early calendar year 2012. The passage of the Patient Protection and Affordable Care Act of 2010 (PPACA) imposed Maintenance of Effort (MOE) provisions on Medicaid. As such, Colorado can not apply more restrictive eligibility standards, methodologies, or procedures than were under the State Plan as of the passage of PPACA on March 23, 2010. The MOE applies to adults until the major components of health reform go into effect on January 1, 2014, and to children (in both Medicaid and CHP+) until September 30, 2019. Due to these MOEs, the Department will not be able to rescind any of the eligibility expansions provided under HB 05-1262 in order to address the Health Care Expansion Fund deficit. However, the Department is considering options on how to contain costs based on the services and benefits that are currently being provided.

While the governing statutes under 24-22-117 C.R.S. (2010) do not necessarily state that the expansion populations funded through the Health Care Expansion Fund must have their expenses paid from the Fund, the Department requests that the General Fund and cash funds needed to fill the deficit be transferred to the Health Care Expansion Fund rather than the Medical Services Premiums line item. This will allow for much greater transparency as it would be much easier to track financing exclusive to these populations through the Fund rather than being intermingled with the already expansive Medical Services Premiums line.

The Department requests a transfer of \$41,714,371 total funds in FY 2011-12, comprised of \$15,046,971 from the General Fund and \$26,667,400 cash funds from the CHIPRA bonus payment, in order to support the Medicaid and CHP+ clients in the same way it currently does and address the Health Care Expansion Fund deficit that will soon occur. This request includes the impacts of all Department requests, including the estimated savings for FY 2010-11 through FY 2012-13 from the Department's FY 2011-12 BRI-2 "Medicaid Fee-For-Service Payment Delay," BRI-4 "CHP+ Program Reductions," and BRI-6, "Delay Managed Care Payments." Similarly, the Department requests \$90,397,911 in FY 2012-13, comprised of \$61,026,270 General Fund and \$29,371,641 cash funds from the CHIPRA bonus payment. These requests are based on the most recent September 2010 Legislative Council revenue forecast for Tobacco Tax collections (page 22) and assume that all of the Department's requests are approved as submitted. Any changes to requests including costs or savings to the Health Care Expansion Fund will result in a change to the General Fund need in this request. Because the Health Care Expansion Fund does not have a line item in the Department's budget, these transfers are requested off-budget and are specified on the Schedule 13 under "Non-Line Item Request."

Insolvency of the Children's Basic Health Plan Trust Fund

Expenditures from the Trust Fund include program expenses from the Children's Basic Health Plan premiums, dental, and administration line items, as well as a portion of the Department's internal administration expenses allocated to the Children's Basic Health

Plan. The program expenses and projection of the Trust Fund balance are presented in DI-3 “Children’s Basic Health Plan Medical Premium and Dental Benefits”, Exhibit C.1.

The Children’s Basic Health Plan Trust Fund is funded primarily through Tobacco Master Settlement appropriations and General Fund (when necessary); however, enrollment fees from clients of the program and interest earnings on the Fund’s balance also serve to subsidize the Trust. The Trust Fund has been appropriated General Fund since FY 2004-05, but regularly carried a fund balance at the end of the year. For FY 2009-10, the year-end fund balance is \$599,735.

The estimated Tobacco Master Settlement base allocations (Tier 1) to the Trust Fund are \$23,095,581 in FY 2010-11 and \$22,157,233 in FY 2011-12, which include the annual allocation of accelerated payments from the Strategic Contribution Fund in the Master Settlement Agreement per HB 07-1359. The estimated Tier 2 distributions to the Trust Fund are \$1,663,111 in FY 2010-11 and \$1,517,551 in FY 2011-12. Pursuant to HB 10-1323, the Trust Fund will receive an additional 8.5% of the Tier 2 funding that was originally allocated to the Comprehensive Primary and Preventive Care Fund beginning in FY 2010-11. These amounts are estimated to be \$2,245,000 in FY 2010-11 and \$2,579,837 in FY 2011-12. Accounting for the Trust’s portion of the State Auditor’s Office payment, the current total forecasted Tobacco Master Settlement allocations to the Trust are \$26,925,764 in FY 2010-11 and \$26,208,640 in FY 2011-12. SB 09-269 caps the amount of Tobacco Settlement revenue allocated to Tobacco Settlement programs at \$100 million for FY 2009-10, which decreased the Fund’s allocation by \$775,395 in FY 2009-10. For FY 2010-11, the forecasted Master Settlement allocations to the Trust decreased by \$1,564,843 from that included in the Department’s November 6, 2009 DI-3. This is due to Legislative Council’s projected collection of total Master Settlement monies decreasing by 6.2% between the January 2009 and January 2010 forecasts. Large declines in Master Settlement revenue are projected to continue in FY 2011-12 and FY 2012-13.

Including year-to-date General Fund appropriations for FY 2010-11, the Trust Fund balance is expected to be insufficient for program costs in both FY 2010-11 and FY 2011-12. Based on total projected program expenses of \$41,610,964 for FY 2010-11 and total

revenues of \$38,201,397, there would be a Trust Fund deficit of \$3,409,567 at the end of FY 2010-11 (see the Department's November 1, 2010 DI-3, Exhibit C.1, line P). Similarly, with total projected program expenses of \$43,362,315 and total revenues of \$27,488,444, the Trust would have a deficit of \$15,873,871 at the end of FY 2011-12. Due to interest earned on revenue deposited in the Fund, the Department is requesting General Fund appropriations of \$3,383,178 in FY 2010-11 and \$15,751,031 in FY 2011-12 to make the Fund solvent. If savings from the Department's BRI-4 "CHP+ Program Reductions" and BRI-6, ES-3 "Delay Managed Care Payments" are approved as the Department requested, the General Fund need would be reduced to \$686,184 in FY 2010-11, \$13,796,996 in FY 2011-12, and \$15,760,341 in FY 2012-13.

Caseload funded from the Trust Fund for traditional children is maximized because the Department is projecting the traditional caseload for both children and prenatal to exceed the FY 2003-04 enrollment levels of 41,786 and 101, respectively. However, increases in the per capita will continue to drive increasing expenditures for these clients from the Trust Fund. The forecasted increases in the children's, prenatal, and dental per capitas are increasing costs beyond the Tobacco Master Settlement funding, resulting in the forecasted shortfall in the Trust Fund. While the amount of Master Settlement funding varies based on payments received in the prior year, growth in the Tier 1 allocation averaged only 1.16% per year from FY 2005-06 to FY 2009-10, and is currently forecasted to show contractions of an average 7.78% per year in FY 2010-11 and FY 2011-12 (excluding the impacts of HB 07-1359 and SB 09-269). Per capita growth has been significantly higher than that in the Tier 1 allocations, with average annual from growth from FY 2005-06 through FY 2009-10 of 16.85% for children's medical, 7.34% for dental, and an average contraction of 3.68% for prenatal medical. FY 2010-11 and FY 2011-12 per capita costs are forecasted in this request to increase by an average of 5.24% for children's medical, -0.36% for dental, and 18.76% for prenatal medical.

Under the Patient Protection and Affordable Care Act of 2009, there is a Maintenance of Effort provision on CHP+ eligibility until September 31, 2019. As such, CHP+ resembles an entitlement program like Medicaid. If the funding were not appropriated to support the Trust Fund deficit, the entire CHP+ program would have to be eliminated. Additionally,

Colorado would no longer be eligible to receive the 23 percentage point increase in the CHP+ enhanced federal match effective October 1, 2015, which increases Colorado's federal match rate from 65% to 88%.

The Department is requesting appropriations of \$686,184 in FY 2010-11, \$13,796,996 in FY 2011-12 and \$15,760,341 in FY 2012-13, comprised entirely of General Fund. These General Fund appropriations are requested to address the insolvency of the Trust Fund and assume that all of the Department's requests are approved as submitted. Any changes to requests including costs or savings to the Trust Fund will result in a change to the General Fund need in this request.

CHIPRA Bonus Payment

Under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), federal funding was made available to states for performance bonuses to support the additional number of enrollees in Medicaid and CHP+ that states attract due to outreach and retention activities.

Bonus payments were made available beginning in federal fiscal year (FFY) 2009. For each year, bonuses will be paid by December 31 following the end of the federal fiscal year (e.g., FFY 2010 bonuses will be paid by December 31, 2010). Five of the eight policies must be in place for at least half of the federal fiscal year for a state to qualify to receive a bonus. The qualifying policies are shown in Table 1, along with Colorado's current status. The Department anticipates submission of a Medicaid State Plan Amendment in FY 2010-11 that will clarify that Colorado's Medicaid Health Insurance Buy-In program meets all of the requirements for the Premium Assistance Subsidy provisions set forth in CHIPRA. This State Plan Amendment will qualify Colorado to receive the CHIPRA bonus payment beginning in FFY 2011.

Once a state has qualified for the performance bonuses through the implementation of five out of the eight specified provisions, the state must exceed an enrollment target. The enrollment target will be set each year by applying the formula set out in CHIPRA to state enrollment data. Specifically, the Centers for Medicare and Medicaid Services will

calculate the target for each state, which is based on the state’s child enrollment in Medicaid in 2007 adjusted each year by the state’s child population growth and a standard enrollment growth factor that changes over time as specified in CHIPRA. The standard enrollment growth factor, which is the same for all states, is based on national projected caseload growth. Because of the recession, it is pegged at a fairly high rate. The rate starts at 4% but drops to 3.5%, 3%, and ultimately to 2%.

Table 1: 8 Enrollment and Retention Provisions

Provision	Description	Medicaid	CHP+
12-Month Continuous Eligibility under Title XIX and Title XXI *	Establishment of a 12-month continuous eligibility period for children under age 19 in the Medicaid and/or CHIP State Plans.		✓
Elimination of Asset Test under Title XIX and Title XXI*	The State has liberalized asset test requirements for determining eligibility of children for Medicaid or CHIP by either removing asset/resource tests or reducing the documentation requirements for eligibility.	✓	✓
Elimination of In-Person Interview under Title XIX and Title XXI*	The State has eliminated in-person interview requirements for applying for Medicaid or CHIP (with exception for circumstances that justify a face-to-face interview).	✓	✓
Joint Application	The State has established a joint application and verification process for initial enrollment into Medicaid or CHIP and renewals of enrollment.	✓	✓
Auto Renewal under Title XIX and Title XXI	The State’s Medicaid or CHIP program utilizes a renewal form with pre-printed eligibility information that is sent to the parent/caretaker relative of the child with notice that the child’s eligibility will be automatically renewed unless other information is provided to the State that affects the child’s continued eligibility.		
Presumptive Eligibility under Title XIX and Title XXI*	The State has implemented presumptive eligibility for children under the Medicaid and/or CHIP State Plans.	✓	✓
Express Lane under Title XIX and Title XXI*	The State is implementing the option to utilize express lane agencies under the Medicaid and CHIP State Plans.		
Premium Assistance Subsidy under Title XIX and Title XXI	The State has implemented the option of providing premium assistance subsidies under the Medicaid and/or CHIP State Plans.	**	✓
* Both Medicaid and CHIP must implement these provisions. ** Awaiting approval of a State Plan Amendment.			

The CHIPRA bonus payment is equal to a percentage of the state's share of the average per capita cost of a Medicaid child, applied to the number of Medicaid children that exceed the enrollment target. The percentage depends on how much enrollment exceeds the enrollment target. A state with enrollment between the target level and 110% of the target level (Tier 1 enrollment) would receive a bonus payment equal to 15% of the state's share of the average per capita cost of a Medicaid child, multiplied by the number of children above the target. The percentage would rise to 62.5% of the state's share of the average cost per child for enrollment above 110% of the target (Tier 2 enrollment).

The Department worked with Georgetown University Centre so an accurate bonus payment could be calculated. Georgetown used per capita costs from the November 1, 2010 request, adjusted to meet CMS requirements for the calculation. Based on estimates provided by the Georgetown University Center for Children and Families updated in July 2010, the Department would use \$26,667,400 in FY 2011-12 and \$29,371,641 in FY 2012-13 from the CHIPRA bonus payment to offset General Fund. The Department assumes that any bonus payment received above and beyond these amounts would be deposited into the Health Care Expansion Fund to help stabilize future solvency of the Fund.

Legislation would be required in order to deposit the funds received by the Department into the Health Care Expansion Fund.

Consequences if Not Funded:

If not funded, the Health Care Expansion Fund and Children's Basic Health Plan Trust Fund will not have enough money to support the expenditures currently forecasted for FY 2011-12 and FY 2012-13. This will result in the Department being in violation of the Patient Protection and Affordable Care Act of 2010 (PPACA) and the imposed Maintenance of Effort (MOE) provisions on Medicaid, as the funds would not be able to support the eligibility standards, methodologies, and procedures that were in effect under the State Plan as of the passage of PPACA on March 23, 2010. Also, as stated above, if the funding were not appropriated to support the Trust Fund deficit, the entire CHP+ program would have to be eliminated. Additionally, Colorado would no longer be eligible

to receive the 23 percentage point increase in the CHP+ enhanced federal match effective October 1, 2015, which would increase Colorado's federal match rate from 65% to 88%.

Calculations for Request:

Summary of Request FY 2010-11	Total Funds	General Fund	Cash Funds
Total Request	\$686,184	\$686,184	\$0
H.B. 97-1304 Children's Basic Health Plan Trust	\$686,184	\$686,184	\$0

Summary of Request FY 2011-12	Total Funds	General Fund	Cash Funds
Total Request	\$55,511,367	\$28,843,967	\$26,667,400
H.B. 97-1304 Children's Basic Health Plan Trust	\$13,796,996	\$13,796,996	\$0
Cash Fund Transfer	\$41,714,371	\$15,046,971	\$26,667,400

Summary of Request FY 2012-13	Total Funds	General Fund	Cash Funds
Total Request	\$106,158,252	\$76,786,611	\$29,371,641
H.B. 97-1304 Children's Basic Health Plan Trust	\$15,760,341	\$15,760,341	\$0
Cash Fund Transfer	\$90,397,911	\$61,026,270	\$29,371,641

Cash Funds Projections:

Not applicable.

Assumptions for Calculations:

The CHIPRA Enrollment and Retention Bonus amount, which is the cash funds the Department is requesting, is based on the statutory formula in CHIPRA. The tables on the following pages, 2a through 2c, display the assumptions behind the bonus payment, which included the enrollment level calculations and per capita calculations. As stated above in the CHIPRA Bonus Payment section, these estimates have been reviewed by the Georgetown University Center for Children and Families, and they are in agreement that they are accurate. Georgetown has also estimated the potential bonus payments for

several other states which are in the Tier 2 enrollment level for FFY 2010, and they are as follows:

- Ohio - \$39 million
- Nevada - \$14 million
- Washington - \$26 million

	FFY 2011	FFY 2012	FFY 2013
Baseline Enrollment	261,305	272,489	284,479
Estimated Child Population Growth Factor ¹	4.28%	4.40%	4.07%
Tier 1 Bonus Target Enrollment Estimate ²	272,489	284,479	296,057
Tier 2 Bonus Target Enrollment Estimate ³	299,738	312,927	325,663
Projected Enrollment	334,388	350,145	357,672
Projected Tier 1 Bonus Enrollment	27,249	28,448	29,606
Projected Tier 2 Bonus Enrollment	34,650	37,218	32,009

¹ Estimated Child population growth equals estimated population growth for age 0-18, plus 3.5% in FFY 2010 through FFY 2012, and 3.0% in FFY 2013 thereafter.

² Tier 1 Bonus target is the Baseline Enrollment increased by the Estimated Child Population Growth Factor.

³ Tier 2 Bonus target is 10% above the Tier 2 Bonus Enrollment target.

Source: Colorado Department of Health Care Policy and Financing FY2011-12 Budget Request, November 1, 2010.

	FFY 2011	FFY 2012	FFY 2013
Kaiser State Health Facts CO Child Medicaid Cost	\$2,071.78	\$2,133.93	\$2,197.95
Estimated Increase in National Health Expenditures	3.00%	3.00%	3.00%
State FMAP Rate	50.00%	50.00%	50.00%
Projected Tier 1 Per Capita Bonus ⁴	\$155.38	\$160.04	\$164.85
Projected Tier 2 Per Capita Bonus ⁵	\$647.43	\$666.85	\$686.86

⁴ Projected Tier 1 Bonus Per Capita is equal to the estimated base per capita cost for Medicaid children multiplied by the State's FMAP rate multiplied by 15%.

⁵ Projected Tier 1 Bonus Per Capita is equal to the estimated base per capita cost for Medicaid.

Table 2c: CHIPRA Bonus Payment Calculation			
	FFY 2011	FFY 2012	FFY 2013
Projected Tier 1 Bonus Enrollment	27,249	28,448	29,606
Projected Tier 1 Per Capita Bonus	\$155.38	\$160.04	\$164.85
Projected Tier 1 Bonus Payment	\$4,233,950	\$4,552,818	\$4,880,549
Projected Tier 2 Bonus Enrollment	34,650	37,218	32,009
Projected Tier 2 Per Capita Bonus	\$647.43	\$666.85	\$686.86
Projected Tier 2 Bonus Payment	\$22,433,450	\$24,818,823	\$21,985,702
Projected Total CHIPRA Bonus Payment	\$26,667,400	\$29,371,641	\$26,866,251

Impact on Other Government Agencies: None.

Cost Benefit Analysis: Not applicable.

Implementation Schedule: The implementation schedule for this request is unknown, as Colorado has not received such payments previously. Because the implementation of this request requires statutory change, the implementation schedule is also dependant upon passage of the required legislation.

Statutory and Federal Authority: 25.5-1-105, C.R.S. (2010) Transfer of functions

(4) The executive director, or a designee of the executive director, may accept, on behalf of and in the name of the state, gifts, donations, and grants for any purpose connected with the work and programs of the state department. Any property so given shall be held by the state treasurer, but the executive director, or the designee therefor, shall have the power to direct the disposition of any property so given for any purpose consistent with the terms and conditions under which such gift was created.

24-22-117, C.R.S. (2010) Tobacco tax cash fund – accounts – creation – legislative declaration – repeal

(2) (a) (I) The health care expansion fund to be administered by the department of health care policy and financing. The state treasurer and the controller shall transfer an amount equal to forty-six percent of the moneys deposited into the cash fund, plus forty-six percent of the interest and income earned on the deposit and investment of moneys in the cash fund, to the health care expansion fund; except that, for fiscal year 2004-05, the state treasurer and the state controller shall transfer an amount equal to forty-six percent of the moneys deposited into the cash fund less the amount of money sufficient to fund the reinstatement of medical assistance benefits for legal immigrants as provided for in House Bill 05-1086, enacted at the first regular session of the sixty-fifth general assembly, and except that, for the 2008-09, 2009-10, 2010-11, and 2011-12 fiscal years, the state treasurer and the controller shall transfer to the health care expansion fund only an amount equal to forty-six percent of the moneys deposited into the cash fund. All interest and income derived from the deposit and investment of moneys in the health care expansion fund shall be credited to the health care expansion fund; except that all interest and income derived from the deposit and investment of moneys in the health care expansion fund during the 2008-09, 2009-10, 2010-11, and 2011-12 fiscal years shall be credited to the general fund. Any unexpended and unencumbered moneys remaining in the health care expansion fund at the end of a fiscal year shall remain in the fund and shall not be credited or transferred to the general fund or any other fund.

II) Except as provided in subparagraphs (III) and (IV) of this paragraph (a), for fiscal year 2005-06 and each fiscal year thereafter, moneys in the health care expansion fund shall be annually appropriated by the general assembly to the department of health care policy and financing for the following purposes:

A) To increase eligibility in the children's basic health plan, article 8 of title 25.5, C.R.S., for children and pregnant women from one hundred eighty-five percent to two hundred percent of the federal poverty level;

(B) To remove the asset test under the medical assistance program, articles 4, 5, and 6 of title 25.5, C.R.S., for children and families;

(C) To expand the number of children that can be enrolled in the children's home- and community-based service waiver program, section 25.5-6-901, C.R.S., and the children's extensive support waiver program;

(D) To increase eligibility in the medical assistance program, articles 4, 5, and 6 of title 25.5, C.R.S., to at least sixty percent of the federal poverty level for a parent of a child who is eligible for the medical assistance program or the children's basic health plan, article 8 of title 25.5, C.R.S.;

(E) To fund medical assistance to legal immigrants pursuant to section 25.5-5-201, C.R.S.;

(F) To pay for enrollment increases above the average enrollment for state fiscal year 2003-04 in the children's basic health plan, article 8 of title 25.5, C.R.S.;

(G) To provide up to five hundred forty thousand dollars for cost-effective marketing to increase the enrollment of eligible children and pregnant women in the children's basic health plan, article 8 of title 25.5, C.R.S.;

(H) To provide presumptive eligibility to pregnant women under the medical assistance program, articles 4, 5, and 6 of title 25.5, C.R.S.; and

(I) To provide funding for extending medicaid eligibility for persons who are in the foster care system immediately prior to emancipation, as set forth in section 25.5-5-201 (1) (n), C.R.S.

(III) Moneys transferred to the health care expansion fund in fiscal year 2004-05, less the amount necessary for the administrative costs of the department of health care policy and financing to facilitate the program expansions specified in subparagraph (II) of this

paragraph (a), shall remain in the health care expansion fund as a reserve. Beginning in fiscal year 2005-06 and for each fiscal year thereafter, ten percent of the moneys transferred in each fiscal year to the health care expansion fund and any unexpended and unencumbered moneys remaining in the health care expansion fund at the end of a fiscal year shall remain in the fund and be added to the reserve until the first time the reserve balance is equal to the amount annually transferred to the health care expansion fund. Moneys in the health care expansion fund that are designated as reserve moneys, up to one-half of the amount annually transferred to the health care expansion fund, may be expended only if the appropriations necessary to sustain the populations specified in subparagraph (II) of this paragraph (a) exceed the annual transfer of moneys to the health care expansion fund.

Children's Health Insurance Program is established in federal law in the Social Security Act, Title XXI (42 U.S.C. 1397aa through 1397jj). SEC. 2101. [42 U.S.C. 1397aa] (a) PURPOSE-*The purpose of this title is to provide funds to States to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner that is coordinated with other sources of health benefits coverage for children. Such assistance shall be provided primarily for obtaining health benefits coverage...*

25.5-8-105 C.R.S. (2010) (1) *A fund to be known as the Children's Basic Health Plan Trust is hereby created... all monies deposited in the trust and all interest earned on the moneys in the Trust shall remain in the Trust for the purposes set forth...*

Performance Measures:

Not applicable.

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle												
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12				
Request Title:		Maximize Reimbursement for High Volume Medicaid and CICP Hospitals										
Department:		Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JTB</i>			Date: November 1, 2010 ^{10/22}				
Priority Number:		DI-7			OSPB Approval: <i>mu2</i>			Date: 10-27-10				
	Fund	1 Prior-Year Actual FY 2009-10	2 Appropriation FY 2010-11	3 Supplemental Request FY 2010-11	4 Total Revised Request FY 2010-11	5 Base Request FY 2011-12	6 Decision/ Base Reduction FY 2011-12	7 November 1 Request FY 2011-12 ^a	8 Budget Amendment FY 2011-12	9 Total Revised Request FY 2011-12	10 Change from Base (Column 5) FY 2012-13	
Total of All Line Items		Total	265,213,167	277,769,968	0	277,769,968	292,225,957	15,896,240	308,122,197	0	308,122,197	15,896,240
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	(707,378)	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0	0
	CF	120,383,109	124,368,097	0	124,368,097	131,596,092	7,948,120	139,544,212	0	139,544,212	7,948,120	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0	0
	FF	145,537,436	153,401,871	0	153,401,871	160,629,865	7,948,120	168,577,985	0	168,577,985	7,948,120	0
(4) Indigent Care Program; Safety Net Provider Payments		Total	265,213,167	277,769,968	0	277,769,968	292,225,957	15,896,240	308,122,197	0	308,122,197	15,896,240
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	(707,378)	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0	0
	CF	120,383,109	124,368,097	0	124,368,097	131,596,092	7,948,120	139,544,212	0	139,544,212	7,948,120	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0	0
	FF	145,537,436	153,401,871	0	153,401,871	160,629,865	7,948,120	168,577,985	0	168,577,985	7,948,120	0
Non-Line Item Request:		None										
Letternote Revised Text:		*OF this amount, \$129,318,312 shall be from the Hospital Provider Fee Cash Fund created in Section 25 5-4-402.3 (4), C.R.S., and \$2,277,780 shall be public funds certified as representing expenditures incurred by hospitals that are eligible for federal financial participation under the Medicaid upper payment limit program.										
Cash or Federal Fund Name and COFRS Fund Number:		The Cash Funds amount shall be from public funds certified as representing expenditures incurred by hospitals that are eligible for federal financial participation under the Medicaid upper payment limit program										
Reappropriated Funds Source, by Department and Line Item Name:		N/A										
Approval by OIT?		Yes: - No: - N/A: <input checked="" type="checkbox"/>										
Schedule 13s from Affected Departments:		N/A										

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	DI-7
Change Request Title:	Maximize Reimbursement for High Volume Medicaid and CICP Hospitals

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department requests an increase of \$15,896,240 total funds to the (4) Indigent Care Program, Safety Net Provider Payments line item beginning in FY 2011-12. The state share of funding would consist of certified public expenditures (CPE) eligible for a 50% Federal Financial Participation (FFP) rate. Uncompensated costs incurred by public hospitals can be considered the state funds necessary to draw down federal matching funds. The Department does not currently pay providers at cost, so there is additional room to reimburse providers that serve a high volume of Colorado Indigent Care Program (CICP), Medicaid, and uninsured clients under the Federal Upper Payment Limit (UPL). In order to fully utilize estimated federal reimbursement available under the UPL specific to the State's three High Volume Medicaid and CICP Hospitals, the Department would seek federal reauthorization of the CPE reimbursement methodology eliminated during implementation of HB 09-1293

General Description of Request:

The Department requests an increase of \$15,896,240 total funds to the (4) Indigent Care Program, Safety Net Provider Payments line item beginning in FY 2011-12. The state share of funding would consist of CPE eligible for a 50% FFP rate. Uncompensated costs

incurred by public hospitals can be considered the state funds necessary to draw down federal matching funds. The Department does not currently pay providers at cost, so there is additional room to reimburse providers that serve a high volume of Colorado Indigent Care Program (CICP), Medicaid, and uninsured clients under the Federal Upper Payment Limit (UPL). In order to fully utilize estimated federal reimbursement available under the UPL specific to the State's three High Volume Medicaid and CICP Hospitals, the Department would seek federal reauthorization of the CPE reimbursement methodology eliminated during implementation of HB 09-1293.

Prior to HB 09-1293, the Department used Certification of Public Expenditures (CPE) to partially reimburse Colorado Indigent Care Program (CICP) participating hospitals under the State Plan for uncompensated costs incurred in serving Medicaid and CICP clients. The intent of HB 09-1293 was to increase hospital reimbursement to 100% of CICP costs as well as Medicaid reimbursement through use of the fees, thus eliminating or greatly reducing uncompensated costs for services provided to Medicaid and CICP clients. Thus, CPE was replaced by Hospital Provider Fee as the state share used to draw the federal funds for CICP participating hospitals. As a result, the Department eliminated the CPE reimbursement methodology in the State Plan through the process of seeking federal approval of the Hospital Provider Fee. However, the CICP reimbursement rates approved by the Hospital Provider Fee Oversight and Advisory Board did not take reimbursement to 100% of costs, thus leaving some uncompensated costs for CICP clients. Likewise the additional Medicaid reimbursement funded by Hospital Provider Fee greatly reduced uncompensated costs, but cannot eliminate it for all hospitals. In addition, there was a large increase in the Medicare Upper Payment Limit (UPL) in FFY 2010, specifically at the three hospitals in this request as they serve a large number of indigent and Medicaid clients. These two factors have led the Department to request to reinstate the CPE reimbursement methodology for these high-volume providers to partially defray the uncompensated costs.

The Department will submit a State Plan Amendment to reinstitute the CPE methodology in September 2010. Given that the Department used this reimbursement methodology until FY 2009-10, the Department has every reason to believe that the State Plan

Amendment would be approved by the Centers for Medicare and Medicaid Services within FY 2010-11. However, the Department is requesting to begin making payments in FY 2011-12 due to the lag in the collection and validation of the data showing the uncompensated costs.

This request would allow High Volume Medicaid and CICP Hospitals to receive additional supplemental Medicaid payments for uncompensated costs associated with providing inpatient services to Medicaid and Colorado Indigent Care Program (CICP) clients. Denver Health, Memorial and University all qualify and meet the requirements to be a “High Volume Medicaid and CICP Hospital” due to the relative size of these hospitals, their locations, and consequently the number of uninsured and Medicaid patients seen and services provided. To meet this requirement a hospital must exhibit at least 35,000 Medicaid Days per year and provide over 30% of its total days to Medicaid and CICP clients. Additionally, a High Volume Medicaid and CICP Hospital must incur some uncompensated costs for at least 30% of their total days. From a financial standpoint, meeting these requirements entails the provision of a large amount of care that is either reimbursed at a relatively low rate or uncompensated. This request is intended to partially relieve some of this liability without additional burden on the State’s currently strained resources. Certified public expenditures would be utilized as the State portion and matched with federal funds.

Certification of uncompensated costs by the three public High Volume Medicaid and CICP Hospitals (Denver Health, Memorial Hospital in Colorado Springs, and University Hospital) would qualify as the State share of funding required to draw down federal matching funds for these Medicaid-eligible expenditures. Based on current Medicaid reimbursement levels and supplemental payments made through the hospital provider fee mechanism, the Department estimates that in FY 2011-12 there will be approximately \$15,896,240 remaining under the inpatient Upper Payment Limit (UPL) for these three providers. Due to anticipated timelines related to CMS approval of State Plan revisions, the Department assumes that reimbursement for uncompensated costs incurred in FY 2010-11 could not be paid out until FY 2011-12.

Under this proposal, the hospitals would certify that they had uncompensated costs totaling \$15,896,240 for dates of service between January 2010 and December 2010. This is the amount that would be certified and paid in FY 2011-12. Due to the lag between when hospitals incur uncompensated costs and when the Department is able to verify certification of those costs, there will always be a delay of 18 months between when the costs are incurred by the hospital and when the supplemental payment is made. The Department requires a cash fund appropriation in order to draw the matching federal fund. The federal funds are remitted to the participating hospitals as supplemental payments, and the cash fund portion remains uncompensated.

	FY 2011-12 Certification	FY 2011-12 Payment (50%)
Total Uncompensated Costs	\$15,896,240	\$7,948,120

The Department anticipates that this level of uncompensated costs will be able to be certified in FY 2012-13 and beyond for reimbursement at the same federal participation rate of 50%. Thus, the Department is requesting continuation funding.

	FY 2012-13 Certification	FY 2012-13 Payment (50%)
Total Uncompensated Costs	\$15,896,240	\$7,948,120

Consequences if Not Funded:

Were the request not to be funded, the State would forgo or delay an opportunity to increase reimbursement, at no cost to the State, for the three largest providers of health care to Colorado's Medicaid and CICP populations. If spending authority is not appropriated for FY 2011-12 and payments are deemed subject to the two-year timely filing federal rule, the Department will be unable to claim federal funds for which it would otherwise be eligible and the overall payments to these providers will be reduced. If the level of funding does not increase as provider costs increase, the ability of the hospitals to continue to provide quality services to Medicaid and low-income Colorado residents could be compromised.

Calculations for Request:

Summary of Request FY 2011-12	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
Total Request	\$15,896,240	\$0	\$7,948,120	\$0	\$7,948,120	0.0
(4) Indigent Care Program; Safety Net Provider Payments	\$15,896,240	\$0	\$7,948,120	\$0	\$7,948,120	0.0

Summary of Request FY 2012-13	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
Total Request	\$15,896,240	\$0	\$7,948,120	\$0	\$7,948,120	0.0
(4) Indigent Care Program; Safety Net Provider Payments	\$15,896,240	\$0	\$7,948,120	\$0	\$7,948,120	0.0

Cash Funds Projections:

Not Applicable. The source of state funds for this request would be the certification of public expenditures by the affected hospitals.

Assumptions for Calculations:

The Department assumes that the Hospital Provider Fee model authorized under HB 09-1293, and updated for Federal Fiscal Year (FFY) 2011 will be approved as written by the Hospital Provider Fee Oversight and Advisory Board, and in turn that the estimated amount of potential reimbursement under the UPL to these hospitals will be available.

Impact on Other Government Agencies:

None.

Cost Benefit Analysis:

The primary benefit associated with this request is that the State would be able to fully utilize federal reimbursement under the Upper Payment Limit specific to these hospitals, which is partially a function of uncompensated costs incurred by a given provider. By increasing reimbursement to three major providers of health care to Colorado’s Medicaid and CICP populations, the Department would increase the likelihood that the access to these services continues to be available by helping to ensure the financial viability of these providers. Additional workload would be minimal for the providers that would benefit from approval of this request. The Safety Net Programs section of the Department has a dedicated cost accountant who is responsible for calculating upper payment limits and other requirements related to the certification of public expenditures. Consequently, the Department would be able to re-implement the CPE methodology within existing resources.

Implementation Schedule:

Task	Month/Year
Internal Research/Planning Period	September 2010-November 2010
Submit State Plan Amendment	September 2010
Stakeholder Outreach	November 15, 2010
Anticipated Federal approval of State Plan Amendment	February 2011
Promulgate State Rules to the Medical Services Board	February 2011
Final Implementation/First Payment made	October 2011

Statutory and Federal Authority:

Were this request to be approved, the Department would have to seek federal reauthorization of sections of Colorado’s State Plan deleted when the Hospital Provider Fee replaced Certification of Public Expenditures as the primary reimbursement methodology under the Colorado Indigent Care Program.

42 CFR Section 433.51. Public Funds as the State Share of Financial Participation.
(a) Public funds may be considered as the State’s share in claiming FFP if they meet the conditions specified in paragraphs (b) and (c) of this section.

(b) The public funds are appropriated directly to the State or local Medicaid agency, or transferred from other public agencies (including Indian tribes) to the State or local agency and under its administrative control, or certified by the contributing public agency as representing expenditures eligible for FFP under this section.

(c) The public funds are not Federal funds, or are Federal funds authorized by Federal law to be used to match other Federal funds. (Code of Federal Regulations, 2005.)

25.5-3-108, C.R.S. (2010). Responsibility of the Department of Health Care Policy and Financing –provider reimbursement – repeal.

(1) The state department shall be responsible for:

(a) Execution of such contracts with providers for partial reimbursement of costs for medical services rendered to the medically indigent as the state department shall determine are necessary for the program;...

Performance Measures:

Approval of this request would contribute to the following Department Objective by contributing to the ability of three of the state’s largest providers of indigent care to remain financially viable, therefore ensuring continued access to care for Medicaid and uninsured populations:

- The Department will increase the number of individuals eligible and enrolled in its programs, improve health outcomes for all clients, and ensure that the health care the Department purchases are medically necessary, appropriate to the population, and cost-effective. Assure delivery of appropriate, high quality health care and expand and preserve health care services in the most cost-effective manner possible. Design programs that result in improved health status for clients served and improve health outcomes.

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title: Prenatal Plus Administration Transfer											
Department: Health Care Policy and Financing					Dept. Approval by: John Bartholomew			Date: November 1, 2010 <i>10/20</i>			
Priority Number: DI-8					OSPB Approval: <i>Pete</i>			Date: <i>10-21-10</i>			
	Fund	1 Prior-Year Actual FY 2009-10	2 Appropriation FY 2010-11	3 Supplemental Request FY 2010-11	4 Total Revised Request FY 2010-11	5 Base Request FY 2011-12	6 Decision/ Base Reduction FY 2011-12	7 November 1 Request FY 2011-12	8 Budget Amendment FY 2011-12	9 Total Revised Request FY 2011-12	10 Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	22 174 977	22 209 332	0	22 209 332	23 704 184	(1 557)	23 702 627	0	23 702 627	0
	FTE	275 4	294 8	0 0	294 8	311 6	0 9	312 5	0 0	312 5	0 9
	GF	8 623 859	8 353 987	0	8 353 987	8 470 892	(779)	8 470 113	0	8 470 113	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	1 298 469	1 772 650	0	1 772 650	2 336 641	0	2 336 641	0	2 336 641	0
	CFE/RF	1 198 271	537 864	0	537 864	470 299	0	470 299	0	470 299	0
FF	11 054 378	11 544 831	0	11 544 831	12 426 352	(778)	12 425 574	0	12 425 574	0	
(1) Executive Director's Office; (A) General Administration, Personal Services	Total	20 499 157	20 463 541	0	20 463 541	22 071 747	90 345	22 162 092	0	22 162 092	101 988
	FTE	275 4	294 8	0 0	294 8	311 6	0 9	312 5	0 0	312 5	0 9
	GF	7 927 142	7 614 607	0	7 614 607	7 748 954	44 421	7 794 375	0	7 794 375	50 243
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	1 172 469	1 652 353	0	1 652 353	2 254 578	0	2 254 578	0	2 254 578	0
	CFE/RF	1 187 672	524 403	0	524 403	456 838	0	456 838	0	456 838	0
FF	10 211 874	10 672 178	0	10 672 178	11 610 377	46 924	11 656 301	0	11 656 301	51 745	
(1) Executive Director's Office; (A) General Administration, Operating Expenses	Total	1 567 165	1 626 785	0	1 626 785	1 513 431	21 104	1 534 535	0	1 534 535	11 018
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	642 384	680 628	0	680 628	662 186	10 552	672 738	0	672 738	6 509
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	126 000	120 297	0	120 297	82 063	0	82 063	0	82 063	0
	CFE/RF	10 599	13 461	0	13 461	13 461	0	13 461	0	13 461	0
FF	788 172	812 399	0	812 399	755 721	10 552	766 273	0	766 273	5 509	

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12	<input checked="" type="checkbox"/>	Base Reduction Item FY 2011-12	<input type="checkbox"/>	Supplemental FY 2010-11	<input type="checkbox"/>	Budget Amendment FY 2011-12	<input type="checkbox"/>				
Request Title:	Prenatal Plus Administration Transfer										
Department:	Health Care Policy and Financing			Dept. Approval by:	John Bartholomew			Date:	November 1, 2010		
Priority Number:	DI-8			OSPB Approval:				Date:			
		1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
	Fund										
(1) Executive Director's Office; (B) Transfers to Other Departments, Transfer to Department of Public Health and Environment for Prenatal Plus Statistical Information (New Line Item)	Total	0	0	0	0	0	6,000	6,000	0	6,000	6,000
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	3,000	3,000	0	3,000	3,000
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	3,000	3,000	0	3,000	3,000
(1) Executive Director's Office; (B) Transfers to Other Departments, Transfer to Department of Public Health and Environment for Enhanced Prenatal Care Training and Technical Assistance	Total	108,665	119,006	0	119,006	119,006	(119,006)	0	0	0	(119,006)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	54,333	58,752	0	58,752	58,752	(58,752)	0	0	0	(58,752)
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	54,332	60,254	0	60,254	60,254	(60,254)	0	0	0	(60,254)
Non-Line Item Request:	None.										
Letternote Revised Text:	None.										
Cash or Federal Fund Name and COFRS Fund Number:				FF: Title XIX							
Reappropriated Funds Source, by Department and Line Item Name:											
Approval by OIT?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input checked="" type="checkbox"/>								
Schedule 13s from Affected Departments:	Department of Public Health and Environment										

Schedule 13
Change Request for FY 2011-12 Budget Request Cycle

Decision Item FY 2011-12 Base Reduction Item FY 2011-12 Supplemental FY 2010-11 Budget Amendment FY 2011-12

Request Title: Prenatal Plus Administration Transfer
 Department: Public Health and Environment With Health Care Policy and Financing
 Priority Number: DI # 3 (See HCPF DI # 8)

Dept. Approval by: *[Signature]* Date: 10/14/10
 OSPB Approval: *[Signature]* Date: 10-25-10

	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	18,815,757	22,949,448	0	22,949,448	24,417,902	(110,933)	24,306,969	0	24,306,969	(113,006)
	FTE	85.8	84.6	0.0	84.6	84.1	(0.9)	83.2	0.0	83.2	(0.9)
	GF	2,368,699	2,374,305	0	2,374,305	2,558,333	0	2,558,333	0	2,558,333	0
	CF	5,269,958	7,319,724	0	7,319,724	7,802,855	0	7,802,855	0	7,802,855	0
	CFE/RF	3,028,554	1,312,039	0	1,312,039	1,616,619	(110,933)	1,505,686	0	1,505,686	(113,006)
	FF	8,148,546	11,943,380	0	11,943,380	12,440,095	0	12,440,095	0	12,440,095	0
	MCF	250,214	476,822	0	476,822	556,101	(110,933)	445,168	0	445,168	(113,006)
	MGF	100,556	129,983	0	129,983	211,399	(54,716)	156,683	0	156,683	(48,754)
	NGF	2,469,255	2,504,288	0	2,504,288	2,769,732	(54,716)	2,715,016	0	2,715,016	(48,754)
(1) Administration and Support; (A)	Total	2,337,971	6,531,678	0	6,531,678	7,088,063	(8,919)	7,079,144	0	7,079,144	(8,919)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	460,272	511,770	0	511,770	588,613	0	588,613	0	588,613	0
	CF	1,318,190	2,250,677	0	2,250,677	2,463,310	0	2,463,310	0	2,463,310	0
	CFE/RF	559,509	640,921	0	640,921	810,775	(8,919)	801,856	0	801,856	(8,919)
	FF	0	3,128,310	0	3,128,310	3,225,365	0	3,225,365	0	3,225,365	0
	MCF	0	234,705	0	234,705	284,356	(8,919)	275,437	0	275,437	(8,919)
	MGF	0	50,123	0	50,123	100,884	(4,460)	96,424	0	96,424	(4,460)
	NGF	460,272	561,893	0	561,893	689,497	(4,460)	685,037	0	685,037	(4,460)
(1) Administration and Support; (A)	Total	67,762	116,631	0	116,631	139,328	(188)	139,140	0	139,140	(188)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	9,160	8,830	0	8,830	11,523	0	11,523	0	11,523	0
	CF	41,788	40,744	0	40,744	48,307	0	48,307	0	48,307	0
	CFE/RF	16,814	12,801	0	12,801	16,333	(188)	16,145	0	16,145	(188)
	FF	0	54,256	0	54,256	63,165	0	63,165	0	63,165	0
	MCF	5,886	4,942	0	4,942	5,651	(188)	5,463	0	5,463	(188)
	MGF	3,738	1,483	0	1,483	1,992	(94)	1,898	0	1,898	(94)
	NGF	12,898	10,313	0	10,313	13,515	(94)	13,421	0	13,421	(94)

Schedule 13
Change Request for FY 2011-12 Budget Request Cycle

Decision Item FY 2011-12 <input checked="" type="checkbox"/>	Base Reduction Item FY 2011-12 <input type="checkbox"/>	Supplemental FY 2010-11 <input type="checkbox"/>	Budget Amendment FY 2011-12 <input type="checkbox"/>
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Request Title: Prenatal Plus Administration Transfer
 Department: Public Health and Environment With Health Care Policy and Financing
 Priority Number: DI # 3 (See HCPF DI # 8)

Dept. Approval by: _____ Date: _____
 OSPB Approval: _____ Date: _____

	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
(1) Administration and Support; (A) Administration, S.B. 04-257 Amortization Equalization Disbursement	Total	872,322	1,824,646	0	1,824,646	2,204,048	(2,908)	2,201,140	0	2,201,140	(2,908)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	116,162	134,762	0	134,762	182,281	0	182,281	0	182,281	0
	CF	539,200	651,555	0	651,555	764,176	0	764,176	0	764,176	0
	CFE/RF	216,960	198,220	0	198,220	258,368	(2,908)	255,460	0	255,460	(2,908)
	FF	0	840,109	0	840,109	999,223	0	999,223	0	999,223	0
	MCF	88,196	76,513	0	76,513	89,391	(2,908)	86,483	0	86,483	(2,908)
	MGF	30,199	14,954	0	14,954	31,514	(1,454)	30,060	0	30,060	(1,454)
	NGF	146,361	149,716	0	149,716	213,795	(1,454)	212,341	0	212,341	(1,454)
(1) Administration and Support; (A) Administration, S.B. 06-253 Supplemental Amortization Equalization Disbursement	Total	543,934	1,329,452	0	1,329,452	1,771,110	(2,120)	1,768,990	0	1,768,990	(2,120)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	71,335	97,245	0	97,245	146,476	0	146,476	0	146,476	0
	CF	337,000	475,092	0	475,092	614,070	0	614,070	0	614,070	0
	CFE/RF	135,599	144,535	0	144,535	207,617	(2,120)	205,497	0	205,497	(2,120)
	FF	0	612,580	0	612,580	802,947	0	802,947	0	802,947	0
	MCF	47,467	55,791	0	55,791	71,832	(2,120)	69,712	0	69,712	(2,120)
	MGF	16,250	11,737	0	11,737	25,323	(1,060)	24,263	0	24,263	(1,060)
	NGF	87,585	108,982	0	108,982	171,799	(1,060)	170,739	0	170,739	(1,060)
(2) Center for Health and Environmental Information, (A) Health Statistics and Vital Records, Personal Services	Total	3,496,205	4,190,474	0	4,190,474	4,235,617	2,450	4,238,067	0	4,238,067	2,450
	FTE	53.1	68.9	0.0	68.9	68.4	0.0	68.4	0.0	68.4	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	CF	2,366,048	3,143,972	0	3,143,972	3,155,408	0	3,155,408	0	3,155,408	0
	CFE/RF	3,550	3,550	0	3,550	3,550	2,450	6,000	0	6,000	2,450
	FF	1,126,607	1,042,952	0	1,042,952	1,076,659	0	1,076,659	0	1,076,659	0
	MCF	3,550	3,550	0	3,550	3,550	2,450	6,000	0	6,000	2,450
	MGF	1,608	1,775	0	1,775	1,775	1,225	3,000	0	3,000	1,225
	NGF	1,608	1,775	0	1,775	1,775	1,225	3,000	0	3,000	1,225
(2) Center for Health and Environmental Information, (B) Information Technology Services, Personal Services	Total	2,454,482	279,515	0	279,515	282,230	(14,607)	267,623	0	267,623	(15,145)
	FTE	20.1	1.8	0.0	1.8	1.8	0.0	1.8	0.0	1.8	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	CF	160,855	72,028	0	72,028	71,928	0	71,928	0	71,928	0
	CFE/RF	2,006,152	202,338	0	202,338	210,302	(14,607)	195,695	0	195,695	(15,145)
	FF	287,475	5,149	0	5,149	0	0	0	0	0	0
	MCF	15,145	15,145	0	15,145	15,145	(14,607)	538	0	538	(15,145)
	MGF	6,860	7,573	0	7,573	7,573	(7,303)	270	0	270	(573)
	NGF	6,860	7,573	0	7,573	7,573	(7,303)	270	0	270	(573)

Schedule 13
Change Request for FY 2011-12 Budget Request Cycle

Decision Item FY 2011-12 Base Reduction Item FY 2011-12 Supplemental FY 2010-11 Budget Amendment FY 2011-12

Request Title: Prenatal Plus Administration Transfer
 Department: Public Health and Environment With Health Care Policy and Financing Dept. Approval by: _____ Date: _____
 Priority Number: DI # 3 (See HCPF DI # 8) OSPB Approval: _____ Date: _____

	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
(9) Prevention Services Division; (A) Prevention Programs; (1) Programs and Administration, Indirect Cost Assessment	Total	2,980,109	2,912,251	0	2,912,251	2,912,251	(1,502)	2,910,749	0	2,910,749	(1,502)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	CF	506,877	685,656	0	685,656	685,656	0	685,656	0	685,656	0
	CFE/RF	186	25,000	0	25,000	25,000	(1,502)	23,498	0	23,498	(1,502)
	FF	2,473,046	2,201,595	0	2,201,595	2,201,595	0	2,201,595	0	2,201,595	0
	MCF	186	1,502	0	1,502	1,502	(1,502)	0	0	0	(1,502)
	MGF	0	0	0	0	0	0	0	0	0	0
	NGF	0	0	0	0	0	0	0	0	0	0
(9) Prevention Services Division; (B) Women's Health - Family Planning, Personal Services	Total	1,251,739	1,185,085	0	1,185,085	1,205,539	(57,634)	1,147,905	0	1,147,905	(59,169)
	FTE	12.6	13.9	0.0	13.9	13.9	(0.9)	13.0	0.0	13.0	(0.9)
	GF	482,767	392,695	0	392,695	400,437	0	400,437	0	400,437	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	73,304	59,169	0	59,169	59,169	(57,634)	1,535	0	1,535	(59,169)
	FF	695,668	733,221	0	733,221	745,933	0	745,933	0	745,933	0
	MCF	73,304	59,169	0	59,169	59,169	(57,634)	1,535	0	1,535	(59,169)
	MGF	33,661	29,585	0	29,585	29,585	(28,817)	768	0	768	(29,585)
	NGF	516,428	422,280	0	422,280	430,022	(28,817)	401,205	0	401,205	(29,585)
(9) Prevention Services Division; (B) Women's Health - Family Planning, Purchase of Services	Total	4,811,233	4,579,716	0	4,579,716	4,579,716	(25,505)	4,554,211	0	4,554,211	(25,505)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	1,229,003	1,229,003	0	1,229,003	1,229,003	0	1,229,003	0	1,229,003	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	16,480	25,505	0	25,505	25,505	(25,505)	0	0	0	(25,505)
	FF	3,565,750	3,325,208	0	3,325,208	3,325,208	0	3,325,208	0	3,325,208	0
	MCF	16,480	25,505	0	25,505	25,505	(25,505)	0	0	0	(25,505)
	MGF	8,240	12,753	0	12,753	12,753	(12,753)	0	0	0	(12,753)
	NGF	1,237,243	1,241,756	0	1,241,756	1,241,756	(12,753)	1,229,003	0	1,229,003	(12,753)

Please note that this Schedule 13 reduces the amount of the transfer to account for the PERA and 2% Personal Services reduction requests.

Non-Line Item Request: None
 Letternote Revised Text for FY 2010-11: None
 Letternote Text Requested for FY 2011-12: None
 Cash or Federal Fund Name and COFRS Fund Number: None
 Reappropriated Funds Source, by Department and Line Item Name: Health Care Policy and Financing, (1) Executive Director's Office, ((B) Transfer to Other Departments, Transfer to Department of Public Health and Environment for Enhance Prenatal Care and Technical Assistance
 Approval by OIT? Yes: No: N/A:
 Schedule 13s from Affected Departments: Health Care Policy and Financing

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	DI-8 (See also CDPHE DI-3)
Change Request Title:	Prenatal Plus Administration Transfer

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

Both the Department of Health Care Policy and Financing (HCPF) and the Department of Public Health and Environment (CDPHE) request that administration of the Medicaid program known as Prenatal Plus be transferred from CDPHE to HCPF starting in FY 2011-12. This request results in a small savings of \$1,577 total funds for the Department due to the impact associated with the statewide non-prioritized 2.0% Across the Board Personal Services Reduction that is incorporated within this Decision Item – without the 2.0% reduction incorporated, this request would have a net zero impact for the Department.

General Description of Request:

HCPF and CDPHE request discontinuation of the Transfer to Department of Public Health and Environment for Enhanced Prenatal Care Training and Technical Assistance in the HCPF budget and discontinuation of the FTE at CDPHE. The funding and FTE would be reassigned to Personal Services and Operating Expenses in the HCPF appropriations. The exception would be creation of a new line item called Transfer to Department of Public Health and Environment for Prenatal Plus Statistical Information that would use \$6,000 to pay for data used to evaluate the effectiveness of the program

with data drawn by the Vital Records Section at CDPHE and prepared by the Health Statistics Section at CDPHE.

In FY 2010-11, HCPF provides \$119,006 total funds, before the 2% Personal Services Reduction, to CDPHE to administer a Medicaid only program for pregnant women who are at risk of delivering a low birth weight infant of five pounds and eight ounces or less at birth. This program provides counseling to the woman regarding her lifestyle, behavioral, and non-medical aspects of her life likely to affect her pregnancy. This approach complements the medical prenatal care that the woman also receives. The program is commonly known as Prenatal Plus, although the name in the HCPF budget for the administrative function of the program is Enhanced Prenatal Care Training and Technical Assistance.

The case management and medical expenses for these women are paid through the Medical Services Premiums line item in the HCPF budget. CDPHE receives funds from HCPF as Reappropriated Funds to administer the program through various providers. Beginning in FY 2011-12, this request would change the administrative funding so that \$113,006, reduced to \$111,449 after the Personal Services Reduction, would remain at HCPF and only \$6,000 would be transferred to CDPHE as Reappropriated Funds. But the amount would be restored to \$113,006 in FY 2012-13 after the Personal Services Reduction is annualized.

CDPHE has followed a model of direct oversight and close supervision of the various Prenatal Plus providers. The close supervision model has worked well for CDPHE, but the close supervision model is straining the limits of the funding available to CDPHE for this program. The two departments believe that HCPF can administer the program cost-effectively by using less direct supervision. HCPF manages most of the Medicaid programs through online instructions and by providing advice through telephone calls with the providers as needed. This has worked well for other Medicaid programs. Close range supervision is used by HCPF only when it becomes evident that a serious problem requires closer supervision.

Since all clients in the Prenatal Plus program are Medicaid clients, it is reasonable for HCPF to administer the program. The plans are for the current providers to continue to provide the counseling services to the women. On average, approximately 2,000 women participate in the Prenatal Plus program during a fiscal year, and this average number of clients has held steady for several years. Transitioning the administration of the program from CDPHE to HCPF would be the most efficient way to ensure that the program continues to meet the needs of the women who are at risk for delivering low birth weight infants.

At HCPF, the costs of the administration of Prenatal Plus would be incorporated into two budget line items. Those two line items are Personal Services and Operating Expenses. Personal Services costs would be \$90,345 total funds with \$44,422 General Fund in FY 2011-12 and \$101,988 total funds with \$50,243 General Fund in FY 2012-13. Personal Services would include salary, PERA, Medicare expenses, as well as Health, Life, and Dental Insurance and Short Term Disability Insurance as generally assigned. HCPF would use a General Professional IV class title and would seek staff with experience as a program manager/administer.

The Department is aware that CDPHE has included a reduction of \$1,557 related to the 2% statewide personal services reduction for FY 2011-12 in their corresponding request for the Prenatal Plus Administration Transfer. The Department requests that this reduction be taken out of its requested funding, as reflected in this request. In the event that this current request, DI-8, is not approved, the Department requests that this reduction be applied to its (1) Executive Director's Office; (B) Transfers to Other Departments, Transfer to Department of Public Health and Environment for Enhanced Prenatal Care Training and Technical Assistance line.

The Department is mindful of the limits on total FTE allocated to the entire Department. HCPF believes that managing the program will require more than 0.9 FTE. The Department will transfer the 0.9 FTE that is appropriated to CDPHE for the administration of the program. However, the Department will utilize vacancy savings in its FTE appropriation to cover additional duties related to the administration of the

program. Therefore, the Department will transfer funding consistent with 1.35 FTE into its personal services line item in FY 2011-12 and 1.40 FTE in FY 2012-13.

Operating Expenses would be \$21,104 total funds with \$10,552 General Fund in FY 2011-12 and \$11,018 total funds with \$5,509 General Fund in FY 2012-13. Operating Expenses would include the supplies, provision of computer hardware and software, office equipment of cubicle and chair, and basic telephone services that are standard items for all FTEs. However, the HCPF model also provides for statewide quarterly conference calls to reach all providers, and other operating costs which may include travel to provider sites, additional conference calls, and extra external assistance with program performance review and analysis. The Department believes that there may be additional operating costs associated with administration of the program, thus, the small amount of dollars listed as additional operating expenses.

Assistance from CDPHE would be needed by using information from the Vital Records database to obtain statistics on births as a method of tracking the effectiveness of the Prenatal Plus program under administration by HCPF. Program Managers at HCPF have determined, in consultation with CDPHE Health Statistics Section Director and staff that continued cooperation on this part of the Prenatal Plus program is in the best interests of both the clients and the state Departments. The Departments have also determined that information from the CDPHE statistical records can be provided to HCPF from CDPHE at a lower cost than was required to maintain a previously used program-specific database at CDPHE. Continuing to use data from CDHPE that has processes already in operation alleviates a need to recreate similar data elsewhere at HCPF. The CDPHE data costs would be \$6,000. This amount would be redirected from the previously used line item called Transfer to Department of Public Health and Environment for Enhanced Prenatal Care Training and Technical Assistance to a new line item in the HCPF appropriations to be called Transfer to Department of Public Health and Environment for Prenatal Plus Statistical Information.

Consequences if Not Funded:

If this request is not funded, there would be a danger that the Prenatal Plus program would have to be scaled back or the program might need to be discontinued altogether if a cost effective administration alternative could not be found. Because Prenatal Plus is a Medicaid program, it must serve all pregnant women referred to the program in order to continue to receive federal financial participation in Medicaid funding.

Calculations for Request:

Summary of Request FY 2011-12 - HCPF (After the 2% Personal Services Reduction)	Total Funds	General Fund	Federal Funds	FTE
Total Request	(\$1,557)	(\$779)	(\$778)	0.9
(1) Executive Director's Office, (B) Transfer to Other Departments, Transfer to Department of Public Health and Environment for Enhance Prenatal Care and Technical Assistance (after 2% Personal Services Reduction)	(\$119,006)	(\$58,752)	(\$60,254)	0.0
(1) Executive Director's Office, (A) General Administration, Personal Services	\$90,345	\$44,421	\$45,924	0.9
(1) Executive Director's Office, (A) General Administration, Operating Expenses	\$21,104	\$10,552	\$10,552	0.0
(1) Executive Director's Office, (B) Transfer to Other Departments, Transfer to Department of Public Health and Environment for Prenatal Plus Statistical Information (new line item)	\$6,000	\$3,000	\$3,000	0.0

Summary of Request FY 2011-12 – CDPHE Table A	Total Funds	Reappropriated Fund	FTE
Total Request	(\$110,933)	(\$110,933)	(0.9)
(1) Administration and Support; (A) Administration, Health, Life and Dental	(\$8,919)	(\$8,919)	0.0
(1) Administration and Support; (A) Administration, Short-term Disability	(\$188)	(\$188)	0.0
(1) Administration and Support; (A) Administration, S.B. 04-257 Amortization Equalization Disbursement	(\$2,908)	(\$2,908)	0.0
(1) Administration and Support; (A) Administration, S.B. 06-253 Supplemental Amortization Equalization Disbursement	(\$2,120)	(\$2,120)	0.0
(2) Center for Health and Environmental Information, (A) Health Statistics and Vital Records, Personal Services	\$2,450	\$2,450	0.0
(2) Center for Health and Environmental Information, (B) Information Technology Services, Personal Services	(\$14,607)	(\$14,607)	0.0
(9) Prevention Services Division; (A) Prevention Programs; (1) Programs and Administration, Indirect Cost Assessment	(\$1,502)	(\$1,502)	0.0
(9) Prevention Services Division, (B) Women's Health - Family Planning, Personal Services	(\$57,634)	(\$57,634)	(0.9)
(9) Prevention Services Division; (B) Women's Health - Family Planning, Purchase of Services	(\$25,505)	(\$25,505)	0.0

Impact of CDPHE PERA Adjustment and 2% Across the Board Personal Services Reduction not included in this Request, and reflected in HCPF NP-12 “CDPHE - Statewide PERA Adjustment”			
Summary of Request FY 2011-12 – CDPHE Table B (2% Personal Services Reduction and Statewide PERA Adjustment)	Total Funds	Reappropriated Funds	Row
One time Statewide PERA Adjustment related to (2) Center for Health and Environmental Information, (B) Information Technology Services, Personal Services ¹	(\$235)	(\$235)	A
One time 2% Across The Board Personal Services Reduction impact related to (2) Center for Health and Environmental Information, (B) Information Technology Services, Personal Services ²	(\$303)	(\$303)	B
Subtotal combined changes to (2) Center for Health and Environmental Information, (B) Information Technology Services, Personal Services	(\$538)	(\$538)	C (Row A+B)
One time Statewide PERA Adjustment related to (9) Prevention Services Division, (B) Women's Health - Family Planning, Personal Services ¹	(\$352)	(\$352)	D
One time 2% Across The Board Personal Services Reduction impact related to (9) Prevention Services Division, (B) Women's Health - Family Planning, Personal Services ²	(\$1,183)	(\$1,183)	E
Subtotal combined changes to (2) Center for Health and Environmental Information, (B) Information Technology Services, Personal Services	(\$1,535)	(\$1,535)	F (Row D+E)
Total combined changes due to 2% Personal Services Reduction and Statewide PERA Adjustment above	(\$2,073)	(\$2,073)	G (Row C+F)
Total CDPHE Request from Summary of Request FY 2011-12 – CDPHE Table A	(\$110,933)	(\$110,933)	H
Total including 2% Personal Services Reduction and Statewide PERA Adjustment	(\$113,006)	(\$113,006)	I (Row G+H)

1 - Statewide PERA Adjustments of (\$235) and (\$352) are included as part of HCPF NP-12 “CDPHE – Statewide PERA Adjustment”. Within that Change Request, the Department is absorbing an additional (\$57) for a total reduction of (\$644). The (\$57) is included as part of CDPHE NP-6 “Statewide PERA Adjustment”.

2 - 2% Across The Board Personal Services Reductions of (\$303) and (\$1,183) total (\$1,486). The Department is absorbing an additional (\$71) for a total reduction of (\$1,557). The (\$71) is included as part of CDPHE NP-2 “2% Personal Services Reduction”.

Summary of Net Request for Health Care Policy and Financing (HCPF) for FY 2011-12	Total Funds
Net Amount that CDPHE no longer receives (See Row H, page 8.9)	(\$110,933)
HCPF receives for Personal Services (See Table, page 8.12)	\$90,345
HCPF receives for Operating Expenses (See Table, page 8.12)	\$21,104
Combined Changes for 2% Personal Services Reduction and Statewide PERA Adjustment (See Row G, page 8.9)	(\$2,073)
Net HCPF Request (See HCPF Schedule 13 for DI-8)	(\$1,557)

Summary of Request FY 2012-13 - HCPF	Total Funds	General Fund	Federal Funds	FTE
Total Request	\$0	\$0	\$0	0.9
(1) Executive Director's Office, (B) Transfer to Other Departments, Transfer to Department of Public Health and Environment for Enhance Prenatal Care and Technical Assistance	(\$119,006)	(\$58,752)	(\$60,254)	0.0
(1) Executive Director's Office, (A) General Administration, Personal Services	\$101,988	\$50,243	\$51,745	0.9
(1) Executive Director's Office, (A) General Administration, Operating Expenses	\$11,018	\$5,509	\$5,509	0.0
(1) Executive Director's Office, (B) Transfer to Other Departments, Transfer to Department of Public Health and Environment for Prenatal Plus Statistical Information (new line item)	\$6,000	\$3,000	\$3,000	0.0

Summary of Request FY 2012-13 - CDPHE	Total Funds	Reappropriated Fund	FTE
Total Request	(\$113,006)	(\$113,006)	(0.9)
(1) Administration and Support; (A) Administration, Health, Life and Dental	(\$8,919)	(\$8,919)	0.0
(1) Administration and Support; (A) Administration, Short-term Disability	(\$188)	(\$188)	0.0
(1) Administration and Support; (A) Administration, S.B. 04-257 Amortization Equalization Disbursement	(\$2,908)	(\$2,908)	0.0
(1) Administration and Support; (A) Administration, S.B. 06-253 Supplemental Amortization Equalization Disbursement	(\$2,120)	(\$2,120)	0.0
(2) Center for Health and Environmental Information, (A) Health Statistics and Vital Records, Personal Services	\$2,450	\$2,450	0.0
(2) Center for Health and Environmental Information, (B) Information Technology Services, Personal Services	(\$15,145)	(\$15,145)	0.0
(9) Prevention Services Division; (A) Prevention Programs; (1) Programs and Administration, Indirect Cost Assessment	(\$1,502)	(\$1,502)	0.0
(9) Prevention Services Division, (B) Women's Health - Family Planning, Personal Services	(\$59,169)	(\$59,169)	(0.9)
(9) Prevention Services Division; (B) Women's Health - Family Planning, Purchase of Services	(\$25,505)	(\$25,505)	0.0

Note: The above table does not include the 2% Personal Services Reduction and the Statewide PERA Adjustment annualizations for FY 2012 -13.

FTE Requests and Other Associated Expenses for HCPF			
FTE and Operating Costs			
Fiscal Year(s) of Request		FY 11-12	FY 12-13
<i>PERSONAL SERVICES</i>	Title:	General Professional IV	
Number of PERSONS / class title		2	2
Number of months <u>working in</u> FY 10-11, & 11-12		12	12
Number months <u>paid in</u> FY 10-11, & 11-12		11	12
Calculated FTE per classification		1.24	1.40
Annual base salary		\$56,796	\$56,796
Salary		\$70,285	\$79,514
Departmental Federal Indirect Cost		\$1,502	\$1,502
Health, Life, and Dental Insurance		\$10,281	\$11,607
Short Term Disability Insurance (Salary X .00177 as HCPF Cost)		\$124	\$141
PERA	10.15%	\$7,134	\$8,071
Medicare	1.45%	\$1,019	\$1,153
Subtotal Personal Services at Division Level		\$90,345	\$101,988
<i>OPERATING EXPENSES</i>			
Supplies @ \$500/\$500 for 2 people	\$500	\$1,000	\$1,000
Computer @ \$900/\$0 for 2 people	\$900	\$1,800	\$0
Office Suite Software @ \$330/\$0 for 2 people	\$330	\$660	\$0
Office Equipment @ \$3,473/\$0 (includes cubicle and chair) for 2 people	\$3,473	\$6,946	\$0
Telephone Base @ \$450/\$450 for 2 people	\$450	\$900	\$900
Quarterly Conference Calls with 4 per each fiscal year		\$8,000	\$8,000
Other Additional Operating Expenses		\$1,798	\$1,118
Subtotal Operating Expenses		\$21,104	\$11,018
GRAND TOTAL ALL COSTS		\$111,449	\$113,006

Cash Funds Projections:

No cash funds are used in this request.

Assumptions for Calculations:

The Department of Health Care Policy and Financing assumes that:

- The federal financial participation rate is 50%. This rate is usual for most Medicaid administrative functions.
- Federal indirect costs use only federal funds with no State match. Federal indirect costs are based on previous experience of the federal indirect cost for the Prenatal Plus program administration.
- The program managers/administrators hired to fill the FTEs would be classed as General Professional IV.
- The 2% Personal Services Reduction will occur in FY 2011-12 but will not occur in FY 2012-13.
- Standard amounts would be reserved for PERA, Medicare expenses, Health, Life, and Dental Insurance, Short Term Disability Insurance, and any other additional expenses associated with the salary for the FTE.
- The Department has used the current best estimate for Health, Life, and Dental Insurance, as well as for Short Term Disability Insurance, but the Department is aware that these amounts may change slightly when Common Policies are determined by the Legislative Joint Budget Committee for FY 2011-12.
- Standard amounts, as listed on the FTE calculation spreadsheet, are used as part of the funding for the first fiscal year for ordinary operating expenses such as cubicles, furniture, computer hardware and software, and local telephone service.
- Departmental experience on statewide conference calls is based on the statewide calls related to development of the Hospital Provider Fee program at approximately \$2,000 per conference call for all listeners and multiplied by four to cover one conference call per quarter or four conference calls total during the fiscal year.

Impact on Other Government Agencies:

The Department of Public Health and Environment had previously received Reappropriated Funds from the Department of Health Care and Financing (HCPF) where the administrative funding originated in order to qualify for Medicaid federal funding as the single State agency to manage Medicaid funding. This request would transfer the

actual administration of Prenatal Plus to HCPF. However, a small amount of funding to cover CDPHE costs for providing Prenatal Plus statistical information to HCPF would still be needed by CDPHE. See also HCPF request NP-12 that corresponds to CDPHE request NP-6 for the Statewide PERA Adjustment that CDPHE has also included in their Prenatal Plus Administration Transfer request. Due to the timing of the Statewide PERA Adjustment decision, HCPF was not able to include the PERA adjustment in this request.

Summary of Changes in Funding for Department of Public Health and Environment (CDPHE) for FY 2011-12	
Changes	Reappropriated Funding
DPHE would no longer receive for administration of Prenatal Plus before 2% Reduction	(\$119,006)
DPHE would continue to receive for Prenatal Plus Statistical Information	\$6,000
2% Personal Services Reduction for FY 2011-12 for CDPHE	(\$1,557)
Transfer to HCPF for administration of Prenatal Plus from CDPHE	(\$111,449)
Net Change for DPHE	(\$113,006)

Summary of Changes in Funding for Department of Public Health and Environment (CDPHE) for FY 2012-13	
Changes	Reappropriated Funding
DPHE would no longer receive for administration of Prenatal Plus before 2% Reduction	(\$119,006)
DPHE would continue to receive for Prenatal Plus Statistical Information	\$6,000
Net Change for Transfer to HCPF for administration of Prenatal Plus from CDPHE	(\$113,006)

Cost Benefit Analysis:

Cost	Benefits
No additional funding, continue to use exactly the same amount as has been appropriated previously with adjustment for 2% Personal Services Reduction in FY 2011-12 only.	Administrative cost would remain within the appropriation funding limits.
	Relocates administration of Prenatal Plus to the State Medicaid agency because Prenatal Plus is a Medicaid only program.
	Would use cost effective communications methodologies of online instructions and conference call training sessions to provide efficient program administration.
	Allows stabilization of program for clients by making no major changes to program design, just administrative changes.

Implementation Schedule:

The FTE to manage/administer the Prenatal Plus program would be hired by July 1, 2011. Transition of the administration of the Prenatal Plus program would also begin July 1, 2011.

Statutory and Federal Authority:

25.5-5-309 (1), C.R.S. (2010) *The health care practitioner for each pregnant women who is enrolled for services pursuant to section 25.5-5-205 or who would be eligible for aid to families with dependent children pursuant to rules in effect on July 16, 1996, shall be encouraged to identify as soon as possible after such woman is determined to be pregnant whether such woman is at risk of a poor birth outcome due to substance abuse during the prenatal period and in need of special assistance in order to reduce such risk. If the health care practitioner makes such a determination regarding any pregnant woman, the health care practitioner shall be encouraged to refer such woman to any entity approved and licensed by the department of human services for the performance of a needs assessment. Any pregnant woman who is eligible for services pursuant to section 25.5-5-205 or who would be eligible for aid to families with dependent children pursuant to rules in effect on July 16, 1996, may refer herself for such a needs assessment.*

25.5-5-301 (3), C.R.S. (2010) *"Clinic services" also means preventive, therapeutic, or palliative items or services that are furnished to patients by county or regional health*

departments or local boards of health established pursuant to part 5 of article 1 of title 25, C.R.S., that are recommended for certification by the department of public health and environment as qualified to receive payments pursuant to this article and articles 4 and 6 of this title.

25-.5-5-302 (1), C.R.S. (2010) The state department shall utilize, to the extent possible and appropriate, county or regional health departments or local boards of health established pursuant to part 5 of article 1 of title 25, C.R.S., that are certified by the department of public health and environment as qualified to receive payments pursuant to this article and articles 4 and 6 of this title, and that meet the requirements and standards set forth in rules promulgated by the state board in the state department pursuant to section 25.5-4-104 to provide clinic services to patients who are children under age seven or patients who are pregnant women.

Performance Measures:

The Department has no specific performance measures related to administration of the Prenatal Plus program, but the Department believes that a well-managed and administered counseling and care coordination program for pregnant women will decrease the low birth weight rate for their infants, improve access to health care, increase better health outcomes for both the woman and the child as related to the concept of accountable care, and provide more cost effective services by achieving healthy births that will not result in serious long term health needs.

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title:		Client Overutilization Program Expansion			Dept. Approval by:			Date:			
Department:		Health Care Policy and Financing			John Bartholomew <i>JB</i>			November 1, 2010 <i>10/20</i>			
Priority Number:		BRI-1			OSPb Approval:			Date:			
					<i>John Bartholomew</i>			<i>10-21-10</i>			
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	2 900 589 951	3 141 411 896	0	3 141 411 896	3 133 105 031	71 300	3 133 176 331	0	3 133 176 331	(1 234 800)
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	768 284 614	706 740 725	0	706 740 725	1 085 968 152	(16 325)	1 085 951 827	0	1 085 951 827	(617 400)
	GFE	0	161 444 485	0	161 444 485	161 444 485	0	161 444 485	0	161 444 485	0
	CF	344 338 297	342 066 649	0	342 066 649	309 512 573	0	309 512 573	0	309 512 573	0
	CFE/RF	4 017 583	7 695 571	0	7 695 571	3 434 581	0	3 434 581	0	3 434 581	0
	FF	1 783 949 457	1 923 464 466	0	1 923 464 466	1 572 745 240	87 625	1 572 832 865	0	1 572 832 865	(617 400)
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	Total	22 767 387	34 553 769	0	34 553 769	31 825 489	207 900	32 033 389	0	32 033 389	0
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	5 348 546	6 134 303	0	6 134 303	6 147 926	51 975	6 199 901	0	6 199 901	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	642 364	2 433 429	0	2 433 429	1 766 770	0	1 766 770	0	1 766 770	0
	CFE/RF	100 328	100 328	0	100 328	100 328	0	100 328	0	100 328	0
	FF	16 676 149	25 885 709	0	25 885 709	23 810 465	155 925	23 966 390	0	23 966 390	0
(2) Medical Services Premiums	Total	2 877 822 564	3 106 858 127	0	3 106 858 127	3 101 279 542	(136 600)	3 101 142 942	0	3 101 142 942	(1 234 800)
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	762 936 068	700 606 422	0	700 606 422	1 079 820 226	(68 300)	1 079 751 926	0	1 079 751 926	(617 400)
	GFE	0	161 444 485	0	161 444 485	161 444 485	0	161 444 485	0	161 444 485	0
	CF	343 695 933	339 633 220	0	339 633 220	307 745 803	0	307 745 803	0	307 745 803	0
	CFE/RF	3 917 255	7 595 243	0	7 595 243	3 334 253	0	3 334 253	0	3 334 253	0
	FF	1 767 273 308	1 897 578 757	0	1 897 578 757	1 548 934 775	(68 300)	1 548 866 475	0	1 548 866 475	(617 400)
Non-Line Item Request:		None									
Letternote Revised Text:		None									
Cash or Federal Fund Name and COFRS Fund Number:		FF Title XIX									
Reappropriated Funds Source, by Department and Line Item Name:		None									
Approval by OIT?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input checked="" type="checkbox"/>									
Schedule 13s from Affected Departments:		N/A									

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	BRI-1
Change Request Title:	Client Overutilization Program Expansion

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department requests an increase of \$71,300 total funds and a reduction of \$16,325 General Fund in FY 2011-12 and a reduction of \$1,234,800 total funds, \$617,400 General Fund in FY 2012-13 in order to expand the Client Overutilization Program (COUP) by 200 additional clients. The Department would offer an incentive payment to physicians to participate in the program in order to ensure that there are an adequate number of providers to serve clients in the program.

General Description of Request:

The Client Overutilization Program is authorized by 42 CFR § 456.3 and § 431.54(e) to identify patterns of misuse and overuse of medical services by recipients and to implement safeguards against this behavior. Clients are locked in with one primary care physician (PCP), pharmacy, or managed care organization (MCO) when there is evidence that the client has improperly or excessively utilized Medicaid benefits that are not medically necessary. The Department identifies a client as one who overutilizes medical services when at least one of the following criteria is met in the span of a quarter:

1. Use of three or more drugs in the same therapeutic category;
2. Use of three or more pharmacies;

3. Use of sixteen or more prescriptions; or
4. Referral, review, or other analysis indicates possible overutilization, such as excessive physician and emergency department visits.

Although the Department has identified approximately 200 clients who meet these criteria, there are only twelve clients currently in the program. This is due in part to a lack of partnering physicians who are willing to serve as lock-in providers for potential COUP clients. Further, once clients are enrolled, it is difficult for the physicians and the Department to manage these clients as the Medicaid Management Information System (MMIS) is not set up to effectively notify providers of the clients enrolled in COUP or to allow for all necessary services to be provided to the clients to ensure they still receive quality care. This request aims to address both of these concerns in order to expand the program to those clients who are currently abusing Medicaid services and incurring avoidable costs. Historical data of the program in Colorado and a similar program in Oklahoma have shown that state expenditure on services for these clients is significantly reduced in response to the lock-in restrictions, creating a net savings from the implementation of the program expansion.

Provider Incentive Payment

The primary obstacle to placing 200 additional clients into the program is finding providers who are willing to serve lock-in clients. As a lock-in provider, the physician and any prescribing provider is wholly responsible for all of the client's care and prescribing needs, and the client is not able to be seen by any other physician or facility. Clients enrolled in COUP tend to be resource-intensive for the physician, creating a shortage of partnering providers.

Clients who meet the criteria for COUP demonstrate patterns of high-risk behavior such as excessive narcotic use enabled by having access to multiple Medicaid providers and the emergency room. The experience of the Department has shown that these clients are some of the most difficult to manage. Over the past several years, the Department has solicited multiple providers and clinics to participate in COUP as lock-in providers. While only two dozen providers have indicated a willingness to accept a lock-in client,

the Department has identified over 200 clients that immediately qualify for participation. A lock-in program survey conducted in Kansas revealed that while 83% of providers believed clients would benefit from one prescriber, only 20% were willing to serve in this capacity.

Due to the intensity of resources that will be required of participating providers, the Department proposes giving an incentive payment of \$30.00 per member per month to providers for any COUP-enrolled clients for whom they are the designated lock-in provider. This amount is within the range that the Department currently pays for care coordination, which varies between \$20.00 and \$32.40. The Department believes that a monthly fee at the upper range of its current programs will cover the resource costs for the extra time and attention required in managing these clients' medical services. The incentive payment will make it cost-effective for providers to treat lock-in clients, creating a larger pool of providers who are willing to participate. This will reduce the difference between potential COUP clients and providers willing to partner with them.

The Department assumes that it will enroll 50 clients per month starting in March of FY 2011-12 until 200 clients are enrolled in the program. The incentive payment will require \$15,000 total funds in FY 2011-12 for the first four months of implementation, and \$72,000 total funds in FY 2012-13 for a full year of implementation. The cost of the incentive payment is calculated in tables 1.2 and 2.2.

Automated Lock-In Process

Under the current process, the Department's claims system, the MMIS, uses its Managed Care Lock-In feature in order to restrict clients in the program to specified providers for health care services. The requirements for the Lock-In feature include:

- The client must be Medicaid-eligible with current eligibility and active enrollment status;

- An individual PCP must be assigned and be listed in the MMIS as a “Physician” or “Osteopath” provider type;¹
- The designated PCP provider must be active as well as accepting new clients;
- Only one PCP can be assigned;
- Only one pharmacy can be assigned;
- Multiple provider types can be locked in with a client at the same time as long as one of the providers is a PCP; and
- The client is required to be locked in for a period of at least 1 year. This first lock-in date span can be extended beyond 12 months if desired, and after the first lock-in year, subsequent lock-in spans can be of shorter duration.

These criteria are not adequate for ensuring that providers are notified as to which clients are enrolled in COUP and which providers are able to prescribe to them. In addition, it becomes necessary for the selected PCP, MCO, or the Department to designate other providers – such as specialists – to prescribe medication and for the client to move in and out of the program over the years. The MMIS will need to be edited in the following manner to resolve these issues:

- Allow any provider type to be locked in with a COUP client, e.g. PCP, MCO, Specialist, Nurse Practitioner (NP), Physician’s Assistant (PA), Federally Qualified Health Center (FQHC), Clinic, or Institution, and allow and prescribing provider under the assigned “parent” provider ID to treat the client;
- Recognize that a designated PCP is not required for the lock-in program;
- Enable certain drug therapeutic classes to be bypassed for lock-in clients in the event of an emergency treatment as prescribed by another provider;
- Allow date spans for clients enrolled in COUP to be flexible;
- Identify all providers with whom the client is locked in;

¹ Additional institutional provider types that can be designated as a PCP are Rural Health Clinic, Clinic, Federally Qualified Health Center (FQHC), and Indian Health Service. Although these provider types are designated as PCPs, this designation is not currently recognized with the lock-in process and their lock in entry for a client must be accompanied by an *individual* PCP (Physician or Osteopath). Physician or Osteopath providers may be specialists (family practice, internal medicine, etc.) but some restrictions apply; for example, Psychiatrists are not currently allowed to be locked in with a client.

- Provide notification to all providers that the client is enrolled in COUP, e.g. via eligibility verification in the State Portal;
- Provide the Prescription Drug Card System (PDCS) Pharmacy system with the ID of at least four (or more as necessary) prescribing providers through the current MMIS or PDCS interface; and
- Pay claims from these additional providers as long as the assigned provider is identified on the claim as the attending, rendering, referring, or supervising physician on a professional claim or as the billing or attending physician on an institutional claim.

By editing the MMIS in this way, there will be greater transparency in identifying which clients are enrolled in COUP and which providers are allowed to prescribe for them. It also enables clients to receive certain medications in case of emergency and to be locked in with the most appropriate provider, even if that provider is not a primary care physician or osteopath. Consequently, the program will be easier to manage and clients in the program will receive more appropriate care.

The Department's fiscal agent, Affiliated Computer Services, Inc., estimates that it will take 1,650 hours to complete the necessary changes to the MMIS at a rate of \$126.00 per hour. The one-time cost of this change will be \$207,900. Affiliated Computer Services, Inc. will begin working on the system changes on July 1, 2011. It will take eight months to complete the project, allowing the Department to begin enrolling new clients into the program on March 1, 2012. The cost of the system changes are calculated in table 1.3.

Savings Generated from Lock-In System

The Client Overutilization Program generates savings by decreasing excessive use of medical services and thereby reducing the expenditure for medically unnecessary claims. The program criteria primarily target the abuse of prescription medication, but also include inappropriate use of emergency room and/or physician services. Analyses of the Department's current program as well as of a similar lock-in program in Oklahoma provide evidence for the cost-saving efficacy of the program.

Analysis on the Department's current program is limited by the small sample size of clients who have been through the program. There are ten clients who are currently or have recently been through the program and have accumulated at least six months of data since the point in which they were enrolled. To estimate the savings that resulted from the program, the Department examined the amount of expenditure incurred on pharmaceutical claims during the six months before and after the point of lock-in for each of the ten clients. Expenditure decreased by 30.73% in the six months after lock in compared to the six months prior to lock in. The difference in means between the two periods was statistically different from zero at the 10% confidence level, despite the small sample size.

To check whether the decrease in expenditure experienced by the Department is valid, the Department researched the lock-in programs implemented by health care agencies in other states. Of the states researched, Oklahoma provided the most comprehensive study on the effect of its program on Medicaid expenditure for lock-in clients. The Oklahoma Health Care Authority released a report on the results of this analysis.² The study included 52 members who were enrolled in the SoonerCare Lock-In Program between January 1, 2006 and October 31, 2006. Regression analyses were performed to test whether the post lock-in average costs were statistically different from pre lock-in average costs. Their results reveal that pharmacy costs decreased by 22.21%, and pharmacy costs combined with emergency department costs decreased by 54.12%. Taken together, both the Colorado data and the Oklahoma study supports the conclusion that lock-in programs effectively curb state spending on those who are known to abuse the system.

To estimate the cost savings from expanding the program to 200 clients, the Department calculated the average expenditure on pharmaceuticals per month for the 200 clients identified by the Department as eligible for COUP and trended this value forward to account for inflation. This figure was multiplied by 30.73%, the percentage decrease in

² Keast, Shellie, Pharm.D., M.S. "Retrospective Analysis of Oklahoma SoonerCare Lock-In Program: Executive Summary Report." Prepared for the Oklahoma Health Care Authority, September, 2008.

pharmacy costs demonstrated by the current COUP clients, to arrive at average per client per month savings of \$505.33 in FY 2011-12 and \$544.50 in FY 2012-13. Total savings are estimated to be \$151,600 in FY 2011-12 and \$1,306,800 in FY 2012-13. Due to cash accounting, savings estimates are calculated under the assumption that there will be a one month lag between the time the expansion is implemented and the time savings are achieved. This gap incorporates the approximate time between a claim is incurred and the time that the claim is paid by the Department. The Department assumes it will enroll 50 clients per month until 200 clients are enrolled in the program. The savings are calculated in tables 1.1 and 2.1.

Consequences if Not Funded:

If this request is not funded, the Department will not realize a \$16,325 General Fund reduction in FY 2011-12 and a \$617,400 General Fund reduction in FY 2012-13. Without appropriate management, the Department will continue to pay for avoidable expenses for clients who are overutilizing services. Additionally, clients may be harming themselves by unrestrained use of prescription drugs.

Calculations for Request:

Summary of Request FY 2011-12	Total Funds	General Fund	Federal Funds	FTE
Total Request	\$71,300	(\$16,325)	\$87,625	0.0
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$207,900	\$51,975	\$155,925	0.0
(2) Medical Services Premiums	(\$136,600)	(\$68,300)	(\$68,300)	0.0

Summary of Request FY 2012-13	Total Funds	General Fund	Federal Funds	FTE
Total Request	(\$1,234,800)	(\$617,400)	(\$617,400)	0.0
(2) Medical Services Premiums	(\$1,234,800)	(\$617,400)	(\$617,400)	0.0

Table 1.1: Calculations of Client Over Utilization Program Expansion Savings on Pharmaceuticals

Row	Item	FY 2011-12	FY 2012-13	Description
A	Average Cost per Client per Year in FY 2008-09	\$15,776.07	\$15,776.07	Total pharmaceutical costs incurred by potential clients over FY 2008-09 divided by 200 potential clients.
B	Inflation Factor	7.75%	7.75%	Percentage increase in expenditure for prescription drugs from FY 2007-08 to FY 2008-09.
C	Estimated Average Cost per Client per Year	\$19,735.61	\$21,265.13	Formula to inflate average cost in FY 2008-09 by three years to FY 2011-12: Row A * (1+Row B) ³ Formula to inflate average cost in FY 2008-09 by four years to FY 2012-13: Row A * (1 + Row B) ⁴
D	Average Cost per Client per Month	\$1,644.63	\$1,772.09	Row C / 12
E	Average Percentage Cost Avoidance per Client	-30.73%	-30.73%	Average percentage decrease of current COUP clients from six months prior point of lock in to six months after point of lock in.
F	Average Cost Avoidance per Client per Month	(\$505.33)	(\$544.50)	Row D * Row E
G	Total Number of New Clients Enrolled in Program	200	200	Proposed number of expansion clients.
H	Total Cost Avoidance per Year ⁽¹⁾	(\$151,600)	(\$1,306,800)	FY 2011-12: Table 2.1 FY 2012-13: Row F * Row G * 12
(1) Due to staggered program enrollment, FY 2011-12 cost avoidance is calculated in Table 2.1.				

Table 1.2: Calculations of Client Over Utilization Program Incentive Payments				
Row	Item	FY 2011-12	FY 2012-13	Description
A	Incentive Payment per Client per Month	\$30.00	\$30.00	Proposed incentive payment amount.
B	Total Number of New Clients Enrolled in Program	200	200	Proposed number of expansion clients.
C	Total Costs of Incentive Payments per Year ⁽¹⁾	\$15,000	\$72,000	FY 2011-12: Table 2.2 FY 2012-13: Row A * Row B * 12
(1) Due to staggered program enrollment, FY 2011-12 incentive payment costs are calculated in Table 2.2.				

Table 1.3: Calculations of Client Over Utilization Program MMIS Changes				
Row	Item	FY 2011-12	FY 2012-13	Description
A	Cost per Hour for Changes to MMIS	\$126.00	\$126.00	Hourly rate paid to ACS to make MMIS changes.
B	Number of Hours Required for Changes to MMIS	1,650	0	Number of hours estimated by ACS to make all MMIS changes.
C	Total Cost for Changes to MMIS	\$207,900	\$0	Row A * Row B

Table 2.1: FY 2011-12 Estimated Savings by Month

Row	Month	Average Savings per Month ⁽¹⁾	Description
A	March 2012	\$0	Footnote 2
B	April 2012	(\$25,267)	Table 1.1.F * 50
C	May 2012	(\$50,533)	Table 1.1.F * 100
D	June 2012	(\$75,800)	Table 1.1.F * 150
E	FY 2011-12 Total	(\$151,600)	Row A + Row B + Row C + Row D

(1) Program start date is March 1, 2012. 50 clients per month will be enrolled until there are 200 additional clients in the program.

(2) Savings estimates are calculated under the assumption that there will be a constant one month lag between the time the expansion is implemented and the time savings are achieved.

Table 2.2: FY 2011-12 Estimated Total Costs of Incentive Payment by Month

Row	Month	Costs of Incentive Payment per Month ⁽¹⁾	Description
A	March 2012	\$1,500	Table 1.2.A * 50
B	April 2012	\$3,000	Table 1.2.A * 100
C	May 2012	\$4,500	Table 1.2.A * 150
D	June 2012	\$6,000	Table 1.2.A * 200
E	FY 2011-12 Total	\$15,000	Row A + Row B + Row C + Row D

(1) Program start date is March 1, 2012. 50 clients per month will be enrolled until there are 200 additional clients in the program.

Table 3: Calculation of COUP Expansion Fund Splits						
Row	Item	Total Funds	General Fund	Federal Funds	FMAP Rate	Description
	FY 2011-12					
A	Savings from Decreased Expenditure	(\$151,600)	(\$75,800)	(\$75,800)	50.00%	Table 1.1.H
B	Cost of Incentive Payment	\$15,000	\$7,500	\$7,500	50.00%	Table 1.2.E
C	MMIS System Change	\$207,900	\$51,975	\$155,925	75.00%	Table 1.3.E
D	Total	\$71,300	(\$16,325)	\$87,625		Row A + Row B + Row C
	FY 2012-13					
E	Savings from Decreased Expenditure	(\$1,306,800)	(\$653,400)	(\$653,400)	50.00%	Table 1.1.H
F	Cost of Incentive Payment	\$72,000	\$36,000	\$36,000	50.00%	Table 1.2.E
G	Total	(\$1,234,800)	(\$617,400)	(\$617,400)		Row E + Row F

Cash Funds Projections: Not applicable.

Assumptions for Calculations: Assumptions are noted in table descriptions and footnotes of the “Calculations for Request” section as well as in the narrative above.

Impact on Other Government Agencies: Not applicable.

Cost Benefit Analysis:

Cost Benefit Analysis	Costs	Benefits
FY 2011-12	The costs of this request include \$207,900 total funds and \$51,975 General Fund to make Medicaid Management Information System changes as well as \$15,000 total funds and \$7,500 General Fund to pay providers an incentive payment for each COUP-enrolled client with whom they agree to partner.	This request will allow the Department to place clients who are excessively using Medicaid benefits, such as prescription drugs, in a monitored program to ensure they are only receiving treatments that are medically necessary. The clients who are placed in this program will receive more appropriate care and attention based on their medical needs. The State will benefit by not paying for inappropriate or excessive claims incurred by these clients. The savings in FY 2011-12 is estimated to total \$16,325 General Fund.

Cost Benefit Analysis	Costs	Benefits
FY 2012-13	The cost of this request is \$72,000 total funds and \$36,000 General Fund to pay providers an incentive payment for each COUP-enrolled client with whom they agree to partner.	This request will allow the Department to place clients who are excessively using Medicaid benefits, such as prescription drugs, in a monitored program to ensure they are only receiving treatments that are medically necessary. The clients who are placed in this program will receive more appropriate care and attention based on their medical needs. The State will benefit by not paying for inappropriate or excessive claims incurred by these clients. The savings in FY 2012-13 is estimated to total \$1,234,800 total funds and \$617,400 General Fund.

Implementation Schedule:

Task	Month/Year
Internal Research/Planning Period	01/01/2011 to 6/30/2011
System Modifications Made	07/01/2011 to 02/29/2012
Start-Up Date	03/01/2012

Statutory and Federal Authority:

42 CFR § 456.3 *Statewide surveillance and utilization control program. The Medicaid agency must implement a statewide surveillance and utilization control program that -- (a) Safeguards against unnecessary or inappropriate use of Medicaid services and against excess payments; (b) Assesses the quality of those services; (c) Provides for the control of the utilization of all services provided under the plan in accordance with subpart B of this part; and (d) Provides for the control of the utilization of inpatient services in accordance with subparts C through I of this part.*

42 CFR § 431.54(e) *Lock-in of recipients who over-utilize Medicaid services. If a Medicaid agency finds that a recipient has utilized Medicaid services at a frequency or amount that is not medically necessary, as determined in accordance with utilization guidelines established by the State, the agency may restrict that recipient for a reasonable period of time to obtain Medicaid services from designated providers only. The agency may impose these restrictions only if the following conditions are met:(1) The agency gives the recipient notice and opportunity for a hearing (in accordance with procedures established by the agency) before imposing the restrictions.(2) The agency ensures that the recipient has reasonable access (taking into account geographic location and reasonable travel time) to Medicaid services of adequate quality.(3) The restrictions do not apply to emergency services furnished to the recipient.*

Performance Measures:

This request will assist the Department in meeting its performance measure to contain health care costs. The Client Overutilization Program is designed to eliminate costs on services that are medically unnecessary and are not being utilized for appropriate and quality care to Medicaid clients. By eliminating these costs, the State will save money that can be used more effectively in other areas.

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title:		Medicaid Fee-For-Service Payment Delay			Dept. Approval by: John Bartholomey			Date: November 1, 2010 10/20			
Department:		Health Care Policy and Financing			OSP Approval: <i>[Signature]</i>			Date: 10-26-10			
Priority Number:		BRI-2									
	Fund	1 Prior-Year Actual FY 2009-10	2 Appropriation FY 2010-11	3 Supplemental Request FY 2010-11	4 Total Revised Request FY 2010-11	5 Base Request FY 2011-12	6 Decision/ Base Reduction FY 2011-12	7 November 1 Request FY 2011-12	8 Budget Amendment FY 2011-12	9 Total Revised Request FY 2011-12	10 Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	3 302 132 177	3 524 536 778	0	3 524 536 778	3 521 004 578	(7 825 473)	3 513 179 105	0	3 513 179 105	(8 334 542)
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	909 785 865	841 979 176	0	841 979 176	1 264 822 910	(3 625 022)	1 261 197 788	0	1 261 197 788	(3 862 342)
	GFE	0	161 444 485	0	161 444 485	161 444 485	0	161 444 485	0	161 444 485	0
	CF	365 866 699	368 299 717	0	368 299 717	336 524 443	(299 733)	336 224 710	0	336 224 710	(317 691)
	CFE/RF	5 950 390	11 697 898	0	11 697 898	7 721 908	(3 324)	7 718 584	0	7 718 584	(3 397)
	FF	2 020 529 223	2 141 115 502	0	2 141 115 502	1 750 490 932	(3 897 394)	1 746 593 538	0	1 746 593 538	(4 151 112)
(2) Medical Services Premiums	Total	2 877 822 564	3 106 858 127	0	3 106 858 127	3 101 279 542	(7 374 369)	3 093 905 173	0	3 093 905 173	(7 866 779)
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	762 936 068	700 606 422	0	700 606 422	1 079 820 226	(3 460 953)	1 076 359 273	0	1 076 359 273	(3 693 107)
	GFE	0	161 444 485	0	161 444 485	161 444 485	0	161 444 485	0	161 444 485	0
	CF	343 695 933	339 633 220	0	339 633 220	307 745 803	(219 065)	307 526 738	0	307 526 738	(232 735)
	CFE/RF	3 917 255	7 595 243	0	7 595 243	3 334 253	0	3 334 253	0	3 334 253	0
	FF	1 767 273 308	1 897 578 757	0	1 897 578 757	1 548 934 775	(3 694 351)	1 545 240 424	0	1 545 240 424	(3 940 937)
(3) Medicaid Mental Health Community Programs; Medicaid Mental Health Fee for Services Payments	Total	2 587 662	2 965 758	0	2 965 758	2 965 758	(9 195)	2 956 563	0	2 956 563	(9 765)
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	993 452	1 139 148	0	1 139 148	1 482 878	(4 598)	1 478 280	0	1 478 280	(4 882)
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	1 594 210	1 826 610	0	1 826 610	1 482 880	(4 597)	1 478 283	0	1 478 283	(4 883)

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12	<input type="checkbox"/>	Base Reduction Item FY 2011-12	<input checked="" type="checkbox"/>	Supplemental FY 2010-11	<input type="checkbox"/>	Budget Amendment FY 2011-12	<input type="checkbox"/>				
Request Title:	Medicaid Fee-For-Service Payment Delay										
Department:	Health Care Policy and Financing			Dept. Approval by:	John Bartholomew			Date:	November 1, 2010		
Priority Number:	BRI-2			OSP Approval:				Date:			
		1	2	3	4	5	6	7	8	9	10
		Prior-Year		Supplemental	Total	Base	Decision/	November 1	Budget	Total	Change
	Fund	Actual	Appropriation	Request	Revised	Request	Base	Request	Amendment	Revised	from Base
		FY 2009-10	FY 2010-11	FY 2010-11	FY 2010-11	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	(Column 5)
											(Column 5)
(5) Other Medical Services; Services for Old Age Pension State Medical Program clients	Total	10,185,516	15,083,483	0	15,083,483	15,368,483	(45,021)	15,323,462	0	15,323,462	(47,412)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	10,185,516	12,848,483	0	12,848,483	12,848,483	(45,021)	12,803,462	0	12,803,462	(47,412)
	CFE/RF	0	2,235,000	0	2,235,000	2,520,000	0	2,520,000	0	2,520,000	0
	FF	0	0	0	0	0	0	0	0	0	0
(5) Other Medical Services; Public School Health Services	Total	25,597,360	29,537,394	0	29,537,394	29,537,782	(71,295)	29,466,487	0	29,466,487	(75,087)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	11,443,512	15,391,007	0	15,391,007	15,391,007	(35,647)	15,355,360	0	15,355,360	(37,544)
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	14,153,848	14,146,387	0	14,146,387	14,146,775	(35,648)	14,111,127	0	14,111,127	(37,543)
(6) Department of Human Services Medicaid-Funded Programs; (D) Division of Child Welfare - Medicaid Funding, Child Welfare Services	Total	13,070,654	14,293,272	0	14,293,272	14,328,538	6,252	14,334,790	0	14,334,790	6,132
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	5,028,740	5,490,045	0	5,490,045	7,164,270	3,126	7,167,396	0	7,167,396	3,066
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	8,041,914	8,803,227	0	8,803,227	7,164,268	3,126	7,167,394	0	7,167,394	3,066

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13												
Change Request for FY 2011-12 Budget Request Cycle												
Decision Item FY 2011-12	<input type="checkbox"/>	Base Reduction Item FY 2011-12			<input checked="" type="checkbox"/>	Supplemental FY 2010-11			<input type="checkbox"/>	Budget Amendment FY 2011-12		<input type="checkbox"/>
Request Title:	Medicaid Fee-For-Service Payment Delay											
Department:	Health Care Policy and Financing				Dept. Approval by:	John Bartholomew			Date:	November 1, 2010		
Priority Number:	BRI-2				OSPB Approval:				Date:			
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year		Supplemental	Total	Base	Decision/	November 1	Budget	Total	Change	
	Fund	Actual	Appropriation	Request	Revised	Request	Base	Request	Amendment	Revised	from Base	
		FY 2009-10	FY 2010-11	FY 2010-11	FY 2010-11	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	(Column 5)	
											FY 2012-13	
(6) Department of Human Services Medicaid-Funded Programs; (F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Mental Health Institutes	Total	3,942,309	2,916,208	0	2,916,208	2,916,208	(7,551)	2,908,657	0	2,908,657	(7,659)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	1,514,241	1,120,115	0	1,120,115	1,458,104	(3,775)	1,454,329	0	1,454,329	(3,830)	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE/RF	0	0	0	0	0	0	0	0	0	0	
	FF	2,428,068	1,796,093	0	1,796,093	1,458,104	(3,776)	1,454,328	0	1,454,328	(3,829)	
(6) Department of Human Services Medicaid-Funded Programs; (G) Services for People with Disabilities - Medicaid Funding, Community Services for People with Developmental Disabilities, Program Costs	Total	317,386,097	305,993,911	0	305,993,911	306,759,066	(239,127)	306,519,939	0	306,519,939	(246,948)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	121,716,080	117,481,180	0	117,481,180	152,840,386	(119,563)	152,720,823	0	152,720,823	(123,474)	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	541,738	427,007	0	427,007	539,150	0	539,150	0	539,150	0	
	CFE/RF	0	0	0	0	0	0	0	0	0	0	
	FF	195,128,279	188,085,724	0	188,085,724	153,379,530	(119,564)	153,259,966	0	153,259,966	(123,474)	
(6) Department of Human Services Medicaid-Funded Programs; (G) Services for People with Disabilities - Medicaid Funding, Regional Centers	Total	51,540,015	46,888,625	0	46,888,625	47,849,201	(85,167)	47,764,034	0	47,764,034	(87,024)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	17,597,284	16,142,266	0	16,142,266	22,056,946	(39,259)	22,017,687	0	22,017,687	(40,115)	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE/RF	2,033,135	1,867,655	0	1,867,655	1,867,655	(3,324)	1,864,331	0	1,864,331	(3,397)	
	FF	31,909,596	28,878,704	0	28,878,704	23,924,600	(42,584)	23,882,016	0	23,882,016	(43,512)	

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12	<input type="checkbox"/>	Base Reduction Item FY 2011-12	<input checked="" type="checkbox"/>	Supplemental FY 2010-11	<input type="checkbox"/>	Budget Amendment FY 2011-12	<input type="checkbox"/>				
Request Title:	Medicaid Fee-For-Service Payment Delay										
Department:	Health Care Policy and Financing			Dept. Approval by:	John Bartholomew		Date:	November 1, 2010			
Priority Number:	BRI-2			OSPB Approval:			Date:				
		1	2	3	4	5	6	7	8	9	10
		Prior-Year		Supplemental	Total	Base	Decision/ Base	November 1	Budget	Total	Change
		Actual	Appropriation	Request	Revised	Request	Reduction	Request	Amendment	Revised	from Base
	Fund	FY 2009-10	FY 2010-11	FY 2010-11	FY 2010-11	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12
Non-Line Item Request:	None.										
FY 2011-12 Letternote Revised Text:	<p>LBG 1: (a) This amount shall be transferred from the Department of Public Health and Environment.</p> <p>LBG 2: (b) Of this amount, \$171,670,149(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S., \$88,551,864(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., \$27,235,671(H) shall be from the Medicaid Nursing Facility Cash Fund created in Section 25.5-6-203 (2) (a), C.R.S., \$13,348,299 represents public funds certified as expenditures incurred by public hospitals and agencies that are eligible for federal financial participation under the Medicaid program, \$2,491,959 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (8) (a) (I), C.R.S., \$835,008(H) shall be from the Colorado Autism Treatment Fund created in Section 25.5-6-805 (1), C.R.S., \$237,500 shall be from the Coordinated Care for People with Disabilities Fund created in Section 25.5-6-111 (4), C.R.S., \$3,000,000(H) shall be from the Supplemental Old Age Pension Health and Medical Care Fund created in Section 25.5-2-101 (3), C.R.S. and \$156,288(H) shall be from the Home Health Telemedicine Cash Fund created in Section 25.5-2-101 (2), C.R.S.</p> <p>LBG 5: (a) Of this amount, \$12,803,462 shall be from the Old Age Pension Health and Medical Care Fund, pursuant to Section 7 (C) of Article 24 of the State Constitution, and \$2,520,000 shall be from the Supplemental Old Age Pension Health and Medical Care Fund created in Section 25.5-2-101 (2), C.R.S.</p> <p>LBG 5: (d) \$15,355,360 represents funds certified as expenditures incurred by school districts that are eligible for federal financial participation under Medicaid.</p> <p>LBG 6: (b) This amount shall be from the Service Fee Fund created in Section 25.5-6-204 (I) (c) (II), C.R.S.</p>										
Cash or Federal Fund Name and COFRS Fund Number:	CF: Health Care Expansion Fund (18K); Breast and Cervical Cancer Prevention and Treatment Fund (15D); Hospital Provider Fee Cash Fund (24A); Colorado Autism Treatment Fund (18A); Old Age Pension and Medical Care Fund (15K); FF: Title XIX.										
Reappropriated Funds Source, by Department and Line Item Name:	(9) Prevention Services Division; (E) Family and Community Health; (2) Child, Adolescent, and School Health, Nurse Home Visitor Program										
Approval by OIT?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input checked="" type="checkbox"/>								
Schedule 13s from Affected Departments:	Department of Human Services										

Schedule 13
Change Request for FY 2011-12 Budget Request Cycle

Decision Item FY 2011-12	Base Reduction Item FY 2011-12 <input checked="" type="checkbox"/>	Supplemental FY 2010-11	Budget Amendment FY 2011-12 <input type="checkbox"/>
Request Title: HCPF BRI-2 Medicaid Fee-For-Service Payment Delay		Dept. Approval by: <i>Will [Signature]</i>	
Department: Department of Human Services		OSP Approval: <i>John [Signature]</i>	
Priority Number: NP-2		Date: 10-26-10	
		Date: 10-27-10	

	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	725,412,387	719,695,674	0	719,695,674	722,781,481	(325,593)	722,455,888	0	722,455,888	(335,499)
	FTE	913.8	1850.1	0.0	1850.1	0.0	0.0	0.0	0.0	0.0	0.0
	GF	235,092,966	216,262,577	0	216,262,577	222,626,726	0	222,626,726	0	222,626,726	0
	CF	69,080,795	102,130,408	0	102,130,408	102,234,780	0	102,234,780	0	102,234,780	0
	RF	324,330,820	298,639,776	0	298,639,776	300,358,923	(325,593)	300,033,330	0	300,033,330	(335,499)
	FF	96,907,806	102,662,913	0	102,662,913	97,561,052	0	97,561,052	0	97,561,052	0
	MCF	321,373,060	296,017,533	0	296,017,533	297,736,680	(325,693)	297,410,987	0	297,410,987	(335,499)
	MGF	149,733,471	104,692,991	0	104,692,991	147,949,449	(159,471)	147,789,978	0	147,789,978	(164,353)
	NGF	384,826,437	320,955,568	0	320,955,568	370,576,175	(159,471)	370,416,704	0	370,416,704	(164,353)
(5) Division of Child Welfare, Child Welfare Services	Total	336,157,346	337,475,100	0	337,475,100	337,704,100	6,252	337,710,352	0	337,710,352	6,132
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	165,010,711	156,940,714	0	156,940,714	162,141,108	0	162,141,108	0	162,141,108	0
	CF	61,168,175	63,653,410	0	63,653,410	63,673,402	0	63,673,402	0	63,673,402	0
	RF	13,070,654	14,218,063	0	14,218,063	14,328,538	6,252	14,334,790	0	14,334,790	6,132
	FF	96,907,806	102,662,913	0	102,662,913	97,561,052	0	97,561,052	0	97,561,052	0
	MCF	13,070,654	14,218,063	0	14,218,063	14,328,538	6,252	14,334,790	0	14,334,790	6,132
	MGF	5,028,740	5,461,158	0	5,461,158	7,164,270	3,126	7,167,396	0	7,167,396	3,066
	NGF	170,039,451	162,401,872	0	162,401,872	169,305,378	3,126	169,308,504	0	169,308,504	3,066
(8) Mental Health and Alcohol and Drug Abuse Services, (C) Mental Health Institutes, Mental Health Institute-Pueblo	Total	77,266,483	68,827,749	0	68,827,749	69,986,982	(7,551)	69,979,431	0	69,979,431	(7,659)
	FTE	913.8	923.0	0.0	923.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	65,552,448	57,671,404	0	57,671,404	58,830,637	0	58,830,637	0	58,830,637	0
	CF	5,159,092	5,617,894	0	5,617,894	5,617,894	0	5,617,894	0	5,617,894	0
	RF	6,554,943	5,538,451	0	5,538,451	5,538,451	(7,551)	5,530,900	0	5,530,900	(7,659)
	FF	0	0	0	0	0	0	0	0	0	0
	MCF	3,597,183	2,916,208	0	2,916,208	2,916,208	(7,651)	2,908,557	0	2,908,557	(7,659)
	MGF	1,381,745	1,120,115	0	1,120,115	1,458,104	(3,775)	1,454,329	0	1,454,329	(3,830)
	NGF	66,934,193	58,791,519	0	58,791,519	60,288,741	(3,775)	60,284,966	0	60,284,966	(3,830)

Schedule 13
Change Request for FY 2011-12 Budget Request Cycle

Decision Item FY 2011-12		Base Reduction Item FY 2011-12		Supplemental FY 2010-11		Budget Amendment FY 2011-12					
Request Title: HCPF BRI-2 Medicaid Fee-For-Service Payment Delay		Department of Human Services		Dept. Approval by:		Date:					
Priority Number: NP-2		OSPB Approval:		Date:							
		1	2	3	4	5	6	7	8	9	10
	Fund	Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
(9) Services for People with Disabilities, (A)											
Total		255,829,750	269,004,046	0	269,004,046	269,741,044	(239,127)	269,501,917	0	269,501,917	(246,948)
Community Services for People with Developmental Disabilities, (2) Program Costs, Adult Comprehensive	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	1,550,603	1,650,459	0	1,650,459	1,654,981	0	1,654,981	0	1,654,981	0
	CF	0	30,798,715	0	30,798,715	30,883,095	0	30,883,095	0	30,883,095	0
	RF	254,279,147	236,554,872	0	236,554,872	237,202,968	(239,127)	236,963,841	0	236,963,841	(246,948)
	FF	0	0	0	0	0	0	0	0	0	0
Services for 66 General Fund and 4,221.0 Medicaid resources	MCF	254,279,147	236,554,872	0	236,554,872	237,202,968	(239,127)	236,963,841	0	236,963,841	(246,948)
	MGF	127,139,574	83,315,741	0	83,315,741	118,616,418	(119,563)	118,496,855	0	118,496,855	(123,474)
	NGF	128,690,177	84,966,200	0	84,966,200	120,271,399	(119,563)	120,151,836	0	120,151,836	(123,474)
(9) Services for People with Disabilities, (B)											
Total		56,158,808	44,388,779	0	44,388,779	45,349,355	(85,167)	45,264,188	0	45,264,188	(87,024)
Regional Centers for People with Developmental Disabilities, (1) Medicaid-funded Services, Personal Services	FTE	0.0	927.1	0.0	927.1	0.0	0.0	0.0	0.0	0.0	0.0
	GF	2,979,204	0	0	0	0	0	0	0	0	0
	CF	2,753,528	2,060,389	0	2,060,389	2,060,389	0	2,060,389	0	2,060,389	0
	RF	50,426,076	42,328,390	0	42,328,390	43,288,966	(85,167)	43,203,799	0	43,203,799	(87,024)
	FF	0	0	0	0	0	0	0	0	0	0
	MCF	50,426,076	42,328,390	0	42,328,390	43,288,966	(85,167)	43,203,799	0	43,203,799	(87,024)
	MGF	16,183,412	14,795,977	0	14,795,977	20,710,657	(39,259)	20,671,398	0	20,671,398	(40,115)
	NGF	19,162,616	14,795,977	0	14,795,977	20,710,657	(39,259)	20,671,398	0	20,671,398	(40,115)

**Schedule 13
Change Request for FY 2011-12 Budget Request Cycle**

Decision Item FY 2011-12 Base Reduction Item FY 2011-12 Supplemental FY 2010-11 Budget Amendment FY 2011-12

Request Title: HCPF BRI-2 Medicaid Fee-For-Service Payment Delay
 Department: Department of Human Services Dept. Approval by: _____ Date: _____
 Priority Number: NP-2 OSPB Approval: _____ Date: _____

		1	2	3	4	5	6	7	8	9	10
	Fund	Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13

Non-Line Item Request: None
 Letternote Revised Text for FY 2010-11:

None
 (8) Mental Health and Alcohol and Drug Abuse Services, (C) Mental Health Institutes, Mental Health Institute-Pueblo
^b Of this amount, ~~\$4,314,176~~ \$4,306,625 shall be from patient revenues, \$1,459,390 shall be transferred from the Department of Corrections (including \$400,493 for services for the La Vista Facility), \$548,765 shall be transferred from the Division of Youth Corrections for services for the Sol Vista Facility, \$213,787 shall be transferred from the Department of Education, and \$12,000 shall be transferred from Regional Centers. For informational purposes only, of the patient revenues, ~~\$2,916,208~~ \$2,908,657 is estimated to be from Medicaid funds transferred from the Department of Health Care Policy and Financing, \$943,228 is estimated to be Medicaid revenue earned from behavioral health organizations through Mental Health Community Capitation, \$196,355 is estimated to be transferred from the Division of Youth Corrections for services provided by the therapeutic residential child care facility at the Colorado Mental Health Institute at Fort Logan, and \$258,385 is estimated to be transferred from Medicaid funding from the Department of Health Care Policy and Financing to Child Welfare Services for mental health treatment at the therapeutic residential child care facility at the Colorado Mental Health Institute at Fort Logan.
 (9) Services for People with Disabilities, (A) Community Services for People with Developmental Disabilities, (2) Program Costs, Adult Comprehensive Services for 66 General Fund and 4,221.0 Medicaid resources
^b Of this amount ~~\$305,993,944~~ \$305,754,784 shall be from Medicaid funds transferred from the Department of Health Care Policy and Financing, and \$481,488 shall be transferred from the Division of Vocational Rehabilitation. These amounts reflect the assumption that \$2,432,000 shall be received by community providers from consumers associated with post eligibility treatment of income assessments.

Cash or Federal Fund Name and COFRS Fund Number: 100
 Reappropriated Funds Source, by Department and Line Item Name: Medicaid from the Health Care Policy and Financing
 Approval by OIT? Yes: No: N/A:
 Schedule 13s from Affected Departments: Health Care Policy and Financing

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	BRI-2
Change Request Title:	Medicaid Fee-For-Service Payment Delay

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department requests a reduction of \$7,825,473 total funds and \$3,625,022 General Fund in FY 2011-12; and a reduction of \$8,334,542 total funds and \$3,862,342 General Fund in FY 2012-13. To achieve these savings, the Department proposes to implement a permanent three week delay before paying fee-for-service claims. This request also includes the repayment of the FY 2010-11 three-week delay proposed in the Department's request ES-2, "Fee-for-Service Delay in FY 2010-11".

General Description of Request:

At the end of FY 2009-10, the Department was directed to delay the final two weeks of Medicaid fee-for-service payments processed through the Department's claims processing system, the Medicaid Management Information System (MMIS). This resulted in a savings in FY 2009-10 of \$79,348,709 total funds and \$28,115,256 General Fund. These payments were then processed in July of the new fiscal year, FY 2010-11.

For FY 2010-11 budget balancing on October 22, 2010, the Department submitted ES-2, "Fee-For-Service Delays in FY 2010-11". In that request, the Department requested: a) to account for the July 2010 payment of the previously delayed payments that occurred at

the end of FY 2009-10, b) to delay three weeks of fee-for-service payments from June 2011. The Department's full calculations for ES-2 are included in this request, as ES-2, if approved, will have a FY 2011-12 impact. This request has no additional FY 2010-11 impact beyond what was submitted on October 20, 2010. The tables are located in the Appendix, and are prefixed with "B".

This request accounts for July 2011 payment of what would be three weeks of delayed fee-for-service payments at the end of FY 2010-11 as described in ES-2. Additionally it proposes to continue the three week delay in FY 2011-12 and indefinitely into the future.

The bulk of savings occur in FY 2010-11, since they are one-time savings from delaying payments, but incremental savings occur in subsequent years. The Department estimates that this initiative would result in a net reduction of \$7,825,473 total funds and \$3,625,022 General Fund in FY 2011-12; and a reduction of \$8,334,542 total funds and \$3,862,342 General Fund in FY 2012-13.

FY 2011-12 Fee-For-Service Impacts

The Department requests a net reduction of \$7,825,473 total funds and \$3,625,022 General Fund in FY 2011-12 due to a combination of delaying three weeks of FY 2011-12 payments as well as paying for three weeks of payments that would be delayed at the end of FY 2010-11.¹ The 'C' tables in the appendix describe the request for FY 2011-12.

The net savings is the result of two factors. First, the average weekly expenditure that is being delayed at the end of FY 2011-12 is estimated to be greater than the average weekly expenditure from FY 2010-11 due to increases in per capita costs as well as increasing Medicaid caseload. Second, the Department believes that the FY 2009-10 delay payment experience demonstrates that providers who were aware of the payment delay may have taken steps to expedite claims billing ahead of the delay. For example, in Medical Services Premiums, payments for services in the first three weeks of June 2010

¹ The Department requested a three-week payment delay for FY 2010-11 in request ES-2, "Fee-for-Service Delays for FY 2010-11". Because budget balancing requests were for FY 2010-11 only, the FY 2011-12 impact of ES-2 is included in this request. If ES-2 is not approved, the FY 2011-12 totals in this request would need to be adjusted. See tables C.6 – C.10 for estimates of FY 2011-12 that do not incorporate any payback for FY 2010-11.

were \$22.7 million higher than the first three weeks of May 2010; the request adjusts estimates for the three week delay in FY 2011-12 to anticipate a reduced ability to bill ahead of the delay due to there being one less week in June in which to bill. Calculations for this adjustment can be found in Table F.

FY 2012-13 Fee-For-Service Impacts

The Department requests a reduction of \$8,334,542 total funds and \$3,862,342 General Fund in FY 2012-13 due to a combination of delaying three weeks of FY 2012-13 payments as well as paying for three weeks of payments that would be delayed at the end of FY 2011-12. The 'D' tables demonstrate the impact of the request on FY 2012-13.

As is the case with FY 2011-12, FY 2012-13 would have a 52 week payment year; this is a result of subtracting out three weeks worth of payments for the FY 2012-13 delay while adding in three weeks worth of payments due to the FY 2011-12 delay. The additional savings are wholly a result of the weeks delayed at the end of FY 2012-13 being more expensive than the weeks from FY 2011-12 that are being paid.

This FY 2010-11 request will be adjusted for November 2010 caseload via a January 3, 2011 supplemental.

Consequences if Not Funded:

If this request is not funded, the Department will fail to realize the reduction of \$7,825,473 total funds and \$3,625,022 General Fund in FY 2011-12, as well as a reduction of \$8,334,542 total funds and \$3,862,342 General Fund in FY 2012-13. Other reductions to state programs would be required to balance the budget.

Calculations for Request:

Summary of Request FY 2011-12	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$7,825,473)	(\$3,625,022)	(\$299,733)	(\$3,324)	(\$3,897,394)
(1) Executive Director's Office; (B) Transfers to Other Departments, Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0
(2) Medical Services Premiums	(\$7,374,369)	(\$3,460,953)	(\$219,065)	\$0	(\$3,694,351)
(3) Medicaid Mental Health Community Programs; (B) Other Medicaid Mental Health Payment; Medicaid Mental Health Fee for Service Payments	(\$9,195)	(\$4,598)	\$0	\$0	(\$4,597)
(5) Other Medical Services; Services for Old Age Pension State Medical Program Clients	(\$45,021)	\$0	(\$45,021)	\$0	\$0
(5) Other Medical Services; Public School Health Services	(\$71,295)	\$0	(\$35,647)	\$0	(\$35,648)
(6) Department of Human Services, Medicaid Funded Programs; (D) Division of Child Welfare - Medicaid Funding, Child Welfare Services	\$6,252	\$3,126	\$0	\$0	\$3,126
(6) Department of Human Services, Medicaid Funded Programs; (F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Mental Health Institutes	(\$7,551)	(\$3,775)	\$0	\$0	(\$3,776)

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Summary of Request FY 2011-12	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
(6) Department of Human Services, Medicaid Funded Programs; (G) Services for People with Disabilities - Medicaid Funding, Community Services for People with Developmental Disabilities Program Costs	(\$239,127)	(\$119,563)	\$0	\$0	(\$119,564)
(6) Department of Human Services, Medicaid Funded Programs; (G) Services for People with Disabilities - Medicaid Funding, Regional Centers	(\$85,167)	(\$39,259)	\$0	(\$3,324)	(\$42,584)

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Summary of Request FY 2012-13	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$8,334,542)	(\$3,862,342)	(\$317,691)	(\$3,397)	(\$4,151,112)
(1) Executive Director's Office; (B) Transfers to Other Departments, Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0
(2) Medical Services Premiums	(\$7,866,779)	(\$3,693,107)	(\$232,735)	\$0	(\$3,940,937)
(3) Medicaid Mental Health Community Programs; (B) Other Medicaid Mental Health Payment; Medicaid Mental Health Fee for Service Payments	(\$9,765)	(\$4,882)	\$0	\$0	(\$4,883)
(5) Other Medical Services; Services for Old Age Pension State Medical Program Clients	(\$47,412)	\$0	(\$47,412)	\$0	\$0
(5) Other Medical Services; Public School Health Services	(\$75,087)	\$0	(\$37,544)	\$0	(\$37,543)
(6) Department of Human Services, Medicaid Funded Programs; (D) Division of Child Welfare - Medicaid Funding, Child Welfare Services	\$6,132	\$3,066	\$0	\$0	\$3,066
(6) Department of Human Services, Medicaid Funded Programs; (F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Mental Health Institutes	(\$7,659)	(\$3,830)	\$0	\$0	(\$3,829)
(6) Department of Human Services, Medicaid Funded Programs; (G) Services for People with Disabilities - Medicaid Funding, Community Services for People with Developmental Disabilities Program Costs	(\$246,948)	(\$123,474)	\$0	\$0	(\$123,474)

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Summary of Request FY 2012-13	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
(6) Department of Human Services, Medicaid Funded Programs; (G) Services for People with Disabilities - Medicaid Funding, Regional Centers	(\$87,024)	(\$40,115)	\$0	(\$3,397)	(\$43,512)

Cash Funds Projections:

Cash Fund Name	Cash Fund Number	FY 2009-10 Expenditures	FY 2009-10 End of Year Cash Balance	FY 2010-11 End of Year Cash Balance Estimate	FY 2011-12 End of Year Cash Balance Estimate	FY 2012-13 End of Year Cash Balance Estimate
Health Care Expansion Fund	18K	\$111,444,298	\$79,234,953	\$35,822,131	\$753,168	\$10,456,327
Hospital Provider Fee Cash Fund	24A	\$298,055,638	\$5,714,436	\$5,714,436	\$5,714,436	\$5,714,436
Breast and Cervical Cancer Prevention and Treatment Fund	15D	\$2,201,761	\$9,036,534	\$7,981,503	\$6,472,606	\$5,458,052
Supplemental Old Age Pension Health and Medical Care Fund	15K	\$6,000,000	\$4,612,087	\$2,181,585	\$1,604,829	\$3,984,546
Colorado Autism Treatment Fund	18A	\$654,083	\$1,585,692	\$642,578	\$847,623	\$848,148

Assumptions for Calculations:

Summary information and calculations, including fund splits, are contained in the Appendix. The tables and calculations for this request also include FY 2010-11 calculations associated with the request ES-2, "Fee-for-Service Delays for FY 2010-11." Although this request does not have any FY 2010-11 budget impact, the net reduction from payment delays requested for FY 2011-12 and FY 2012-13 are dependent on the calculations from FY 2010-11. Therefore, in order to provide a complete presentation of the associated costs and savings from payment delays, the Department includes the calculation of all the FY 2010-11 components.

The Department's calculations are located in the following tables:

Item	Location
Total and General Fund Summary by Long Bill Group	Tables A.1-3
FY 2010-11 Delay Summary without Payback of FY 2009-10	Table A.4
FY 2010-11 Request by Service Category and Fund Source	Tables B.1-5
FY 2010-11 Delay without Previous Year Payback by Fund Source	Tables B.6-10
FY 2010-11 Calculation of Previous Year Payback by Fund Source	Tables B.11-15
FY 2011-12 Request by Service Category and Fund Source	Tables C.1-5
FY 2011-12 Delay without Previous Year Payback by Fund Source	Tables C.6-10
FY 2012-13 Request by Service Category and Fund Source	Tables D.1-5
FY 2012-13 Delay without Previous Year Payback by Fund Source	Tables D.6-10
FY 2009-10 Delay by Fund Source and Long Bill Group	Table E.1
FY 2009-10 Delay by Fund Source and Service Category	Tables E.2-5
Cash Flow Adjustment by Service Category	Table F
Medical Services Premiums Calculations	Tables G.1-3
Medicaid Mental Health Community Program Calculations	Table H
Other Medical Services Calculations	Tables I.1-3
Department of Human Services Medicaid Funded Program Calculations	Tables J.1-4
Long Bill Letternote Calculations	Tables K.1-4

Impact on Other Government Agencies:

Medicaid programs that are administered by the Department of Human Services will be impacted by this request. The impacts are as calculated on the Schedule 13 within the four appropriations listed under Long Bill Group (6), and include:

- (D) Division of Child Welfare - Medicaid Funding, Child Welfare Services
- (F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Mental Health Institutes

- (G) Services for People with Disabilities - Medicaid Funding, Community Services for People with Developmental Disabilities Program Costs
- (G) Services for People with Disabilities - Medicaid Funding, Regional Centers

The impact on the Department of Human Services' Budget is summarized below.

Summary of DHS Request FY 2011-12	Total Funds	Reappropriated Funds	Medicaid Cash Funds	Medicaid General Fund	Net General Fund
(5) Division of Child Welfare, Child Welfare Services	\$6,252	\$6,252	\$6,252	\$3,126	\$3,126
(8) Mental Health and Alcohol and Drug Abuse Services (C) Mental Health Institutes, Mental Health Institutes-Pueblo	(\$7,551)	(\$7,551)	(\$7,551)	(\$3,775)	(\$3,775)
(9) Services for People with Disabilities, (A) Community Services for People with Developmental Disabilities, (2) Program Costs, Adult Comprehensive Care for 66 General Fund and 4221 Medicaid Resources	(\$239,127)	(\$239,127)	(\$239,127)	(\$119,563)	(\$119,563)
(9) Services for People with Disabilities, (B) Regional Centers for People with Developmental Disabilities, (1) Medicaid Funded Services, Personal Services	(\$85,167)	(\$85,167)	(\$85,167)	(\$39,259)	(\$39,259)

Summary of DHS Request FY 2012-13	Total Funds	Reappropriated Funds	Medicaid Cash Funds	Medicaid General Fund	Net General Fund
Total Request	(\$335,499)	(\$335,499)	(\$335,499)	(\$164,353)	(\$164,353)
(5) Division of Child Welfare, Child Welfare Services	\$6,132	\$6,132	\$6,132	\$3,066	\$3,066
(8) Mental Health and Alcohol and Drug Abuse Services (C) Mental Health Institutes, Mental Health Institutes-Pueblo	(\$7,659)	(\$7,659)	(\$7,659)	(\$3,830)	(\$3,830)
(9) Services for People with Disabilities, (A) Community Services for People with Developmental Disabilities, (2) Program Costs, Adult Comprehensive Care for 66 General Fund and 4221 Medicaid Resources	(\$246,948)	(\$246,948)	(\$246,948)	(\$123,474)	(\$123,474)
(9) Services for People with Disabilities, (B) Regional Centers for People with Developmental Disabilities, (1) Medicaid Funded Services, Personal Services	(\$87,024)	(\$87,024)	(\$87,024)	(\$40,115)	(\$40,115)

Cost Benefit Analysis:

Not applicable.

Implementation Schedule:

By the end of FY 2011-12, the Department will implement a payment delay of three weeks. In FY 2009-10, the Department delayed payments by withholding payments for the final weeks of June 2010 until the first week of July 2010. The Department will be able to use the same methodology to delay payments in FY 2011-12 and future years.

Because the Department has requested this payment delay as a permanent reduction, the Department may also investigate the possibility of implementing the delay over time. However, before implementing a solution of this nature, the Department will be required to work with stakeholders to determine if such a solution is preferred, or feasible. The Department would attempt to minimize the disruption to providers as much as possible.

Statutory and Federal Authority:

In SB 09-265, the Department was granted statutory authority to delay fee-for-service and managed care payments. While this authorization was repealed in HB 10-1382, the Department assumes that similar authorization in statute would be required to implement this request.

SB 09-265 altered the following statutes to implement the payment delay:

- 25.5-4-401(1), C.R.S. on fee-for-service payment requirements.
- 25.5-5-407.5, C.R.S. on Prepaid Inpatient Health Plan (PIHP) payment requirements.
- 25.5-5-408, C.R.S. on Managed Care Entity capitation (MCE) payment requirements.
- 25.5-5-411, C.R.S. on behavioral health organization (BHO) capitation payment requirements.
- 25.5-5-412, C.R.S. on Program of All-Inclusive Care for the Elderly (PACE) payment requirements.
- 25.5-8-110, C.R.S. on Children's Basic Health Plan payment requirements.

The Department requests that any changes to statute be written in a way that would permit a staggered implementation of the fee-for-service delay.

Current statutory authority includes:

25.5-4-401, C.R.S. (2009). Providers - payments - rules - repeal.

(1)(c) The state department shall exercise its overexpenditure authority under section 24-75-109, C.R.S., and shall not intentionally interrupt the normal provider payment schedule unless notified jointly by the director of the office of state planning and budgeting and the state controller that there is the possibility that adequate cash will not be available to make payments to providers and for other state expenses. If it is

determined that adequate cash is not available and the state department does interrupt the normal payment cycle, the state department shall notify the joint budget committee of the general assembly and any affected providers in writing of its decision to interrupt the normal payment schedule. Nothing in this paragraph (c) shall be interpreted to establish a right for any provider to be paid during any specific billing cycle.

Performance Measures:

This request will assist the Department in meeting its performance goal to “Maintain or reduce the difference between the Department’s spending authority and actual expenditures for Medical Services Premiums.”

**Medicaid Fee-For-Service Payment Timing
Appendix**

**Table A.1: FY 2010-11 Payment Delays by Long Bill Group
(Request ES-2)**

Service Category	Total Funds	General Fund
<i>(1) Executive Director's Office; (B) Transfers to Other Departments, Nurse Home Visitor Program</i>	(\$46,456)	\$0
Executive Director's Office Transfers to Other Departments Subtotal	(\$46,456)	\$0
<i>(2) Medical Services Premiums</i>		
Fee-For-Service Care	(\$53,573,310)	(\$24,777,839)
Accounts Receivable Balance		
Medical Services Premiums Subtotal	(\$53,573,310)	(\$24,777,839)
<i>(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments</i>	\$125	\$49
Mental Health Capitation Subtotal	\$125	\$49
<i>(3) Medicaid Mental Health Programs; (B) Other Medicaid Mental Health Payments; Medicaid Mental Health Fee for Service Payments</i>	(\$90,374)	(\$41,699)
Mental Health Fee-for-Service Subtotal	(\$90,374)	(\$41,699)
<i>(5) Other Medical Services</i>		
Old Age Pension State Program	(\$470,132)	\$0
Public School Health Program	(\$491,844)	\$0
Other Medical Services Subtotal	(\$961,976)	\$0
<i>(6) Department of Human Services, Medicaid Funded Programs; (D) Division of Child Welfare - Medicaid Funding, Child Welfare Services</i>	(\$106,584)	(\$56,600)
Child Welfare Services Subtotal	(\$106,584)	(\$56,600)
<i>(6) Department of Human Services, Medicaid Funded Programs; (F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Mental Health Institutes</i>	(\$181,568)	(\$94,695)
Mental Health Institutes Subtotal	(\$181,568)	(\$94,695)
<i>(6) Department of Human Services, Medicaid Funded Programs; (G) Services for People with Disabilities</i>		
Community Services Adult Program	(\$2,591,966)	(\$1,340,006)
Regional Centers	(\$1,357,815)	(\$652,546)
Services for People with Disabilities Subtotal	(\$3,949,781)	(\$1,992,552)
Grand Total	(\$58,909,924)	(\$26,963,336)

Note: This table is a summary of the Department's request ES-2, "Fee-for-Service Delays for FY 2010-11". These amounts are not being requested as part of this base reduction item.

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table A.2: FY 2011-12 Request by Long Bill Group

Service Category	Total Funds	General Fund
<i>(1) Executive Director's Office; (B) Transfers to Other Departments, Nurse Home Visitor Program</i>	\$0	\$0
Executive Director's Office Transfers to Other Departments Subtotal	\$0	\$0
<i>(2) Medical Services Premiums</i>		
Fee-For-Service Care	(\$7,374,369)	(\$3,460,953)
Medical Services Premiums Subtotal	(\$7,374,369)	(\$3,460,953)
<i>(3) Medicaid Mental Health Programs; (B) Other Medicaid Mental Health Payments; Medicaid Mental Health Fee for Service Payments</i>	(\$9,195)	(\$4,598)
Mental Health Fee-for-Service Subtotal	(\$9,195)	(\$4,598)
<i>(5) Other Medical Services</i>		
Old Age Pension State Program	(\$45,021)	\$0
Public School Health Program	(\$71,295)	\$0
Other Medical Services Subtotal	(\$116,316)	\$0
<i>(6) Department of Human Services, Medicaid Funded Programs; (D) Division of Child Welfare - Medicaid Funding, Child Welfare Services</i>	\$6,252	\$3,126
Child Welfare Services Subtotal	\$6,252	\$3,126
<i>(6) Department of Human Services, Medicaid Funded Programs; (F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Mental Health Institutes</i>	(\$7,551)	(\$3,775)
Mental Health Institutes Subtotal	(\$7,551)	(\$3,775)
<i>(6) Department of Human Services, Medicaid Funded Programs; (G) Services for People with Disabilities</i>		
Community Services Adult Program	(\$239,127)	(\$119,563)
Regional Centers	(\$85,167)	(\$39,259)
Services for People with Disabilities Subtotal	(\$324,294)	(\$158,822)
Grand Total	(\$7,825,473)	(\$3,625,022)

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table A.3: FY 2012-13 Request by Long Bill Group

Service Category	Total Funds	General Fund
<i>(1) Executive Director's Office; (B) Transfers to Other Departments, Nurse Home Visitor Program</i>	\$0	\$0
Executive Director's Office Transfers to Other Departments Subtotal	\$0	\$0
<i>(2) Medical Services Premiums</i>		
Fee-For-Service Care	(\$7,866,779)	(\$3,693,107)
Medical Services Premiums Subtotal	(\$7,866,779)	(\$3,693,107)
<i>(3) Medicaid Mental Health Programs; (B) Other Medicaid Mental Health Payments; Medicaid Mental Health Fee for Service Payments</i>	(\$9,765)	(\$4,882)
Mental Health Fee-for-Service Subtotal	(\$9,765)	(\$4,882)
<i>(5) Other Medical Services</i>		
Old Age Pension State Program	(\$47,412)	\$0
Public School Health Program	(\$75,087)	\$0
Other Medical Services Subtotal	(\$122,499)	\$0
<i>(6) Department of Human Services, Medicaid Funded Programs; (D) Division of Child Welfare - Medicaid Funding, Child Welfare Services</i>	\$6,132	\$3,066
Child Welfare Services Subtotal	\$6,132	\$3,066
<i>(6) Department of Human Services, Medicaid Funded Programs; (F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Mental Health Institutes</i>	(\$7,659)	(\$3,830)
Mental Health Institutes Subtotal	(\$7,659)	(\$3,830)
<i>(6) Department of Human Services, Medicaid Funded Programs; (G) Services for People with Disabilities</i>		
Community Services Adult Program	(\$246,948)	(\$123,474)
Regional Centers	(\$87,024)	(\$40,115)
Services for People with Disabilities Subtotal	(\$333,972)	(\$163,589)
Grand Total	(\$8,334,542)	(\$3,862,342)

**Medicaid Fee-For-Service Payment Timing
Appendix**

**Table A.4: FY 2010-11 Payment Delay by Long Bill Group without FY 2009-10 Payback
(Request ES-2)**

Service Category	Total Funds	General Fund
<i>(1) Executive Director's Office; (B) Transfers to Other Departments, Nurse Home Visitor Program</i>	(\$82,078)	\$0
Executive Director's Office Transfers to Other Departments Subtotal	(\$82,078)	\$0
<i>(2) Medical Services Premiums</i>		
Fee-For-Service Care	(\$123,714,244)	(\$49,957,432)
Accounts Receivable Balance	\$0	\$0
Medical Services Premiums Subtotal	(\$123,714,244)	(\$49,957,432)
<i>(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments</i>	\$0	\$0
Mental Health Capitation Subtotal	\$0	\$0
<i>(3) Medicaid Mental Health Programs; (B) Other Medicaid Mental Health Payments; Medicaid Mental Health Fee for Service Payments</i>	(\$148,320)	(\$63,956)
Mental Health Fee-for-Service Subtotal	(\$148,320)	(\$63,956)
<i>(5) Other Medical Services</i>		
Old Age Pension State Program	(\$846,227)	\$0
Public School Health Program	(\$1,340,142)	\$0
Other Medical Services Subtotal	(\$2,186,369)	\$0
<i>(6) Department of Human Services, Medicaid Funded Programs; (D) Division of Child Welfare - Medicaid Funding, Child Welfare Services</i>	(\$332,496)	(\$143,373)
Child Welfare Services Subtotal	(\$332,496)	(\$143,373)
<i>(6) Department of Human Services, Medicaid Funded Programs; (F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Mental Health Institutes</i>	(\$529,818)	(\$228,458)
Mental Health Institutes Subtotal	(\$529,818)	(\$228,458)
<i>(6) Department of Human Services, Medicaid Funded Programs; (G) Services for People with Disabilities</i>		
Community Services Adult Program	(\$7,312,785)	(\$3,153,273)
Regional Centers	(\$3,906,747)	(\$1,532,100)
Services for People with Disabilities Subtotal	(\$11,219,532)	(\$4,685,373)
Grand Total	(\$138,212,857)	(\$55,078,592)

Medicaid Fee-For-Service Payment Timing
Appendix

Table B.1 Calculation of FY 2010-11 Delay for Executive Director's Office Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds					Reappropriated Funds	Federal Funds	
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund			Certified Public Expenditure
Nurse Home Visitor Program	(\$46,456)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$21,710)	(\$24,746)
Total Executive Director's Office Delayed Payments	(\$46,456)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$21,710)	(\$24,746)

Table B.2 Calculation of FY 2010-11 Delay for Medical Services Premiums Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds					Reappropriated Funds	Federal Funds	
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund			Certified Public Expenditure
Acute Care Services										
Base Acute	(\$30,531,140)	(\$15,636,392)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$14,894,748)
Breast and Cervical Cancer Program	(\$191,897)	\$0	\$0	\$0	\$0	(\$67,164)	\$0	\$0	\$0	(\$124,733)
Family Planning	(\$8,577)	(\$857)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$7,720)
Indian Health Service	(\$42,952)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$42,952)
Health Care Expansion Fund Adults	(\$622,550)	\$0	(\$312,684)	\$0	\$0	\$0	\$0	\$0	\$0	(\$309,866)
Hospital Provider Fee Fund Populations	(\$498,216)	\$0	\$0	\$0	(\$249,108)	\$0	\$0	\$0	\$0	(\$249,108)
Acute Care Services Sub-Total ⁽¹⁾	(\$31,895,332)	(\$15,637,249)	(\$312,684)	\$0	(\$249,108)	(\$67,164)	\$0	\$0	\$0	(\$15,629,127)
Community Based Long Term Care Services										
Base Community Based Long Term Care	(\$7,135,045)	(\$3,311,984)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,823,061)
Children with Autism Waiver Services	(\$41,458)	\$0	\$0	(\$19,245)	\$0	\$0	\$0	\$0	\$0	(\$22,213)
Community Based Long Term Care Sub-Total	(\$7,176,503)	(\$3,311,984)	\$0	(\$19,245)	\$0	\$0	\$0	\$0	\$0	(\$3,845,274)
Long Term Care and Insurance										
Base Long Term Care	(\$12,588,387)	(\$5,811,023)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$6,777,364)
Long Term Care and Insurance Sub-total	(\$12,588,387)	(\$5,811,023)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$6,777,364)
Health Care Expansion Fund Split Adjustments	(\$1,867,312)	\$0	(\$1,217,191)	\$0	\$0	\$0	\$0	\$0	\$0	(\$650,121)
FY 2009-10 Accounts Receivable Balance	(\$45,776)	(\$17,583)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$28,193)
Total MSP Delayed Payments	(\$53,573,310)	(\$24,777,839)	(\$1,529,875)	(\$19,245)	(\$249,108)	(\$67,164)	\$0	\$0	\$0	(\$26,930,079)

⁽¹⁾ This number differs from the Acute Care total in table G.1 as it subtracts out the Health Care Expansion Fund Split Adjustment, below.

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
Appendix

Table B.3 Calculation of FY 2010-11 Delay for Medicaid Mental Health Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
Base Mental Health Capitation	\$125	\$49	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$76
Base Fee-For-Service	(\$90,374)	(\$41,699)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$48,675)
Total MH Capitation Delayed Payments	\$125	\$49	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$76
Total MH FFS Delayed Payments	(\$90,374)	(\$41,699)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$48,675)

Definitions:

FFP: Federal financial participation

Table B.4 Calculation of FY 2010-11 Delay for Other Medical Services Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
OAP-A State Only Medicaid	(\$470,132)	\$0	\$0	\$0	\$0	\$0	(\$470,132)	\$0	\$0	\$0
Public School Health	(\$491,844)	\$0	\$0	\$0	\$0	\$0	\$0	(\$252,038)	\$0	(\$239,806)
Total Other Medical Programs Delayed Payments	(\$961,976)	\$0	\$0	\$0	\$0	\$0	(\$470,132)	(\$252,038)	\$0	(\$239,806)

Definitions:

FFP: Federal financial participation

Table B.5 Calculation of FY 2010-11 Delay for Department of Human Services Medicaid Funded Programs Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
Child Welfare Services	(\$106,584)	(\$56,600)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$49,984)
Mental Health Institutes	(\$181,568)	(\$94,695)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$86,873)
Community Services Adult Program	(\$2,591,966)	(\$1,340,006)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,251,960)
Regional Centers	(\$1,357,815)	(\$652,546)	\$0	\$0	\$0	\$0	\$0	\$0	(\$52,999)	(\$652,270)
Total Department of Human Services - Medicaid Funded Programs	(\$4,237,933)	(\$2,143,847)	\$0	\$0	\$0	\$0	\$0	\$0	(\$52,999)	(\$2,041,087)

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
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Table B.6 Calculation of FY 2010-11 Delay for Executive Director's Office without Previous Year Payback Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Nurse Home Visitor Program	(\$82,078)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$35,392)	(\$46,686)	56.88%
Total Executive Director's Office Delayed Payments	(\$82,078)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$35,392)	(\$46,686)	

Table B.7 Calculation of FY 2010-11 Delay for Medical Services Premiums without Previous Year Payback Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Acute Care Services											
Base Acute	(\$83,001,729)	(\$35,790,346)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$47,211,383)	56.88%
Breast and Cervical Cancer Program	(\$481,422)	\$0	\$0	\$0	\$0	(\$168,498)	\$0	\$0	\$0	(\$312,924)	65.00%
Family Planning	(\$21,518)	(\$2,152)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$19,366)	90.00%
Indian Health Service	(\$107,756)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$107,756)	100.00%
Health Care Expansion Fund Adults	(\$1,561,824)	\$0	(\$673,459)	\$0	\$0	\$0	\$0	\$0	\$0	(\$888,365)	56.88%
Hospital Provider Fee Fund Populations	(\$1,351,562)	\$0	\$0	\$0	(\$675,781)	\$0	\$0	\$0	\$0	(\$675,781)	50.00%
Acute Care Services Sub-Total⁽¹⁾	(\$86,525,811)	(\$35,792,498)	(\$673,459)	\$0	(\$675,781)	(\$168,498)	\$0	\$0	\$0	(\$49,215,575)	
Community Based Long Term Care Services											
Base Community Based Long Term Care	(\$12,131,914)	(\$5,231,282)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$6,900,632)	56.88%
Children with Autism Waiver Services	(\$70,492)	\$0	\$0	(\$30,397)	\$0	\$0	\$0	\$0	\$0	(\$40,095)	56.88%
Community Based Long Term Care Sub-Total	(\$12,202,406)	(\$5,231,282)	\$0	(\$30,397)	\$0	\$0	\$0	\$0	\$0	(\$6,940,727)	
Long Term Care and Insurance											
Base Long Term Care	(\$20,718,115)	(\$8,933,652)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$11,784,463)	56.88%
Long Term Care and Insurance Sub-total	(\$20,718,115)	(\$8,933,652)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$11,784,463)	
Health Care Expansion Fund Split Adjustments	(\$4,313,688)	\$0	(\$2,156,844)	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,156,844)	50.00%
Total MSP Delayed Payments	(\$123,760,020)	(\$49,957,432)	(\$2,830,303)	(\$30,397)	(\$675,781)	(\$168,498)	\$0	\$0	\$0	(\$70,097,609)	

⁽¹⁾ This number differs from the Acute Care total in table C.1 as it subtracts out the Health Care Expansion Fund Split Adjustment, below.

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
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Table B.8											
Calculation of FY 2010-11 Delay for Medicaid Mental Health without Previous Year Payback											
Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Base Fee-For-Service	(\$148,320)	(\$63,956)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$84,364)	56.88%
Total MH FFS Delayed Payments	(\$148,320)	(\$63,956)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$84,364)	

Definitions:

FFP: Federal financial participation

Table B.9											
Calculation of FY 2010-11 Delay for Other Medical Services without Previous Year Payback											
Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
OAP-A State Only Medicaid	(\$846,227)	\$0	\$0	\$0	\$0	\$0	\$0	(\$846,227)	\$0	\$0	0.00%
Public School Health	(\$1,340,142)	\$0	\$0	\$0	\$0	\$0	\$0	(\$577,869)	\$0	(\$762,273)	56.88%
Total Other Medical Programs Delayed Payments	(\$2,186,369)	\$0	\$0	\$0	\$0	\$0	\$0	(\$846,227)	(\$577,869)	\$0	(\$762,273)

Definitions:

FFP: Federal financial participation

Table B.10											
Calculation of FY 2010-11 Delay for Department of Human Services Medicaid Funded Programs without Previous Year Payback											
Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Child Welfare Services	(\$332,496)	(\$143,373)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$189,123)	56.88%
Mental Health Institutes	(\$529,818)	(\$228,458)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$301,360)	56.88%
Community Services Adult Program	(\$7,312,785)	(\$3,153,273)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$4,159,512)	56.88%
Regional Centers	(\$3,906,747)	(\$1,532,100)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$152,490)	56.88%
Total Department of Human Services - Medicaid Funded Programs	(\$12,081,846)	(\$5,057,204)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$152,490)	(\$6,872,152)

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
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Table B.11 Calculation of Payback for FY 2010-11 Delay for Executive Director's Office Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Nurse Home Visitor Program	\$82,078	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,039	\$41,039	50.00%
Total Executive Director's Office Delayed Payments	\$82,078	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,039	\$41,039	

Table B.12 Calculation of Payback for FY 2010-11 Delay for Medical Services Premiums without Previous Year Payback Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Acute Care Services											
Base Acute	\$83,001,729	\$41,500,865	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,500,864	50.00%
Breast and Cervical Cancer Program	\$481,422	\$0	\$0	\$0	\$0	\$168,498	\$0	\$0	\$0	\$312,924	65.00%
Family Planning	\$21,518	\$2,152	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,366	90.00%
Indian Health Service	\$107,756	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$107,756	100.00%
Health Care Expansion Fund Adults	\$1,561,824	\$0	\$780,912	\$0	\$0	\$0	\$0	\$0	\$0	\$780,912	50.00%
Hospital Provider Fee Fund Populations	\$1,351,562	\$0	\$0	\$0	\$675,781	\$0	\$0	\$0	\$0	\$675,781	50.00%
Acute Care Services Sub-Total⁽¹⁾	\$86,525,811	\$41,503,017	\$780,912	\$0	\$675,781	\$168,498	\$0	\$0	\$0	\$43,397,603	
Community Based Long Term Care Services											
Base Community Based Long Term Care	\$12,131,914	\$6,065,957	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,065,957	50.00%
Children with Autism Waiver Services	\$70,492	\$0	\$0	\$35,246	\$0	\$0	\$0	\$0	\$0	\$35,246	50.00%
Community Based Long Term Care Sub-Total	\$12,202,406	\$6,065,957	\$0	\$35,246	\$0	\$0	\$0	\$0	\$0	\$6,101,203	
Long Term Care and Insurance											
Base Long Term Care	\$20,718,115	\$10,359,058	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,359,057	50.00%
Long Term Care and Insurance Sub-total	\$20,718,115	\$10,359,058	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,359,057	
Health Care Expansion Fund Split Adjustments	\$4,313,688	\$0	\$2,156,844	\$0	\$0	\$0	\$0	\$0	\$0	\$2,156,844	50.00%
Total MSP Delayed Payments	\$123,760,020	\$57,928,032	\$2,937,756	\$35,246	\$675,781	\$168,498	\$0	\$0	\$0	\$62,014,707	

⁽¹⁾ This number differs from the Acute Care total in table C.1 as it subtracts out the Health Care Expansion Fund Split Adjustment, below.

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
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Table B.13 Calculation of Payback for FY 2010-11 Delay for Medicaid Mental Health Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Base Fee-For-Service	\$148,320	\$74,160	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$74,160	50.00%
Total MH FFS Delayed Payments	\$148,320	\$74,160	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$74,160	

Definitions:

FFP: Federal financial participation

Table B.14 Calculation of Payback for FY 2010-11 Delay for Other Medical Services Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
OAP-A State Only Medicaid	\$846,227	\$0	\$0	\$0	\$0	\$0	\$846,227	\$0	\$0	\$0	0.00%
Public School Health	\$1,340,142	\$0	\$0	\$0	\$0	\$0	\$0	\$670,071	\$0	\$670,071	50.00%
Total Other Medical Programs Delayed Payments	\$2,186,369	\$0	\$0	\$0	\$0	\$0	\$846,227	\$670,071	\$0	\$670,071	

Definitions:

FFP: Federal financial participation

Table B.15 Calculation of Payback for FY 2010-11 Delay for Department of Human Services Medicaid Funded Programs Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Child Welfare Services	\$332,496	\$166,248	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$166,248	50.00%
Mental Health Institutes	\$529,818	\$264,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$264,909	50.00%
Community Services Adult Program	\$7,312,785	\$3,656,393	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,656,392	50.00%
Regional Centers	\$3,906,747	\$1,800,884	\$0	\$0	\$0	\$0	\$0	\$0	\$152,490	\$1,953,373	50.00%
Total Department of Human Services - Medicaid Funded Programs	\$12,081,846	\$5,888,434	\$0	\$0	\$0	\$0	\$0	\$0	\$152,490	\$6,040,922	

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
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Table C.1 Calculation of FY 2011-12 Delay for Executive Director's Office Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Executive Director's Office Delayed Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Table C.2 Calculation of FY 2011-12 Delay for Medical Services Premiums Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
Acute Care Services										
Base Acute	(\$4,388,576)	(\$2,194,288)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,194,288)
Breast and Cervical Cancer Program	(\$25,611)	\$0	\$0	\$0	\$0	(\$8,964)	\$0	\$0	\$0	(\$16,647)
Family Planning	(\$1,145)	(\$115)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,030)
Indian Health Service	(\$5,733)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,733)
Health Care Expansion Fund Adults	(\$83,089)	\$0	(\$41,544)	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,545)
Hospital Provider Fee Fund Populations	(\$71,472)	\$0	\$0	\$0	(\$35,736)	\$0	\$0	\$0	\$0	(\$35,736)
Acute Care Services Sub-Total ⁽¹⁾	(\$4,575,626)	(\$2,194,403)	(\$41,544)	\$0	(\$35,736)	(\$8,964)	\$0	\$0	\$0	(\$2,294,979)
Community Based Long Term Care Services										
Base Community Based Long Term Care	(\$1,481,308)	(\$740,654)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$740,654)
Children with Autism Waiver Services	(\$8,607)	\$0	\$0	(\$4,304)	\$0	\$0	\$0	\$0	\$0	(\$4,303)
Community Based Long Term Care Sub-Total	(\$1,489,915)	(\$740,654)	\$0	(\$4,304)	\$0	\$0	\$0	\$0	\$0	(\$744,957)
Long Term Care and Insurance										
Base Long Term Care	(\$1,051,793)	(\$525,896)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$525,897)
Long Term Care and Insurance Sub-total	(\$1,051,793)	(\$525,896)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$525,897)
Health Care Expansion Fund Split Adjustments	(\$257,035)	\$0	(\$128,517)	\$0	\$0	\$0	\$0	\$0	\$0	(\$128,518)
Total MSP Delayed Payments	(\$7,374,369)	(\$3,460,953)	(\$170,061)	(\$4,304)	(\$35,736)	(\$8,964)	\$0	\$0	\$0	(\$3,694,351)

⁽¹⁾ This number differs from the Acute Care total in table C.1 as it subtracts out the Health Care Expansion Fund Split Adjustment, below.

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
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Table C.3										
Calculation of FY 2011-12 Delay for Medicaid Mental Health										
Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
Base Fee-For-Service	(\$9,195)	(\$4,598)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$4,597)
Total MH FFS Delayed Payments	(\$9,195)	(\$4,598)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$4,597)

Definitions:

FFP: Federal financial participation

Table C.4										
Calculation of FY 2011-12 Delay for Other Medical Services										
Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
OAP-A State Only Medicaid	(\$45,021)	\$0	\$0	\$0	\$0	\$0	\$0	(\$45,021)	\$0	\$0
Public School Health	(\$71,295)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$35,647)	\$0
Total Other Medical Programs Delayed Payments	(\$116,316)	\$0	\$0	\$0	\$0	\$0	\$0	(\$45,021)	(\$35,647)	\$0

Definitions:

FFP: Federal financial participation

Table C.5										
Calculation of FY 2011-12 Delay for Department of Human Services Medicaid Funded Programs										
Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
Child Welfare Services	\$6,252	\$3,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,126
Mental Health Institutes	(\$7,551)	(\$3,775)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,776)
Community Services Adult Program	(\$239,127)	(\$119,563)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$119,564)
Regional Centers	(\$85,167)	(\$39,259)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$42,584)
Total Department of Human Services - Medicaid Funded Programs	(\$325,593)	(\$159,471)	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,324)	(\$162,798)

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
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Table C.6 Calculation of FY 2011-12 Delay for Executive Director's Office without Previous Year Payback Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Nurse Home Visitor Program	(\$82,078)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,039)	(\$41,039)	50.00%
Total Executive Director's Office Delayed Payments	(\$82,078)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,039)	(\$41,039)	

Table C.7 Calculation of FY 2011-12 Delay for Medical Services Premiums without Previous Year Payback Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Acute Care Services											
Base Acute	(\$87,390,305)	(\$43,695,153)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$43,695,152)	50.00%
Breast and Cervical Cancer Program	(\$507,033)	\$0	\$0	\$0	\$0	(\$177,462)	\$0	\$0	\$0	(\$329,571)	65.00%
Family Planning	(\$22,663)	(\$2,267)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$20,396)	90.00%
Indian Health Service	(\$113,489)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$113,489)	100.00%
Health Care Expansion Fund Adults	(\$1,644,913)	\$0	(\$822,456)	\$0	\$0	\$0	\$0	\$0	\$0	(\$822,457)	50.00%
Hospital Provider Fee Fund Populations	(\$1,423,034)	\$0	\$0	\$0	(\$711,517)	\$0	\$0	\$0	\$0	(\$711,517)	50.00%
Acute Care Services Sub-Total⁽¹⁾	(\$91,101,437)	(\$43,697,420)	(\$822,456)	\$0	(\$711,517)	(\$177,462)	\$0	\$0	\$0	(\$45,692,582)	
Community Based Long Term Care Services											
Base Community Based Long Term Care	(\$13,613,222)	(\$6,806,611)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$6,806,611)	50.00%
Children with Autism Waiver Services	(\$79,099)	\$0	\$0	(\$39,550)	\$0	\$0	\$0	\$0	\$0	(\$39,549)	50.00%
Community Based Long Term Care Sub-Total	(\$13,692,321)	(\$6,806,611)	\$0	(\$39,550)	\$0	\$0	\$0	\$0	\$0	(\$6,846,160)	
Long Term Care and Insurance											
Base Long Term Care	(\$21,769,908)	(\$10,884,954)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$10,884,954)	50.00%
Long Term Care and Insurance Sub-total	(\$21,769,908)	(\$10,884,954)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$10,884,954)	
Health Care Expansion Fund Split Adjustments	(\$4,570,723)	\$0	(\$2,285,361)	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,285,362)	50.00%
Total MSP Delayed Payments	(\$131,134,389)	(\$61,388,985)	(\$3,107,817)	(\$39,550)	(\$711,517)	(\$177,462)	\$0	\$0	\$0	(\$65,709,058)	

⁽¹⁾ This number differs from the Acute Care total in table C.1 as it subtracts out the Health Care Expansion Fund Split Adjustment, below.

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
Appendix

Table C.8											
Calculation of FY 2011-12 Delay for Medicaid Mental Health without Previous Year Payback											
Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Base Fee-For-Service	(\$157,515)	(\$78,758)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$78,757)	50.00%
Total MH FFS Delayed Payments	(\$157,515)	(\$78,758)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$78,757)	

Definitions:
FFP: Federal financial participation

Table C.9											
Calculation of FY 2011-12 Delay for Other Medical Services without Previous Year Payback											
Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
OAP-A State Only Medicaid	(\$891,248)	\$0	\$0	\$0	\$0	\$0	(\$891,248)	\$0	\$0	\$0	0.00%
Public School Health	(\$1,411,437)	\$0	\$0	\$0	\$0	\$0	\$0	(\$705,718)	\$0	(\$705,719)	50.00%
Total Other Medical Programs Delayed Payments	(\$2,302,685)	\$0	\$0	\$0	\$0	\$0	(\$891,248)	(\$705,718)	\$0	(\$705,719)	

Definitions:
FFP: Federal financial participation

Table C.10											
Calculation of FY 2011-12 Delay for Department of Human Services Medicaid Funded Programs without Previous Year Payback											
Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Child Welfare Services	(\$326,244)	(\$163,122)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$163,122)	50.00%
Mental Health Institutes	(\$537,369)	(\$268,684)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$268,685)	50.00%
Community Services Adult Program	(\$7,551,912)	(\$3,775,956)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,775,956)	50.00%
Regional Centers	(\$3,991,914)	(\$1,840,143)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,995,957)	50.00%
Total Department of Human Services - Medicaid Funded Programs	(\$12,407,439)	(\$6,047,905)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$155,814)	(\$6,203,720)

Definitions:
FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
Appendix

Table D.1 Calculation of FY 2012-13 Delay for Executive Director's Office Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Executive Director's Office Delayed Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Table D.2 Calculation of FY 2012-13 Delay for Medical Services Premiums Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
Acute Care Services										
Base Acute	(\$4,618,611)	(\$2,309,305)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,309,306)
Breast and Cervical Cancer Program	(\$26,975)	\$0	\$0	\$0	\$0	(\$9,441)	\$0	\$0	\$0	(\$17,534)
Family Planning	(\$1,206)	(\$120)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,086)
Indian Health Service	(\$6,037)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$6,037)
Health Care Expansion Fund Adults	(\$87,509)	\$0	(\$43,755)	\$0	\$0	\$0	\$0	\$0	\$0	(\$43,754)
Hospital Provider Fee Fund Populations	(\$75,221)	\$0	\$0	\$0	(\$37,610)	\$0	\$0	\$0	\$0	(\$37,611)
Acute Care Services Sub-Total ⁽¹⁾	(\$4,815,559)	(\$2,309,425)	(\$43,755)	\$0	(\$37,610)	(\$9,441)	\$0	\$0	\$0	(\$2,415,328)
Community Based Long Term Care Services										
Base Community Based Long Term Care	(\$1,662,174)	(\$831,087)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$831,087)
Children with Autism Waiver Services	(\$9,658)	\$0	\$0	(\$4,829)	\$0	\$0	\$0	\$0	\$0	(\$4,829)
Community Based Long Term Care Sub-Total	(\$1,671,832)	(\$831,087)	\$0	(\$4,829)	\$0	\$0	\$0	\$0	\$0	(\$835,916)
Long Term Care and Insurance										
Base Long Term Care	(\$1,105,189)	(\$552,595)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$552,594)
Long Term Care and Insurance Sub-total	(\$1,105,189)	(\$552,595)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$552,594)
Health Care Expansion Fund Split Adjustments	(\$274,199)	\$0	(\$137,100)	\$0	\$0	\$0	\$0	\$0	\$0	(\$137,099)
Total MSP Delayed Payments	(\$7,866,779)	(\$3,693,107)	(\$180,855)	(\$4,829)	(\$37,610)	(\$9,441)	\$0	\$0	\$0	(\$3,940,937)

⁽¹⁾ This number differs from the Acute Care total in table C.1 as it subtracts out the Health Care Expansion Fund Split Adjustment, below.

Definitions:

FFP: Federal financial participation

Table D.3 Calculation of FY 2012-13 Delay for Medicaid Mental Health Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
Base Fee-For-Service	(\$9,765)	(\$4,882)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$4,883)
Total MH FFS Delayed Payments	(\$9,765)	(\$4,882)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$4,883)

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
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Table D.4 Calculation of FY 2012-13 Delay for Other Medical Services Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
OAP-A State Only Medicaid	(\$47,412)	\$0	\$0	\$0	\$0	\$0	\$0	(\$47,412)	\$0	\$0
Public School Health	(\$75,087)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$37,544)	\$0
Total Other Medical Programs Delayed Payments	(\$122,499)	\$0	\$0	\$0	\$0	\$0	\$0	(\$47,412)	(\$37,544)	\$0

Definitions:

FFP: Federal financial participation

Table D.5 Calculation of FY 2012-13 Delay for Department of Human Services Medicaid Funded Programs Fund Splits by Service Category										
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure		
Child Welfare Services	\$6,132	\$3,066	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,066
Mental Health Institutes	(\$7,659)	(\$3,830)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,829)
Community Services Adult Program	(\$246,948)	(\$123,474)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$123,474)
Regional Centers	(\$87,024)	(\$40,115)	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,397)	(\$43,512)
Total Department of Human Services - Medicaid Funded Programs	(\$335,499)	(\$164,353)	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,397)	(\$167,749)

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
Appendix

Table D.6 Calculation of FY 2012-13 Delay for Executive Director's Office without Previous Year Payback Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Nurse Home Visitor Program	(\$82,078)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,039)	(\$41,039)	50.00%
Total Executive Director's Office Delayed Payments	(\$82,078)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,039)	(\$41,039)	

Table D.7 Calculation of FY 2012-13 Delay for Medical Services Premiums without Previous Year Payback Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Acute Care Services											
Base Acute	(\$92,008,916)	(\$46,004,458)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$46,004,458)	50.00%
Breast and Cervical Cancer Program	(\$534,008)	\$0	\$0	\$0	\$0	(\$186,903)	\$0	\$0	\$0	(\$347,105)	65.00%
Family Planning	(\$23,869)	(\$2,387)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$21,482)	90.00%
Indian Health Service	(\$119,526)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$119,526)	100.00%
Health Care Expansion Fund Adults	(\$1,732,422)	\$0	(\$866,211)	\$0	\$0	\$0	\$0	\$0	\$0	(\$866,211)	50.00%
Hospital Provider Fee Fund Populations	(\$1,498,255)	\$0	\$0	\$0	(\$749,127)	\$0	\$0	\$0	\$0	(\$749,128)	50.00%
Acute Care Services Sub-Total⁽¹⁾	(\$95,916,996)	(\$46,006,845)	(\$866,211)	\$0	(\$749,127)	(\$186,903)	\$0	\$0	\$0	(\$48,107,910)	
Community Based Long Term Care Services											
Base Community Based Long Term Care	(\$15,275,396)	(\$7,637,698)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$7,637,698)	50.00%
Children with Autism Waiver Services	(\$88,757)	\$0	\$0	(\$44,379)	\$0	\$0	\$0	\$0	\$0	(\$44,378)	50.00%
Community Based Long Term Care Sub-Total	(\$15,364,153)	(\$7,637,698)	\$0	(\$44,379)	\$0	\$0	\$0	\$0	\$0	(\$7,682,076)	
Long Term Care and Insurance											
Base Long Term Care	(\$22,875,097)	(\$11,437,549)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$11,437,548)	50.00%
Long Term Care and Insurance Sub-total	(\$22,875,097)	(\$11,437,549)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$11,437,548)	
Health Care Expansion Fund Split Adjustments	(\$4,844,922)	\$0	(\$2,422,461)	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,422,461)	50.00%
Total MSP Delayed Payments	(\$139,001,168)	(\$65,082,092)	(\$3,288,672)	(\$4,379)	(\$749,127)	(\$186,903)	\$0	\$0	\$0	(\$69,649,995)	

⁽¹⁾ This number differs from the Acute Care total in table C.1 as it subtracts out the Health Care Expansion Fund Split Adjustment, below.

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
Appendix

Table D.8											
Calculation of FY 2012-13 Delay for Medicaid Mental Health without Previous Year Payback											
Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Base Fee-For-Service	(\$167,280)	(\$83,640)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$83,640)	50.00%
Total MH FFS Delayed Payments	(\$167,280)	(\$83,640)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$83,640)	

Definitions:

FFP: Federal financial participation

Table D.9											
Calculation of FY 2012-13 Delay for Other Medical Services without Previous Year Payback											
Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
OAP-A State Only Medicaid	(\$938,660)	\$0	\$0	\$0	\$0	\$0	\$0	(\$938,660)	\$0	\$0	0.00%
Public School Health	(\$1,486,524)	\$0	\$0	\$0	\$0	\$0	\$0	(\$743,262)	\$0	(\$743,262)	50.00%
Total Other Medical Programs Delayed Payments	(\$2,425,184)	\$0	\$0	\$0	\$0	\$0	\$0	(\$938,660)	(\$743,262)	\$0	(\$743,262)

Definitions:

FFP: Federal financial participation

Table D.10											
Calculation of FY 2012-13 Delay for Department of Human Services Medicaid Funded Programs without Previous Year Payback											
Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure			
Child Welfare Services	(\$320,112)	(\$160,056)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$160,056)	50.00%
Mental Health Institutes	(\$545,028)	(\$272,514)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$272,514)	50.00%
Community Services Adult Program	(\$7,798,860)	(\$3,899,430)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,899,430)	50.00%
Regional Centers	(\$4,078,938)	(\$1,880,258)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$159,211)	50.00%
Total Department of Human Services - Medicaid Funded Programs	(\$12,742,938)	(\$6,212,258)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$159,211)	(\$6,371,469)

Definitions:

FFP: Federal financial participation

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table E.1 FY 2009-10 Delay Payment Actuals by Long Bill Group											
FY 2009-10	Total Funds	General Fund and General Fund Exempt	Health Care Expansion Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Fund	Coordinated Care for People with Disabilities Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure	Reappropriated Funds	Federal Funds
Total Delayed	(\$79,348,709)	(\$28,115,256)	(\$1,300,428)	(\$101,334)	(\$11,152)	(\$426,673)	\$0	(\$376,095)	(\$325,831)	(\$113,173)	(\$48,578,767)
(2) Medical Services Premiums ⁽¹⁾	(\$70,186,710)	(\$25,179,593)	(\$1,300,428)	(\$101,334)	(\$11,152)	(\$426,673)	\$0	\$0	\$0	\$0	(\$43,167,530)
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments for Medicaid Eligible Clients	(\$125)	(\$49)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$76)
(3) Medicaid Mental Health Community Programs; (B) Other Medicaid Mental Health Payment; Medicaid Mental Health Fee for Service Payments	(\$57,946)	(\$22,257)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$35,689)
(5) Other Medical Services	(\$1,260,015)	\$0	\$0	\$0	\$0	\$0	\$0	(\$376,095)	(\$325,831)	(\$13,682)	(\$544,407)
(6) Department of Human Services Medicaid Funded Programs; (D) Division of Child Welfare - Medicaid Funding, Child Welfare	(\$225,912)	(\$86,773)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$139,139)
(6) Department of Human Services Medicaid Funded Programs; (F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Mental Health Institutes	(\$348,250)	(\$133,763)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$214,487)
(6) Department of Human Services Medicaid Funded Programs; (G) Services for People with Disabilities	(\$7,269,751)	(\$2,692,821)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$99,491)	(\$4,477,439)
Otherwise Unaccounted For ⁽²⁾	(\$51,152)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$51,152)

⁽¹⁾ Delays hitting the Accounts Receivable Balance are assigned to appropriations upon completion of the received funds, and dependent upon the program to which those funds are assigned; the Department estimates that the majority of accounts receivable transactions effected by the delay would impact Medical Services Premiums. Incorporation of this estimates varies this request for the amounts submitted in the Department's November 2010 DI-1 Request by exactly these amounts.

⁽²⁾ The FY 2009-10 payment delay resulted in impacts to the Refugee Assistance Grant; this amount is not included in the Total from the first row of this table.

Medicaid Fee-For-Service Payment Timing
Appendix

Table E.2 Calculation of FY 2009-10 Delay for Medical Services Premiums Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds					Reappropriated Funds	Federal Funds	FFP Rate	
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund				Certified Public Expenditure
Acute Care Services											
Base Acute	(\$52,470,589)	(\$20,153,954)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$32,316,635)	61.59%
Breast and Cervical Cancer Program	(\$289,525)	\$0	\$0	\$0	\$0	(\$101,334)	\$0	\$0	\$0	(\$188,191)	65.00%
Family Planning	(\$12,941)	(\$1,295)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$11,646)	90.00%
Indian Health Service	(\$64,804)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$64,804)	100.00%
Health Care Expansion Fund Adults	(\$939,274)	\$0	(\$360,775)	\$0	\$0	\$0	\$0	\$0	\$0	(\$578,499)	61.59%
Hospital Provider Fee Fund Populations	(\$853,346)	\$0	\$0	\$0	(\$426,673)	\$0	\$0	\$0	\$0	(\$426,673)	50.00%
Acute Care Services Sub-Total	(\$54,630,479)	(\$20,155,249)	(\$360,775)	\$0	(\$426,673)	(\$101,334)	\$0	\$0	\$0	(\$33,586,448)	
Community Based Long Term Care Services											
Base Community Based Long Term Care	(\$4,996,869)	(\$1,919,298)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,077,571)	61.59%
Children with Autism Waiver Services	(\$29,034)	\$0	\$0	(\$11,152)	\$0	\$0	\$0	\$0	\$0	(\$17,882)	61.59%
Health Care Expansion Fund Populations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	61.59%
Community Based Long Term Care Sub-Total	(\$5,025,903)	(\$1,919,298)	\$0	(\$11,152)	\$0	\$0	\$0	\$0	\$0	(\$3,095,453)	
Long Term Care and Insurance											
Base Long Term Care	(\$8,129,728)	(\$3,122,629)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,007,099)	61.59%
Health Care Expansion Fund Populations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	61.59%
Long Term Care and Insurance Sub-total	(\$8,129,728)	(\$3,122,629)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,007,099)	
Health Care Expansion Fund Split Adjustments	(\$2,446,376)	\$0	(\$939,653)	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,506,723)	61.59%
Accounts Receivable Balance ⁽¹⁾	\$45,776	\$17,583	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,193	61.59%
Total MSP Delayed Payments	(\$70,186,710)	(\$25,179,593)	(\$1,300,428)	(\$11,152)	(\$426,673)	(\$101,334)	\$0	\$0	\$0	(\$43,167,530)	

⁽¹⁾ Delays hitting the Accounts Receivable Balance are assigned to appropriations upon completion of the received funds, and dependent upon the program to which those funds are assigned; the Department estimates that the majority of accounts receivable transactions effected by the delay would impact Medical Services Premiums. Incorporation of this estimates varies this request for the amounts submitted in the Department's November 2010 DI-1 Request by exactly these amounts.

Definitions:

FFP: Federal financial participation

Table E.3 Calculation of FY 2009-10 Delay for Medicaid Mental Health Fund Splits by Service Category											
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds					Reappropriated Funds	Federal Funds	FFP Rate	
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund				Certified Public Expenditure
Base Mental Health Capitation	(\$125)	(\$49)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$76)	61.59%
Base Fee-For-Service	(\$57,946)	(\$22,257)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$35,689)	61.59%
Total MH Capitation Delayed Payments	(\$125)	(\$49)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$76)	
Total MH FFS Delayed Payments	(\$57,946)	(\$22,257)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$35,689)	

Definitions:

FFP: Federal financial participation

Medicaid Fee-For-Service Payment Timing
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Table E.4												
Calculation of FY 2009-10 Delay for Other Medical Services												
Fund Splits by Service Category												
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate	
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure				
OAP-A State Only Medicaid	(\$376,095)	\$0	\$0	\$0	\$0	\$0	\$0	(\$376,095)	\$0	\$0	\$0	0.00%
Nurse Home Visitor	(\$35,622)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$13,682)	(\$21,940)	61.59%
Public School Health	(\$848,298)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$325,831)	\$0	(\$522,467)	61.59%
Total Other Medical Programs Delayed Payments	(\$1,260,015)	\$0	\$0	\$0	\$0	\$0	\$0	(\$376,095)	(\$325,831)	(\$13,682)	(\$544,407)	

Definitions:

FFP: Federal financial participation

Table E.5												
Calculation of FY 2009-10 Delay for Department of Human Services Medicaid Funded Programs												
Fund Splits by Service Category												
Item	Total Funds	General Fund and General Fund Exempt	Cash Funds						Reappropriated Funds	Federal Funds	FFP Rate	
			Health Care Expansion Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Old Age Pension and Medical Care Fund	Certified Public Expenditure				
Child Welfare Services	(\$225,912)	(\$86,773)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$139,139)	61.59%
Mental Health Institutes	(\$348,250)	(\$133,763)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$214,487)	61.59%
Community Services Adult Program	(\$4,720,819)	(\$1,813,267)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,907,552)	61.59%
Regional Centers	(\$2,548,932)	(\$879,554)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$99,491)	(\$1,569,887)	61.59%
Total MSP Delayed Payments	(\$7,843,913)	(\$2,913,357)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$99,491)	(\$4,831,065)	

Definitions:

FFP: Federal financial participation

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table F: Cash Flow Adjustment by Service Category

Row	Description	Expected Shifted Payment ⁽¹⁾	Actual Shifted Payment ⁽²⁾	Actual to Expected Ratio for Two Week Delay ⁽³⁾	Selected Ratio of Three Week Delay ⁽⁴⁾
A	Acute Care Fee-For-Service	(\$54,656,688)	(\$57,076,855)	104.43%	100.00%
B	Community Based Long Term Care Fee-For-Service	(\$11,526,282)	(\$5,025,903)	43.60%	65.40%
C	Long Term Care Fee-For-Service	(\$19,270,270)	(\$8,129,728)	42.19%	63.29%
D	Mental Health Fee-For-Service	(\$100,272)	(\$57,946)	57.79%	86.69%
E	Other Medical Services: OAP-A State Only	(\$580,096)	(\$376,095)	64.83%	97.25%
F	Other Medical Services: Nurse Home Visitor Program ⁽⁵⁾	(\$113,032)	(\$35,622)	31.51%	47.27%

The Department's recent history has shown that expenditure is not evenly distributed across weeks throughout a month; based on that history, the Department has incorporated an adjustment to account for unevenly distributed expenditure:

⁽¹⁾ Based on an evenly distributed 52 weeks of expenditure

⁽²⁾ Actuals

⁽³⁾ Expected / Actual

⁽⁴⁾ The Department uses conservative ratios based upon actual ratios (not to exceed 100%) from the FY 2009-10 delay payment. For a three week delay, the Department assumes that a greater proportion of expenditure will be captured by the delay since a greater proportion of the month will be effected.

⁽⁵⁾ The Nurse Home Visitor Program was moved from Long Bill Group 5 - Other Medical Services - to Long Bill Group 1 - Executive Director's Office in the FY 2010-11 Long Bill.

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table G.1: Delayed Payment Incremental Savings Calculation for Medical Services Premiums Acute Care

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Estimated Acute Care Expenditure	\$1,710,725,003	\$1,801,735,573	\$1,897,587,905	FY 2010-11: FY 2010-11 Long Bill ⁽¹⁾
B	Proportion of FY 2008-09 Acute Care that is HMO Expenditure	7.96%	7.96%	7.96%	February 2010 Request Exhibit N: The average proportion of Acute expenditure that is HMO, from FY 2003-04 through FY 2008-09, carried forward.
C	Estimated FY 2009-10 HMO Expenditure	\$136,173,710	\$143,418,152	\$151,047,997	Row A * Row B
D	Estimated Current Year Expenditure to be Affected by Shifted Payment	\$1,574,551,293	\$1,658,317,421	\$1,746,539,908	Row A - Row C
E	Payment Weeks	52	52	52	Weeks in the fiscal year
F	Expenditure per Week	\$30,279,833	\$31,890,720	\$33,587,306	Row D / Row E
G	Weeks Delayed	3	3	3	Department's Request
H	Expected Shifted Payment	(\$90,839,499)	(\$95,672,160)	(\$100,761,918)	-(Row G * Row F)
I	Cash Flow Adjustment	100.00%	100.00%	100.00%	Table F
J	Estimated Shift	(\$90,839,499)	(\$95,672,160)	(\$100,761,918)	Row H * Row I
K	Estimated Expenditure from Prior Year due to Shifted Payment	\$57,076,855	\$90,839,499	\$95,672,160	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row J, from Previous Year)
L	Total Estimated Expenditure Shift	(\$33,762,644)	(\$4,832,661)	(\$5,089,758)	Row J + Row K

⁽¹⁾ The Department has determined the amount of the appropriation attributable to these services from documentation provided by the Joint Budget Committee.

Table G.2: Delayed Payment Incremental Savings Calculation for Medical Services Premiums Community Based Long Term Care

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Estimated Current Year Expenditure to be Affected by Shifted Payment	\$323,407,317	\$362,895,351	\$407,204,873	FY 2010-11 Long Bill ⁽¹⁾
B	Payment Weeks	52	52	52	Weeks in the fiscal year
C	Expenditure per Week	\$6,219,371	\$6,978,757	\$7,830,863	Row A / Row B
D	Weeks Delayed	3	3	3	Department's Request
E	Expected Shifted Payment	(\$18,658,113)	(\$20,936,271)	(\$23,492,589)	-(Row D * Row C)
F	Cash Flow Adjustment	65.40%	65.40%	65.40%	Table F
G	Estimated Shift	(\$12,202,406)	(\$13,692,321)	(\$15,364,153)	Row E * Row F
H	Estimated Expenditure from Prior Year due to Shifted Payment	\$5,025,903	\$12,202,406	\$13,692,321	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row G, from Previous Year)
I	Total Estimated Expenditure Shift	(\$7,176,503)	(\$1,489,915)	(\$1,671,832)	Row G + Row H

⁽¹⁾ The Department has determined the amount of the appropriation attributable to these services from documentation provided by the Joint Budget Committee.

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table G.3: Delayed Payment Incremental Savings Calculation for Medical Services Premiums Long Term Care, Nursing Facilities and Health-Insurance Buy In

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Estimated Current Year Expenditure to be Affected by Shifted Payment	\$567,455,150	\$596,263,046	\$626,533,427	FY 2010-11 Long Bill ⁽¹⁾
B	Payment Weeks	52	52	52	Weeks in the fiscal year
C	Expenditure per Week	\$10,912,599	\$11,466,597	\$12,048,720	Row A / Row B
D	Weeks Delayed	3	3	3	Department's Request
E	Expected Shifted Payment	(\$32,737,797)	(\$34,399,791)	(\$36,146,160)	-(Row G * Row H)
F	Cash Flow Adjustment	63.29%	63.29%	63.29%	Table F
G	Estimated Shift	(\$20,718,115)	(\$21,769,908)	(\$22,875,097)	Row E * Row F
H	Estimated Expenditure from Prior Year due to Shifted Payment	\$8,129,728	\$20,718,115	\$21,769,908	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row G, from Previous Year)
I	Total Estimated Expenditure Shift	(\$12,588,387)	(\$1,051,793)	(\$1,105,189)	Row G + Row H

⁽¹⁾ The Department has determined the amount of the appropriation attributable to these services from documentation provided by the Joint Budget Committee.

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table H: Delayed Payment Incremental Savings Calculation for Mental Health Fee-for-Service

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Estimated Current Year Incurred Expenditure to be Affected by Shifted Payment	\$2,965,758	\$3,149,635	\$3,344,912	FY 2010-11 Long Bill ⁽¹⁾
B	Payment Weeks	52	52	52	Weeks in the Fiscal Year
C	Expenditure per Week	\$57,034	\$60,570	\$64,325	Row A / Row B
D	Weeks Delayed	3	3	3	Department's Request
E	Expected Shifted Payment	(\$171,102)	(\$181,710)	(\$192,975)	-(Row G * Row H)
F	Cash Flow Adjustment	86.69%	86.69%	86.69%	Table F
G	Estimated Shift	(\$148,320)	(\$157,515)	(\$167,280)	Row E * Row F
H	Estimated Expenditure from Prior Year due to Shifted Payment	\$57,946	\$148,320	\$157,515	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row G, from Previous Year)
I	Total Estimated Expenditure Shift	(\$90,374)	(\$9,195)	(\$9,765)	Row G + Row H

⁽¹⁾ The Department has determined the amount of the appropriation attributable to these services from documentation provided by the Joint Budget Committee.

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table I.1: Delayed Payment Incremental Savings Calculation for Other Medical Services, Old Age Pension State Medical Program

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Estimated Current Year Expenditure to be Affected by Shifted Payment	\$15,083,483	\$15,885,924	\$16,731,055	FY 2010-11 Long Bill ⁽¹⁾
B	Payment Weeks	52	52	52	Weeks in the fiscal year
C	Expenditure per Week	\$290,067	\$305,499	\$321,751	Row A / Row B
D	Weeks Delayed	3	3	3	Department's Request
E	Expected Shifted Payment	(\$870,201)	(\$916,497)	(\$965,253)	-(Row G * Row H)
F	Cash Flow Adjustment	97.25%	97.25%	97.25%	Table F
G	Estimated Shift	(\$846,227)	(\$891,248)	(\$938,660)	Row E * Row F
H	Estimated Expenditure from Prior Year due to Shifted Payment	\$376,095	\$846,227	\$891,248	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row G, from Previous Year)
I	Total Estimated Expenditure Shift	(\$470,132)	(\$45,021)	(\$47,412)	Row G + Row H

⁽¹⁾ The Department has determined the amount of the appropriation attributable to these services from documentation provided by the Joint Budget Committee.

Table I.2: Delayed Payment Incremental Savings Calculation for Other Medical Services, Nurse Home Visitor Program

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Estimated Current Year Expenditure to be Affected by Shifted Payment	\$3,010,000	\$3,010,000	\$3,010,000	FY 2010-11: FY 2010-11 Long Bill ⁽¹⁾
B	Payment Weeks	52	52	52	Weeks in the fiscal year
C	Expenditure per Week	\$57,885	\$57,885	\$57,885	Row A / Row B
D	Weeks Delayed	3	3	3	Department's Request
E	Expected Shifted Payment	(\$173,655)	(\$173,655)	(\$173,655)	FY 2010-11 and FY 2011-12: -(Row G * Row H)
F	Cash Flow Adjustment	47.27%	47.27%	47.27%	Table F
G	Estimated Shift	(\$82,078)	(\$82,078)	(\$82,078)	Row E * Row F
H	Estimated Expenditure from Prior Year due to Shifted Payment ⁽²⁾	\$35,622	\$82,078	\$82,078	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row G, from Previous Year)
I	Total Estimated Expenditure Shift	(\$46,456)	\$0	\$0	Row G + Row H

⁽¹⁾ The Department has determined the amount of the appropriation attributable to these services from documentation provided by the Joint Budget Committee. This appropriation has not experienced a year-to-year change in recent history.

Note: This program was moved from Long Bill Group (5): Other Medical Services, to Long Bill Group (1): Executive Director's Office; (B) Transfers to Other Departments, in the FY 2010-11 Long Bill.

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table I.3: Delayed Payment Incremental Savings Calculation for Other Medical Services, Public School Health Program

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Previous Year's Weekly Shifted Payment ⁽¹⁾	(\$424,149)	(\$446,714)	(\$470,479)	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: Row C, from Previous Year
B	Expenditure Trend	5.32%	5.32%	5.32%	Average change in Acute Care expenditure from over the last five fiscal years
C	Estimated Weekly Shift	(\$446,714)	(\$470,479)	(\$495,508)	FY 2010-11: Row A * (1+ Row B)
D	Weeks Shifted	3	3	3	Request
E	Estimated Total Shift	(\$1,340,142)	(\$1,411,437)	(\$1,486,524)	Row C / Row D
F	Estimated Expenditure from Prior Year due to Shifted Payment ^(1,2)	\$848,298	\$1,340,142	\$1,411,437	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row E, from Previous Year)
G	Total Estimated Expenditure Shift	(\$491,844)	(\$71,295)	(\$75,087)	Row F + Row G

⁽¹⁾ The Department has determined the amount of the appropriation attributable to these services from documentation provided by the Joint Budget Committee.

⁽²⁾ Expenditure in later months has often outpaced the rest of the fiscal year, making average weekly payments a poor predictor of year end payments.

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table J.1: Delayed Payment Incremental Savings Calculation for Department of Human Services Medicaid: Child Welfare Services

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Previous Year's Weekly Shifted Payment ⁽¹⁾	(\$112,956)	(\$110,832)	(\$108,748)	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: Row C, from Previous Year
B	Expenditure Trend	-1.88%	-1.88%	-1.88%	1/4 of the 5 year average change in program expenditure
C	Estimated Weekly Shift	(\$110,832)	(\$108,748)	(\$106,704)	FY 2010-11: Row A * (1+ Row B)
D	Weeks Shifted	3	3	3	Request
E	Estimated Total Shift	(\$332,496)	(\$326,244)	(\$320,112)	Row C / Row D
F	Estimated Expenditure from Prior Year due to Shifted Payment ^(1,2)	\$225,912	\$332,496	\$326,244	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row E, from Previous Year)
G	Total Estimated Expenditure Shift	(\$106,584)	\$6,252	\$6,132	Row F + Row G

⁽¹⁾ Expenditure in later months has often outpaced the rest of the fiscal year, making average weekly payments a poor predictor of year end payments.

Table J.2: Delayed Payment Incremental Savings Calculation for Department of Human Services Medicaid: Mental Health Institutes

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Previous Year's Weekly Shifted Payment ⁽¹⁾	(\$174,125)	(\$176,606)	(\$179,123)	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: Row C, from Previous Year
B	Expenditure Trend	1.43%	1.43%	1.43%	1/4 of the 5 year average change in program expenditure
C	Estimated Weekly Shift	(\$176,606)	(\$179,123)	(\$181,676)	FY 2010-11: Row A * (1+ Row B)
D	Weeks Shifted	3	3	3	Request
E	Estimated Total Shift	(\$529,818)	(\$537,369)	(\$545,028)	Row C / Row D
F	Estimated Expenditure from Prior Year due to Shifted Payment ^(1,2)	\$348,250	\$529,818	\$537,369	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row E, from Previous Year)
G	Total Estimated Expenditure Shift	(\$181,568)	(\$7,551)	(\$7,659)	Row F + Row G

⁽¹⁾ Expenditure in later months has often outpaced the rest of the fiscal year, making average weekly payments a poor predictor of year end payments.

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table J.3: Delayed Payment Incremental Savings Calculation for Department of Human Services Medicaid: Community Services Adult Program

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Previous Year's Weekly Shifted Payment ⁽¹⁾	(\$2,360,410)	(\$2,437,595)	(\$2,517,304)	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: Row C, from Previous Year
B	Expenditure Trend	3.27%	3.27%	3.27%	1/4 of the 5 year average change in program expenditure
C	Estimated Weekly Shift	(\$2,437,595)	(\$2,517,304)	(\$2,599,620)	FY 2010-11: Row A * (1+ Row B)
D	Weeks Shifted	3	3	3	Request
E	Estimated Total Shift	(\$7,312,785)	(\$7,551,912)	(\$7,798,860)	Row C / Row D
F	Estimated Expenditure from Prior Year due to Shifted Payment ^(1,2)	\$4,720,819	\$7,312,785	\$7,551,912	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row E, from Previous Year)
G	Total Estimated Expenditure Shift	(\$2,591,966)	(\$239,127)	(\$246,948)	Row F + Row G

⁽¹⁾ Expenditure in later months has often outpaced the rest of the fiscal year, making average weekly payments a poor predictor of year end payments.

Table J.4: Delayed Payment Incremental Savings Calculation for Department of Human Services Medicaid: Regional Centers

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Previous Year's Weekly Shifted Payment ⁽¹⁾	(\$1,274,466)	(\$1,302,249)	(\$1,330,638)	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: Row C, from Previous Year
B	Expenditure Trend	2.18%	2.18%	2.18%	1/4 of the 5 year average change in program expenditure
C	Estimated Weekly Shift	(\$1,302,249)	(\$1,330,638)	(\$1,359,646)	FY 2010-11: Row A * (1+ Row B)
D	Weeks Shifted	3	3	3	Request
E	Estimated Total Shift	(\$3,906,747)	(\$3,991,914)	(\$4,078,938)	Row C / Row D
F	Estimated Expenditure from Prior Year due to Shifted Payment ^(1,2)	\$2,548,932	\$3,906,747	\$3,991,914	FY 2010-11: Actuals FY 2011-12 and FY 2012-13: -(Row E, from Previous Year)
G	Total Estimated Expenditure Shift	(\$1,357,815)	(\$85,167)	(\$87,024)	Row F + Row G

⁽¹⁾ Expenditure in later months has often outpaced the rest of the fiscal year, making average weekly payments a poor predictor of year end payments.

**Medicaid Fee-For-Service Payment Timing
Appendix**

Table K.1: New FY 2011-12 Letternote Totals for Executive Director's Office

Long Bill Group	Line Item	Fund	Appropriation Type	COFRS Number	Previous Total	Requested Total	Incremental Change
(1) Executive Director's Office	Transfers to Other Departments	Reappropriated Funds	RF	-	\$1,505,000	\$1,505,000	\$0

Table K.2: New FY 2011-12 Letternote Totals for Medical Services Premiums

Long Bill Group	Line Item	Fund	Appropriation Type	COFRS Number	Previous Total	Requested Total	Incremental Change
(2) Medical Services Premiums	Medical Services Premiums	Health Care Expansion Fund	Cash Fund	18K	\$88,721,925	\$88,551,864	(\$170,061)
(2) Medical Services Premiums	Medical Services Premiums	Breast and Cervical Cancer Prevention and Treatment Fund	Cash Fund	15D	\$2,500,923	\$2,491,959	(\$8,964)
(2) Medical Services Premiums	Medical Services Premiums	Colorado Autism Treatment Fund	Cash Fund	18A	\$839,312	\$835,008	(\$4,304)
(2) Medical Services Premiums	Medical Services Premiums	Hospital Provider Fee Fund	Cash Fund	24A	\$171,705,885	\$171,670,149	(\$35,736)
Total					\$263,768,045	\$263,548,980	(\$219,065)

Table K.3: New FY 2010-11 Letternote Totals for Other Medical Services Programs

Long Bill Group	Line Item	Fund	Appropriation Type	COFRS Number	Previous Total	Requested Total	Incremental Change
(5) Other Medical Services	Old Age Pension State Medical Program	Old Age Pension and Medical Care Fund	Cash Fund	15K	\$12,848,483	\$12,803,462	(\$45,021)
(5) Other Medical Services	Public School Health	Certified Public Expenditures	Cash Fund	-	\$15,391,007	\$15,355,360	(\$35,647)
Total					\$28,239,490	\$28,158,822	(\$80,668)

Table K.4: New FY 2011-12 Letternote Totals for Department of Human Services - Medicaid Funded Programs

Long Bill Group	Line Item	Fund	Appropriation Type	COFRS Number	Previous Total	Requested Total	Incremental Change
(6) Department of Human Services - Medicaid Funded Programs	Services for People with Disabilities - Medicaid Funding, Regional Centers	Reappropriated Funds	RF	-	\$1,890,562	\$1,887,238	(\$3,324)

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title: Indigent Care Program Financing Reductions											
Department: Health Care Policy and Financing					Dept. Approval by: John Bartholomew			Date: November 1, 2010 ^{10/27}			
Priority Number: BRI-3					OSPB Approval: <i>onez</i>			Date: 10-29-10			
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	2,900,146,778	3,156,325,776	0	3,156,325,776	3,148,150,402	(7,179,364)	3,140,971,038	0	3,140,971,038	(7,376,324)
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	767,930,654	705,545,550	0	705,545,550	1,086,477,223	(14,010,318)	1,072,466,905	0	1,072,466,905	(1,500,000)
	GFE	104,310	161,444,485	0	161,444,485	161,444,485	0	161,444,485	0	161,444,485	0
	CF	345,983,933	355,440,220	0	355,440,220	340,021,162	(4,179,364)	335,841,798	0	335,841,798	(4,376,324)
	CFE/RF	6,340,945	8,042,243	0	8,042,243	3,756,401	0	3,756,401	0	3,756,401	0
	FF	1,779,786,936	1,925,853,278	0	1,925,853,278	1,556,451,131	11,010,318	1,567,461,449	0	1,567,461,449	(1,500,000)
(2) Medical Services Premiums	Total	2,877,822,564	3,106,858,127	0	3,106,858,127	3,101,279,542	0	3,101,279,542	0	3,101,279,542	0
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	762,936,068	700,606,422	0	700,606,422	1,079,820,226	(12,510,318)	1,067,309,908	0	1,067,309,908	0
	GFE	0	161,444,485	0	161,444,485	161,444,485	0	161,444,485	0	161,444,485	0
	CF	343,695,933	339,633,220	0	339,633,220	307,745,803	12,510,318	320,256,121	0	320,256,121	0
	CFE/RF	3,917,255	7,595,243	0	7,595,243	3,334,253	0	3,334,253	0	3,334,253	0
	FF	1,767,273,308	1,897,578,757	0	1,897,578,757	1,548,934,775	0	1,548,934,775	0	1,548,934,775	0
(4) Indigent Care Program; Health Care Services Fund Programs	Total	5,410,048	31,085,655	0	31,085,655	0	25,020,636	25,020,636	0	25,020,636	0
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	(1)	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	11,940,000	0	11,940,000	0	12,510,318	12,510,318	0	12,510,318	0
	CFE/RF	2,078,000	0	0	0	0	0	0	0	0	0
	FF	3,332,049	19,145,655	0	19,145,655	0	12,510,318	12,510,318	0	12,510,318	0

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12	<input type="checkbox"/>	Base Reduction Item FY 2011-12	<input checked="" type="checkbox"/>	Supplemental FY 2010-11	<input type="checkbox"/>	Budget Amendment FY 2011-12	<input type="checkbox"/>				
Request Title:	Indigent Care Program Financing Reductions										
Department:	Health Care Policy and Financing			Dept. Approval by:	John Bartholomew			Date:	November 1, 2010		
Priority Number:	BRI-3			OSPB Approval:				Date:			
		1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
	Fund										
(4) Indigent Care Program; Pediatric Specialty Hospital	Total	14,909,166	14,821,994	0	14,821,994	14,950,860	(3,000,000)	11,950,860	0	11,950,860	(3,000,000)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	4,994,587	4,939,128	0	4,939,128	6,656,997	(1,500,000)	5,156,997	0	5,156,997	(1,500,000)
	GFE	104,310	0	0	0	0	0	0	0	0	0
	CF	283,000	307,000	0	307,000	355,359	0	355,359	0	355,359	0
	CFE/RF	345,690	447,000	0	447,000	422,148	0	422,148	0	422,148	0
	FF	9,181,579	9,128,866	0	9,128,866	7,516,356	(1,500,000)	6,016,356	0	6,016,356	(1,500,000)
(4) Indigent Care Program; Primary Care Fund Program	Total	0	0	0	0	31,920,000	(31,920,000)	0	0	0	(4,376,324)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	31,920,000	(31,920,000)	0	0	0	(4,376,324)
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
(4) Indigent Care Program; Primary Care Grant Program Special Distribution	Total	2,005,000	3,560,000	0	3,560,000	0	2,720,000	2,720,000	0	2,720,000	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	2,005,000	3,560,000	0	3,560,000	0	2,720,000	2,720,000	0	2,720,000	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
Non-Line Item Request:	None.										
Letternote Revised Text:	These funds shall be from the Primary Care Fund 18L.										
Cash or Federal Fund Name and COFRS Fund Number:	Cash Funds: Primary Care Fund 18L; Federal Funds: Title XIX										
Reappropriated Funds Source, by Department and Line Item Name:	None.										
Approval by OIT?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input checked="" type="checkbox"/>								
Schedule 13s from Affected Departments:	None.										

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	BRI-3
Change Request Title:	Indigent Care Program Financing Reductions

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department requests a one-time redistribution of tobacco tax funds appropriated to the Primary Care Fund to offset General Fund expenditures in Medicaid and to minimize the losses to community health clinics. This request also includes an adjustment to the Primary Care Fund Programs line item to account for an updated Tobacco Tax revenue forecast that was not adjusted in the base request. This request also proposes to permanently reduce the amount of General Fund appropriations to the Pediatric Specialty Hospital line item in the amount of \$1,500,000. For FY 2011-12, this request will result in total General Fund savings of \$14,010,318. In order to achieve the savings associated with the redistribution of the Primary Care Fund, several statutes would need to be amended and a state fiscal emergency would need to be declared for FY 2011-12 in accordance with 24-22-117 (6) (a) C.R.S. (2010).

General Description of Request:

The Department requests a one-time redistribution of tobacco tax funds appropriated to the Primary Care Fund to offset General Fund expenditures in Medicaid and to minimize the losses to community health clinics. Similar measures for FY 2009-10 and FY 2010-11 were passed via HB 10-1321 and HB 10-1378, respectively. Under current law, the

Primary Care Fund receives 19% of the moneys deposited into the Tobacco Tax Cash Fund pursuant to 24-22-117 (2) (b) (I) C.R.S (2010). Monies in the fund support the Primary Care Fund Program, which allocates monies to health care providers who make basic health care services available in an outpatient setting to residents of Colorado who are considered medically indigent.

The base request for the Primary Care Fund Program line item in the Department’s budget is \$31,920,000 cash funds. However, the September 2010 Legislative Council forecast for the distribution of tobacco tax funds to the Primary Care Fund is \$27,740,636 in FY 2011-12 and \$27,543,676 in FY 2012-13. The Department is requesting a reduction of \$4,179,364 in FY 2011-12 to the Primary Care Fund Program line item to reflect this reduced revenue forecast. This revenue adjustment would annualize to a reduction of \$4,376,324 in FY 2012-13.

Table 1: Primary Care Fund Program Line Item Revenue Adjustments		
	FY 2011-12	FY 2012-13
FY 2011-12 Primary Care Fund Program Base Request	\$31,920,000	\$31,920,000
Estimated Distribution to the Primary Care Fund Line Item	\$27,740,636	\$27,543,676
Requested Revenue Adjustments	(\$4,179,364)	(\$4,376,324)

This request is to redistribute the Primary Care Fund monies in FY 2011-12, allocating \$12,510,318 to the General Fund, \$12,510,318 to the Health Care Services Fund Program line item, and \$2,720,000 to the Primary Care Special Distribution Fund. By appropriating \$12,510,318 from the Primary Care Fund to the Health Care Services Fund Program line item, the state is able to draw down \$12,510,318 in matching federal funds for distribution to community health clinics, which is not possible through the Primary Care Fund Program. The Primary Care Special Distribution Fund was created in HB 10-1321, and the \$2,720,000 will be used to mitigate losses to those clinics that do not participate in the Colorado Indigent Care Program (CICP) and that would have received funding from the Primary Care Fund. The remaining \$12,510,318 of the estimated FY

2011-12 Primary Care Fund distribution would be used as an offset to General Fund for any health related purpose in Medicaid.

The Pediatric Specialty Hospital line item includes General Fund as increased reimbursement to the state's only Pediatric Specialty Hospital, The Children's Hospital, to help defray the cost of providing care to large numbers of Medicaid and indigent clients. The Department requests a permanent reduction to the General Fund appropriation to the Pediatric Specialty Hospital line item in the amount of \$1,500,000. Because this line item draws matching federal funds, this results in a total funds reduction of \$3,000,000. A portion of the General Fund appropriated for FY 2010-11 is for the operation of the Children's Hospital "Kids Street" program, equal to \$1,100,000, which the Department is not recommending for elimination.

Combined, these measures will support services provided at community health clinics and leave them no worse off than they would have been under current law, while also reducing General Fund expenditures by \$12,510,318 (see Table 1 below for calculations for the Primary Care Fund redistribution).

Table 2: FY 2011-12 Primary Care Fund Distribution Payments			
	Current Law	Proposed Redistribution	Net Change
Total Estimated Primary Care Fund Distribution	\$27,740,636	\$27,740,636	\$0
Federal Funds Generated by Primary Care Funds	\$0	\$12,510,318	\$12,510,318
Total Budget	\$27,740,636	\$40,250,954	\$12,510,318
Non-CICP Providers	\$4,215,911	\$2,300,000	(\$1,915,911)
CICP Non-Primary Care Fund Providers	\$0	\$118,223	\$118,223
CICP and Primary Care Fund Providers	\$23,524,725	\$25,322,413	\$1,797,688
Total All Clinics	\$27,740,636	\$27,740,636	\$0
General Fund Refinanced in Medical Services Premiums	\$0	\$12,510,318	\$12,510,318

Consequences if Not Funded:

If this request is not approved, the State would be need to identify General Fund reductions of \$14,010,318 when adopting a balanced budget for FY 2011-12.

Calculations for Request:

Summary of Request FY 2011-12	Total Funds	General Fund	Cash Funds	Federal Funds
Total Request	(\$7,179,364)	(\$14,010,318)	(\$4,179,364)	\$11,010,318
(2) Medical Services Premiums	\$0	(\$12,510,318)	\$12,510,318	\$0
(4) Indigent Care Program; Health Care Services Fund Programs	\$25,020,636	\$0	\$12,510,318	\$12,510,318
(4) Indigent Care Program; Pediatric Specialty Hospital	(\$3,000,000)	(\$1,500,000)	\$0	(\$1,500,000)
(4) Indigent Care Program; Primary Care Fund Program	(\$31,920,000)	\$0	(\$31,920,000)	\$0
(4) Indigent Care Program; Primary Care Special Distribution Fund	\$2,720,000	\$0	\$2,720,000	\$0

Summary of Request FY 2012-13	Total Funds	General Fund	Cash Funds	Federal Funds
Total Request	(\$7,376,324)	(\$1,500,000)	(\$4,376,324)	(\$1,500,000)
(4) Indigent Care Program; Primary Care Fund Program	(\$4,376,324)	\$0	(\$4,376,324)	\$0
(4) Indigent Care Program, Pediatric Specialty Hospital	(\$3,000,000)	(\$1,500,000)	\$0	(\$1,500,000)

Cash Funds Projections:

Cash Fund Name	Cash Fund Number	FY 2009-10 Expenditures	FY 2009-10 End of Year Cash Balance	FY 2010-11 End of Year Cash Balance Estimate	FY 2011-12 End of Year Cash Balance Estimate	FY 2012-13 End of Year Cash Balance Estimate
Primary Care Fund	18L	\$30,792,455	\$8	\$455,846	\$396,930	\$0

<u>Assumptions for Calculations:</u>	A state fiscal emergency would need to be declared for FY 2011-12 in accordance with 24-22-117 (6) (a) C.R.S. (2010) in order to repurpose the Primary Care Funds to draw federal funds and achieve General Fund savings.
<u>Impact on Other Government Agencies:</u>	Not applicable.
<u>Cost Benefit Analysis:</u>	The State will achieve the same level of funding for clinics with less state resources, thereby saving the state \$14,010,318 General Fund in FY 2011-12.
<u>Implementation Schedule:</u>	Not applicable.
<u>Statutory and Federal Authority:</u>	<p>The Department would require amendments to current statute in order to implement the redistribution of the Primary Care Fund:</p> <p>24-22-117, C.R.S. (2010) Tobacco tax cash fund – accounts – creation – legislative declaration – repeal</p> <p><i>(2) (b) The primary care fund to be administered by the department of health care policy and financing. The state treasurer and the controller shall transfer an amount equal to nineteen percent of the moneys deposited into the cash fund, plus nineteen percent of the interest and income earned on the deposit and investment of those moneys, to the primary care fund.</i></p> <p><i>(6) (a) Notwithstanding any other provision of law, the general assembly may use revenue generated by the implementation of the cigarette and tobacco taxes pursuant to sections 39-28-103.5 and 39-28.5-102.5, C.R.S., and section 21 of article X of the state constitution for any health-related purpose and to serve populations enrolled in the children's basic health plan and the Colorado medical assistance program at the respective program levels of enrollment as of January 1, 2005. Such use of revenue shall</i></p>

be preceded by a declaration of a state fiscal emergency, which shall be adopted by a joint resolution, approved by a two-thirds majority vote of the members of the senate and of the house of representatives, and signed by the governor. The declaration shall apply only to a single fiscal year.

25.5-3-112 (2.7), C.R.S. (2010) In the 2010-11 fiscal year, notwithstanding the requirements of section 25.5-3-108 (8) (b), the moneys deposited into the fund shall be appropriated to the state department for distribution to Denver health and hospitals, as the community health clinic for the city and county of Denver, and to community health clinics. The state department shall develop a distribution formula specifying the distributions based upon prior utilizations and, to the extent possible, mitigation of the reductions in funding that the clinics experience due to reductions in moneys available from the primary care fund established pursuant to section 24-22-117(2) (b), C.R.S.

25.5-3-112 (4) (b), C.R.S. (2010) (I) Of the moneys appropriated to the special distribution fund, the state department shall distribute the following amounts to health clinics that qualify for payments from the primary care fund but do not participate in the Colorado indigent care program established pursuant to this part 1: (A) For the 2009-10 fiscal year, one million six hundred thousand dollars; and (B) For the 2010-11 fiscal year, three million dollars.

(c) (I) Of the moneys appropriated to the special distribution fund, the state department shall distribute the following amounts to health clinics that participate in the Colorado indigent care program established pursuant to this part 1 and that experience reductions in funding due to transfers from the primary care fund pursuant to House Bill 10-1321, enacted in 2010, and House Bill 10-1378, enacted in 2010, which reductions are not offset by increased appropriations pursuant to paragraph (b) of subsection (2.5) of this section: (A) For the 2009-10 fiscal year, four hundred five thousand dollars; and (B) For the 2010-11 fiscal year, five hundred sixty thousand dollars.

(d) This subsection (4) is repealed, effective July 1, 2012.

Performance Measures:

By supporting services provided at community health clinics and leaving them no worse off than they would have been under current law, while also reducing General Fund expenditures, the Department believes that this request supports the following Performance Measure:

- Increase the number of Medicaid clients that have a medical home or focal point of care.

In addition, the request supports the following Department objectives:

- The Department will increase the number of individuals eligible and enrolled in its programs, improve health outcomes for all clients, and ensure that the health care the Department purchases is medically necessary, appropriate to the population, and cost-effective. Assure delivery of appropriate, high quality health care and expand and preserve health care services in the most cost-effective manner possible. Design programs that result in improved health status for clients served and improve health outcomes.

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title: CHP+ Program Reductions											
Department: Health Care Policy and Financing					Dept. Approval by: John Bartholomew			Date: November 1, 2010 10/25			
Priority Number: BRI-4					OSPB Approval:			Date: 10-28-10			
	Fund	1 Prior-Year Actual FY 2009-10	2 Appropriation FY 2010-11	3 Supplemental Request FY 2010-11	4 Total Revised Request FY 2010-11	5 Base Request FY 2011-12	6 Decision/ Base Reduction FY 2011-12	7 November 1 Request FY 2011-12	8 Budget Amendment FY 2011-12	9 Total Revised Request FY 2011-12	10 Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	176,565,966	212,083,098	0	212,083,098	211,519,457	(9,945,114)	201,574,343	0	201,574,343	(14,582,719)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	4,371,712	4,741,183	0	4,741,183	4,345,760	7,530	4,353,290	0	4,353,290	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	58,936,852	64,372,688	0	64,372,688	71,343,266	(3,486,073)	67,857,193	0	67,857,193	(5,103,952)
	CFE/RF	32,682	6,879,265	0	6,879,265	22,385	36	22,421	0	22,421	0
	FF	113,224,720	136,089,962	0	136,089,962	135,808,046	(6,466,607)	129,341,439	0	129,341,439	(9,478,767)
(4) Indigent Care Program; Children's Basic Health Plan Premium Costs ^a	Total	167,729,257	202,521,966	0	202,521,966	202,521,966	(9,960,298)	192,561,668	0	192,561,668	(14,582,719)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	58,910,116	64,352,642	0	64,352,642	71,209,522	(3,486,104)	67,723,418	0	67,723,418	(5,103,952)
	CFE/RF	0	6,856,880	0	6,856,880	0	0	0	0	0	0
	FF	108,819,141	131,312,444	0	131,312,444	131,312,444	(6,474,194)	124,838,250	0	124,838,250	(9,478,767)
(6) Department of Human Services Medicaid-Funded Programs; (B) Office of Information Technology Services - Medicaid Funding, Colorado Benefits Management System ^b	Total	8,836,709	9,561,132	0	9,561,132	8,997,491	15,184	9,012,675	0	9,012,675	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	4,371,712	4,741,183	0	4,741,183	4,345,760	7,530	4,353,290	0	4,353,290	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	26,736	20,046	0	20,046	133,744	31	133,775	0	133,775	0
	CFE/RF	32,682	22,385	0	22,385	22,385	36	22,421	0	22,421	0
	FF	4,405,579	4,777,518	0	4,777,518	4,495,602	7,587	4,503,189	0	4,503,189	0
Non-Line Item Request:	None.										
Letternote Revised Text:	<p>a Of this amount, \$31,449,328 \$30,977,501 shall be from the Children's Basic Health Plan Trust created in 25-5-8-105, C.R.S. : \$30,000,842 \$28,645,190 shall be from the Health Care Expansion Fund created in 24-22-117 (2) (a) (I), C.R.S. : \$8,297,682 \$7,639,028 shall be from the Hospital Provider Fee Cash Fund created in 25-5-4-402.3 (4), C.R.S. , and \$461,700 shall be from the Colorado Immunization Fund created in 25-4-2301, C.R.S.</p> <p>b Of this amount, \$19,452 \$19,183 shall be from the Children's Basic Health Plan Trust created in 25-5-8-105, C.R.S. and \$114,592 shall be from the Hospital Provider Fee Cash Fund created in 25-5-4-402.3 (4), C.R.S.</p>										
Cash or Federal Fund Name and COFRS Fund Number:	CF: Children's Basic Health Plan Trust Fund 11G, Health Care Expansion Fund 18K, and Hospital Provider Fee Cash Fund 24A; FF: Title XIX and Title XXI										
Reappropriated Funds Source, by Department and Line Item Name:	Department of Human Services, Old Age Pension Fund										
Approval by OIT?	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>										
Schedule 13s from Affected Departments:	Department of Human Services, Governor's Office of Information Technology										

**Schedule 13
Change Request for FY 2011-12 Budget Request Cycle**

Decision Item FY 2011-12 Base Reduction Item FY 2011-12 Supplemental FY 2010-11 Budget Amendment FY 2011-12

Request Title: HCPF - CHP+ Program Reductions (BRI-4)
 Department: Department of Human Services
 Priority Number: NP-3
 Dept. Approval by: *P. J. [Signature]*
 OSPB Approval: *[Signature]*
 Date: 10/28/10
 Date: 10-29-10

	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	24,143,101	24,875,508	0	24,875,508	24,037,179	40,352	24,077,531	0	24,077,531	0
	FTE	42.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	5,987,896	6,138,426	0	6,138,426	6,135,426	9,955	6,145,381	0	6,145,381	0
	CF	1,183,809	1,158,436	0	1,158,436	939,086	1,880	940,966	0	940,966	0
	RF	8,762,227	9,359,525	0	9,359,525	8,997,489	15,184	9,012,673	0	9,012,673	0
	FF	8,209,169	8,219,121	0	8,219,121	7,965,178	13,333	7,978,511	0	7,978,511	0
	MCF	8,836,708	9,359,525	0	9,359,525	8,997,489	15,184	9,012,673	0	9,012,673	0
	MGF	4,535,015	4,641,210	0	4,641,210	4,345,760	7,530	4,353,290	0	4,353,290	0
	NGF	10,522,911	10,779,636	0	10,779,636	10,481,186	17,485	10,498,671	0	10,498,671	0
(2) Office of Information Technology Services, Colorado Benefits Management System (CBMS)	Total	24,143,101	24,875,508	0	24,875,508	24,037,179	40,352	24,077,531	0	24,077,531	0
	FTE	42.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	5,987,896	6,138,426	0	6,138,426	6,135,426	9,955	6,145,381	0	6,145,381	0
	CF	1,183,809	1,158,436	0	1,158,436	939,086	1,880	940,966	0	940,966	0
	RF	8,762,227	9,359,525	0	9,359,525	8,997,489	15,184	9,012,673	0	9,012,673	0
	FF	8,209,169	8,219,121	0	8,219,121	7,965,178	13,333	7,978,511	0	7,978,511	0
	MCF	8,836,708	9,359,525	0	9,359,525	8,997,489	15,184	9,012,673	0	9,012,673	0
	MGF	4,535,015	4,641,210	0	4,641,210	4,345,760	7,530	4,353,290	0	4,353,290	0
	NGF	10,522,911	10,779,636	0	10,779,636	10,481,186	17,485	10,498,671	0	10,498,671	0

Non-Line Item Request: None
 Letternote Revised Text for FY 2010-11: None
 Letternote Text Requested for FY 2011-12: ¹ Of these amounts, it is estimated that \$4,526,520 \$4,531,971 shall be from the Temporary Assistance for Needy Families Block Grant, \$6,633,047 \$5,540,899 shall be from Food Stamp funds.

Cash or Federal Fund Name and COFRS Fund Number:
 Reappropriated Funds Source, by Department and Line Item Name: Health Care Policy and Financing
 Approval by OIT? Yes: No: N/A:
 Schedule 13s from Affected Departments: Companion to BRI-4 from Health Care Policy and Financing

Schedule 13
Change Request for FY 2011-12 Budget Request Cycle

Decision Item FY 2011-12 Base Reduction Item FY 2011-12 Supplemental FY 2010-11 Budget Amendment FY 2011-12

Request Title: HCPF - CHP+ Program Reductions (BRI-4)
 Department: Governor's Office of Information Technology Dept. Approval by: *[Signature]* Date: 10/29/10
 Priority Number: Corresponds to Human Services # NP-3 OSPB Approval: *[Signature]* Date: 10-29-10

		1	2	3	4	5	6	7	8	9	10
	Fund	Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	0	30,192,910	0	30,192,910	23,951,790	40,352	23,992,142	0	23,992,142	0
	FTE	0.0	58.5	0.0	58.5	58.5	0.0	58.5	0.0	58.5	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	30,192,910	0	30,192,910	23,951,790	40,352	23,992,142	0	23,992,142	0
	FF	0	0	0	0	0	0	0	0	0	0
(5) Office of Information Technology, (C)	Total	0	30,192,910	0	30,192,910	23,951,790	40,352	23,992,142	0	23,992,142	0
Statewide Information Technology Services,	FTE	0.0	58.5	0.0	58.5	58.5	0.0	58.5	0.0	58.5	0.0
(9) Colorado Benefits Management System	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	30,192,910	0	30,192,910	23,951,790	40,352	23,992,142	0	23,992,142	0
	FF	0	0	0	0	0	0	0	0	0	0

Non-Line Item Request: None
 Letternote Revised Text for FY 2010-11: None
 Letternote Text Requested for FY 2011-12: None
 Cash or Federal Fund Name and COFRS Fund Number: None
 Reappropriated Funds Source, by Department and Line Item Name: This amount shall be from user fees collected from other state agencies and deposited in the Information Technology Revolving Fund created in Section 24-37.5-112)1)(a) C.R.S
 Approval by OIT? Yes: No: N/A:
 Schedule 13s from Affected Departments: HCPF, DHS

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	BRI-4
Change Request Title:	CHP+ Program Reductions

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department is proposing to reduce CHP+ expenditures through five initiatives. The total fund reduction under this proposal is \$9,945,114 in FY 2011-12 and \$14,582,719 in FY 2012-13. Of these amounts, \$1,471,827 and \$2,162,644, respectively, are cash fund savings to the CHP+ Trust Fund. Because the CHP+ Trust Fund is insolvent, the cash fund portion of these savings would equate to General Fund savings through a reduced General Fund need to balance the Fund. These savings are incorporated in the Department's DI-6 "Cash Fund Insolvency Financing." The five initiatives are:

- Eliminate reinsurance;
- 3% CHP+ HMO Rate Reduction
- CHP+ out-of-network reimbursement changes;
- Eliminate CHP+ pre-HMO and retroactive enrollment periods; and,
- Eliminate Inpatient coverage for CHP+ Prenatal presumptive eligibility.

General Description of Request:

The Department is proposing to reduce CHP+ expenditures through five initiatives, as discussed below. These initiatives would result in total savings of \$9,945,114 in FY 2011-12 and \$14,582,719 in FY 2012-13.

Eliminate reinsurance

CHP+ is responsible for all costs incurred by members in the State's self-funded managed care network (SMCN), including any extraordinary health care services. Approximately 30% of children in CHP+ and all prenatal women are served in the SMCN. While the per member per month medical cost includes some variability in costs per client, a single client with catastrophic health care claims (such as a life-threatening illness or severe auto accident) could cost the program potentially hundreds of thousands of dollars. Unlike Medicaid, CHP+ is not an entitlement program; CHP+ must pay all claims incurred through its annual appropriation and has only limited overexpenditure authority. Presently, the Department mitigates this risk by purchasing reinsurance. Reinsurance protects insurers from catastrophic claims by paying for claims over a predetermined dollar amount. Reinsurance premiums are paid by a per member per month charge. Like the State, health maintenance organizations are responsible for covering claims for catastrophic cases enrolled in their plans, and often use reinsurance coverage to mitigate their financial risk in this area as well.

As discussed in the Department's November 1, 2010 DI-3, effective July 1, 2010, the Department is implementing a new reimbursement schedule for hospital payments. While the hospitals were paid 44% of billed charges in FY 2009-10, in FY 2010-11 they will be paid 135% of the Colorado Medicaid DRGs for inpatient services and 135% of the Colorado Medicaid Outpatient Cost-to-Charge ratio for outpatient services. This means that CHP+ will essentially adopt the Medicaid reimbursement methodologies.

With this change in hospital reimbursement methodology, the Department anticipates that the number of catastrophic health care claims will drop drastically. In FY 2008-09, the Department collected approximately \$2,500,000 from the reinsurer for catastrophic claims. This led the reinsurer to reduce the amount of coverage that the Plan could purchase for FY 2009-10, which greatly reduced the number of claims eligible for

reinsurance. This, coupled with the change in hospital reimbursement to 44% of billed charges, led to only approximately \$110,000 being reimbursed by the reinsurer. Therefore, the Department is proposing the elimination of this coverage as there is no longer a positive return on investment. Based on the projected FY 2010-11 reinsurance per member per month cost provided by the Department's contracted actuary, trended forward by the FY 2010-11 trend used in the Plan's actuarial report, the Department estimates that the FY 2011-12 capitation rate for reinsurance would be \$3.63 and the FY 2012-13 rate would be \$4.08. Based on caseload projections for children and prenatal women enrolled in the Plan, the Department estimates that the elimination of reinsurance would result in savings of \$1,294,727 in FY 2011-12 and \$1,523,262 in FY 2012-13.

3% CHP HMO Rate Reductions

The Department is proposing to reduce the CHP+ HMO rates by 3% effective July 1, 2011. Medicaid providers have experienced rate cuts of 2.5% to 5.5% over the last three years while the CHP+ HMOs have been held harmless for this line of business. Hospital reimbursement for CHP+ participating hospitals have experienced cuts with the Department's reimbursement methodology change from 65% of billed charges to one based on Medicaid diagnosis related groups. In addition, physicians participating in the CHP+ SMCN have experienced cuts due to the Department's decision to freeze their reimbursement at 90% of the 2009 Medicare level beginning in FY 2010-11. Rather than cutting or limiting specific services, the Department is reducing the capitation rate and allowing the HMOs the ability to decide how the savings will be achieved, whether through administrative efficiencies, utilization controls, or case management. Projected savings from this HMO rate reduction equal \$3,265,571 in FY 2011-12 and \$3,659,457 in FY 2012-13.

CHP+ out-of-network reimbursement changes, Eliminate CHP+ Pre-HMO and Retroactive Enrollment Period, and Eliminate Inpatient coverage for CHP+ Prenatal Presumptive Eligibility

Because the Children's Basic Health Plan is largely modeled after commercial insurance plans, the rates paid to the participating health plans must be actuarially certified. As such, the Department contracts with an actuarial firm to set rates based on claims data provided by the health plans. This data is proprietary in nature, and the Department does not have claim-level data to estimate savings for the above three initiatives. For the purposes of this request, the Department has relied on rough estimates provided by the contracted CHP+ actuarial firm, which was established by a Fellow of the Society of Actuaries and which has been consulting with CHP+ for over 6 years.

Based on FY 2008-09 and FY 2009-10 self-funded network claims, as well as judgment based on significant experience consulting in the health care field, the Department's contracted actuary estimates that these three initiatives would result in saving of approximately \$5,400,000 in FY 2011-12 and \$9,400,000 in FY 2012-13. Due to the proprietary nature of the data used to produce savings estimates for these initiatives, the Department was not able to include more robust estimates in this request. The Department will continue to work with the actuarial firm to develop more specific savings estimates for these initiatives, and will true up the budget savings through the regular supplemental process.

CHP+ out-of-network reimbursement changes

Currently, any services provided to CHP+ enrollees by providers not participating in the State's managed Care Network (SMCN) are reimbursed at a lower rate than in-network services. To align CHP+ policy with commercial plan practice, out-of-network, non-emergent care without prior authorization would no longer be reimbursed through the CHP+ SMCN. The Department will continue to work with Colorado Access, which administers the SMCN, to develop an appropriate exception policy for cases in which clients require services that can not be provided by an in-network provider. The Department is adding language to letters generated by the Colorado Benefits Management

System that are sent to newly eligible clients notifying families that they may bear financial responsibility for out-of-network claims, and directing them to the CHP+ website to locate in-network providers. This notification will mirror language that is currently included in letters sent to all clients determined to be presumptively eligible for CHP+. In addition, all SMCN providers will receive letters communicating this change in policy, and will be notified of the expectation that they follow the Department's policy that any referrals be to in-network providers (unless exceptional circumstances exist), as will be outlined in the Plan's Provider Manual.

Eliminate CHP+ Pre-HMO and Retroactive Enrollment Period

Under current rules for CHP+, retroactive eligibility is granted to the initial date of application once the determination is complete. Children with geographical access to an HMO who are found eligible for CHP+ are currently covered in the State's self-funded network until the beginning of the following month, at which point the child becomes enrolled in the selected HMO. Per 25.5-8-102, C.R.S (2010), "the children's basic health plan was designed as, and should continue to be, a private-public partnership that encourages enrollment and seeks every opportunity to operate with the efficiency and creativity that is found in utilizing private sector systems and business practices while maintaining the highest level of accountability to the general assembly, the executive branch, and the public through administration of the plan by the department". In order to align CHP+ policy with that in private sector systems, the Department would eliminate this pre-HMO period of eligibility and begin HMO enrollment the first day of the month following eligibility determination. This prospective enrollment is similar to that of large commercial plans. For most children applying for CHP+, eligibility is granted prior to the 20th of a given month, and can be enrolled in their selected HMO as of the first day of the following month. Under current policy, children who are determined eligible for the Plan after the 20th day of the month are enrolled in the selected HMO on the first day of the second month.

Children would continue to receive services, emergent or non-emergent, during their presumptive eligibility period through the SMCN, which is effective for 45 days from the date of application. The Department will add language to letters generated by the

Colorado Benefits Management System that are sent to newly eligible clients notifying families that they may bear financial responsibility for out-of-network claims, and directing them to the CHP+ website to locate or contact their selected HMO. In addition, the Department will develop a policy for children that are determined after the 20th of a given month to ensure that there is no gap in coverage once the child's presumptive eligibility period ends.

The shortened length of enrollment in CHP+ would result in avoided costs in the SMCN, where the State is fully liable for all costs incurred by enrollees, and would also eliminate any retroactive payments to HMOs for the period between the application date and the enrollment date in the HMO. In addition, the Department believes that this change in policy ensures continuity of care, effective care management, and efficiently ties children to their medical home immediately upon enrollment, all of which the Department purchases via administrative payments to the HMOs. This policy is directly tied to legislative requirements and the Department's mission to improve access to cost-effective, high-quality care to CHP+ enrollees.

The modifications to the Colorado Benefits Management System necessary to implement this change are estimated to require 388 hours for design, development, and testing at \$104 per hour, for a total cost of \$40,352. Of this amount, the Department's share is estimated to be \$15,184 and the Department of Human Services' share is estimated to be \$25,168. This is based on the cost-sharing agreement between the two State departments for changes to the Colorado Benefits Management System. Due to systems modifications necessary for this proposal, the Department assumes that these initiatives would be implemented January 1, 2012, and would achieve 6 months of savings in FY 2011-12.

Eliminate Inpatient coverage for CHP+ Prenatal Presumptive Eligibility

Both Medicaid and CHP+ currently provide presumptive eligibility (PE) to pregnant women for up to 45 days while the client completes the application for benefits and their eligibility is being determined. In order to be consistent with Medicaid policy, CHP+ would discontinue coverage of inpatient services as a program benefit for prenatal members during the PE period. All prenatal members who utilize inpatient services during

their PE period and are later enrolled in either Medicaid or CHP+ would have coverage for any these services. However, those prenatal members who are not found eligible for either Medicaid or CHP+ following their PE period would not have coverage for inpatient services received during their PE period. Analysis of data from FY 2008-09 and FY 2009-10 by the Department shows that approximately 20% of prenatal members are not enrolled in either Medicaid or CHP+ after their PE period. In accordance with Medicaid policy, any inpatient services incurred by these individuals would no longer be covered under CHP+. A rule change, communication plan for providers, PE sites, and PE members would be necessary to implement this change.

Consequences if Not Funded:

As less State General Fund would be need to be appropriated to the Children’s Basic Health Plan Trust if this request is adopted, if not approved, the State would need to identify additional General Fund reductions of \$1,471,827 for FY 2011-12 in order to pass a balanced budget.

Calculations for Request:

Summary of Request FY 2011-12	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$9,945,114)	\$7,530	(\$3,486,073)	\$36	(\$6,466,607)
(4) Indigent Care Program; H.B. 97-1304 Children's Basic Health Plan Trust	\$0	\$0	\$0	\$0	\$0
(4) Indigent Care Program, Children's Basic Health Plan Premium Costs	(\$9,960,298)	\$0	(\$3,486,104)	\$0	(\$6,474,194)
(6) Department of Human Services Medicaid- Funded Programs; (B) Office of Information Technology Services - Medicaid Funding, Colorado Benefits Management System	\$15,184	\$7,530	\$31	\$36	\$7,587

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Summary of Request FY 2012-13	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$14,582,719)	\$0	(\$5,103,952)	\$0	(\$9,478,767)
(4) Indigent Care Program; H.B. 97-1304 Children's Basic Health Plan Trust	\$0	\$0	\$0	\$0	\$0
(4) Indigent Care Program, Children's Basic Health Plan Premium Costs	(\$14,582,719)	\$0	(\$5,103,952)	\$0	(\$9,478,767)

Summary of Requested Initiatives in FY 2011-12	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$9,945,114)	\$7,530	(\$3,486,073)	\$36	(\$6,466,607)
Eliminate Reinsurance	(\$1,294,727)	\$0	(\$453,154)	\$0	(\$841,573)
3% CHP+ HMO Rate Reduction	(\$3,265,571)	\$0	(\$1,142,950)	\$0	(\$2,122,621)
CHP+ Out-of-network Reimbursement Changes, Eliminate CHP+ Pre-HMO Enrollment, and Eliminate Inpatient Coverage for Prenatal PE	(\$5,400,000)	\$0	(\$1,890,000)	\$0	(\$3,510,000)
Colorado Benefits Management System Changes	\$15,184	\$7,530	\$31	\$36	\$7,587

Summary of Requested Initiatives in FY 2012-13	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$14,582,719)	\$0	(\$5,103,952)	\$0	(\$9,478,767)
Eliminate Reinsurance	(\$1,523,262)	\$0	(\$533,142)	\$0	(\$990,120)
3% CHP+ HMO Rate Reduction	(\$3,659,457)	\$0	(\$1,280,810)	\$0	(\$2,378,647)
CHP+ Out-of-network Reimbursement Changes, Eliminate CHP+ Pre-HMO Enrollment, and Eliminate Inpatient Coverage for Prenatal PE	(\$9,400,000)	\$0	(\$3,290,000)	\$0	(\$6,110,000)

Table 1: Summary Cash Fund Impact from Five Initiatives in FY 2011-12				
FY 2011-12	Total	CHP+ Trust Fund	Health Care Expansion Fund	Hospital Provider Fee Cash Fund
Eliminate Reinsurance	(\$453,154)	(\$193,451)	(\$176,323)	(\$83,380)
3% CHP+ HMO Rate Reduction	(\$1,142,950)	(\$503,469)	(\$445,636)	(\$193,844)
CHP+ Out-of-network Reimbursement Changes, Eliminate CHP+ Pre-HMO Enrollment, and Eliminate Inpatient Coverage for Prenatal PE	(\$1,890,000)	(\$774,907)	(\$733,663)	(\$381,430)
Total Request	(\$3,486,104)	(\$1,471,827)	(\$1,355,622)	(\$658,654)

Table 2: Summary Cash Fund Impact from Five Initiatives in FY 2012-13				
FY 2012-13	Total	CHP+ Trust Fund	Health Care Expansion Fund	Hospital Provider Fee Cash Fund
Eliminate Reinsurance	(\$533,142)	(\$225,039)	(\$218,908)	(\$89,195)
3% CHP+ HMO Rate Reduction	(\$1,280,810)	(\$559,074)	(\$529,103)	(\$192,634)
CHP+ Out-of-network Reimbursement Changes, Eliminate CHP+ Pre-HMO Enrollment, and Eliminate Inpatient Coverage for Prenatal PE	(\$3,290,000)	(\$1,378,531)	(\$1,348,802)	(\$562,667)
Total Request	(\$5,103,952)	(\$2,162,644)	(\$2,096,813)	(\$844,496)

Table 3: Reinsurance Savings		
	FY 2011-12	FY 2012-13
Estimated Average Monthly Caseload- Children	87,954	91,716
Estimated Percent of Children Enrolled in SMCN	30.00%	30.00%
Estimated SMCN Caseload- Prenatal	3,337	3,597
Estimated SMCN Caseload- Total	29,723	31,112
Estimated Reinsurance PMPM	\$3.63	\$4.08
Months Effective	12	12
Estimated Total Savings	(\$1,294,727)	(\$1,523,262)
Federal Funds	(\$841,573)	(\$990,120)
Cash Funds	(\$453,154)	(\$533,142)
CBHP Trust Fund	(\$193,451)	(\$225,039)
Health Care Expansion Fund	(\$176,323)	(\$218,908)
Hospital Provider Fee Cash Fund	(\$83,380)	(\$89,195)

Table 4: CHP+ HMO 3% Rate Reduction		
	FY 2011-12	FY 2012-13
Estimated HMO Capitation Rate (PMPM)	\$151.51	\$158.48
Percent Reduction	3%	3%
PMPM Savings from Reduction	\$4.55	\$4.75
Months Effective	12	12
Estimated Average Monthly Caseload	87,954	91,716
Estimated Percent of Caseload Enrolled in HMOs	68%	70%
Estimated HMO Caseload	59,809	64,201
Estimated Total Savings	(\$3,265,571)	(\$3,659,457)
Federal Funds	(\$2,122,621)	(\$2,378,647)
Cash Funds	(\$1,142,950)	(\$1,280,810)
CBHP Trust Fund	(\$503,469)	(\$559,074)
Health Care Expansion Fund	(\$445,636)	(\$529,103)
Hospital Provider Fee Cash Fund	(\$193,844)	(\$192,634)

Cash Funds Projections:

Cash Fund Name	Cash Fund Number	FY 2009-10 Expenditures	FY 2009-10 End of Year Cash Balance	FY 2010-11 End of Year Cash Balance Estimate	FY 2011-12 End of Year Cash Balance Estimate	FY 2012-13 End of Year Cash Balance Estimate
Children's Basic Health Plan Trust Fund	11G	\$35,440,483	\$599,735	\$54,080	\$11,692	\$2,398,058
Health Care Expansion Fund	18K	\$111,444,298	\$79,234,953	\$35,822,131	\$753,168	\$10,456,327
Hospital Provider Fee Cash Fund	24A	\$298,055,638	\$5,714,436	\$5,714,436	\$5,714,436	\$5,714,436

Assumptions for Calculations:

The total estimated cost for changes to the Colorado Benefits Management System is \$40,352 of which the Department's share is estimated to be \$15,184 and the Department of Human Services' share is estimated to be \$25,168. This is based on the cost-sharing agreement between the two State departments for changes to the Colorado Benefits Management System.

Estimated General Fund savings due to CHP+ reductions are calculated based on projected caseload shares to be funded through the Trust Fund. For FY 2011-12, these percentages are estimated to be 44.05% of children and 6.28% of prenatal women. For FY 2012-13, these percentages are estimated to be 43.65% of children and 6.14% of prenatal women. These General Fund savings are reflected in the Department's DI-6 "Cash Funds Insolvency Financing."

Rough estimates for actuarial estimated savings for eliminating out-of-network reimbursement, CHP+ pre-HMO and retroactive enrollment, and inpatient coverage for CHP+ prenatal presumptive eligibility have been shown in tables 3, 4 and 7, and are based on actual claims incurred during FY 2008-09 and FY 2009-10.

Impact on Other Government Agencies: The cost-sharing agreement between the Department and the Department of Human Services for changes to the Colorado Benefits Management System results in an additional cost of \$40,352 in total funds that are estimated to be needed by the Department of Human Services to implement the system changes required by this proposal.

Summary of Request FY 2011-12 for Department of Human Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	\$40,352	\$9,955	\$1,880	\$15,184	\$13,333
(2) Office of Information Technology Services; Office of Information Technology, Colorado Benefits Management System	\$40,352	\$9,955	\$1,880	\$15,184	\$13,333

Summary of Request FY 2011-12 for Governor-Lieutenant Governor-State Planning and Budgeting	Total Funds	Reappropriated Funds
Total Request	\$40,352	\$40,352
(5) Office of Information Technology Services: (C) Statewide Information Technology Services, (9) Colorado Benefits Management System	\$40,352	\$40,352

Cost Benefit Analysis: Per 25.5-8-102, C.R.S (2010), “the children's basic health plan was designed as, and should continue to be, a private-public partnership that encourages enrollment and seeks every opportunity to operate with the efficiency and creativity that is found in utilizing private sector systems and business practices while maintaining the highest level of accountability to the general assembly, the executive branch, and the public through administration of the plan by the department.” The Department’s requests include proposals that align CHP+ policies with those seen in commercial insurance plans and Medicaid. These initiatives would result in total savings of \$11,416,941 in FY 2011-12 and \$16,745,363 in FY 2012-13. Of these amounts, \$1,471,827 and \$2,162,644, respectively, are General Fund savings reflected in the Department’s DI-6 “Cash Funds Insolvency Financing.”

Implementation Schedule:

Not applicable.

Statutory and Federal Authority:

Children's Health Insurance Program is established in federal law in the Social Security Act, Title XXI (42 U.S.C. 1397aa through 1397jj). SEC. 2101. [42 U.S.C. 1397aa] (a) *PURPOSE-The purpose of this title is to provide funds to States to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner that is coordinated with other sources of health benefits coverage for children. Such assistance shall be provided primarily for obtaining health benefits coverage...*

25.5-8-105 C.R.S. (2010) (1) *A fund to be known as the Children's Basic Health Plan Trust is hereby created... all monies deposited in the trust and all interest earned on the moneys in the Trust shall remain in the Trust for the purposes set forth...*

Performance Measures:

By achieving savings to the state in the Children's Basic Health Plan, the Department believes that the likelihood of an enrollment cap will be reduced. This would ensure continuity of care, and clients in the program would have better health outcomes and show a high level of satisfaction with their care. As such, the Department believes that this request supports the following Performance Measures:

- Expand coverage in the Children's Basic Health Plan.
- Increase the number of clients served through targeted, integrated care management programs.
- Increase the number of children served through a dedicated medical home service delivery model.

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title: Medicaid Reductions											
Department: Health Care Policy and Financing					Dept. Approval by: John Bartholomew			Date: November 1, 2010 ^{10/25}			
Priority Number: BRI-5					OSPB Approval: <i>[Signature]</i>			Date: 10-27-10			
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	3,105,716,162	3,395,491,225	0	3,395,491,225	3,390,817,709	(30,361,244)	3,360,456,465	0	3,360,456,465	(43,421,488)
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	843,421,654	794,438,875	0	794,438,875	1,200,518,430	(14,776,147)	1,185,742,283	0	1,185,742,283	(20,963,834)
	GFE	0	161,444,485	0	161,444,485	161,444,485	0	161,444,485	0	161,444,485	0
	CF	350,149,984	351,708,845	0	351,708,845	321,646,545	(540,014)	321,106,531	0	321,106,531	(844,331)
	CFE/RF	3,928,088	7,707,617	0	7,707,617	3,446,761	0	3,446,761	0	3,446,761	0
	FF	1,908,215,436	2,080,191,403	0	2,080,191,403	1,703,761,488	(15,045,083)	1,688,716,405	0	1,688,716,405	(21,623,323)
(1) Executive Director's Office: (C) Information Technology Contracts and Projects. Information Technology Contracts	Total	22,767,387	34,553,769	0	34,553,769	31,825,489	189,000	32,014,489	0	32,014,489	0
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	5,348,546	6,134,303	0	6,134,303	6,147,926	47,250	6,195,176	0	6,195,176	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	642,364	2,433,429	0	2,433,429	1,766,770	0	1,766,770	0	1,766,770	0
	CFE/RF	100,328	100,328	0	100,328	100,328	0	100,328	0	100,328	0
	FF	16,676,149	25,885,709	0	25,885,709	23,810,465	141,750	23,952,215	0	23,952,215	0
(1) Executive Director's Office: (E) Utilization and Quality Review Contracts, Professional Services Contracts	Total	4,524,545	6,462,871	0	6,462,871	7,270,839	400,000	7,670,839	0	7,670,839	400,000
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	1,125,802	1,766,994	0	1,766,994	1,945,421	100,000	2,045,421	0	2,045,421	100,000
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	60,449	86,596	0	86,596	115,486	0	115,486	0	115,486	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	3,338,294	4,609,281	0	4,609,281	5,209,932	300,000	5,509,932	0	5,509,932	300,000
(2) Medical Services Premiums	Total	2,877,822,564	3,106,858,127	0	3,106,858,127	3,101,279,542	(25,941,407)	3,075,338,135	0	3,075,338,135	(38,440,995)
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	762,936,068	700,606,422	0	700,606,422	1,079,820,226	(12,671,299)	1,067,148,927	0	1,067,148,927	(18,634,630)
	GFE	0	161,444,485	0	161,444,485	161,444,485	0	161,444,485	0	161,444,485	0
	CF	343,695,933	339,633,220	0	339,633,220	307,745,803	(299,401)	307,446,402	0	307,446,402	(585,865)
	CFE/RF	3,917,255	7,595,243	0	7,595,243	3,334,253	0	3,334,253	0	3,334,253	0
	FF	1,767,273,308	1,897,578,757	0	1,897,578,757	1,548,934,775	(12,970,707)	1,535,964,068	0	1,535,964,068	(19,220,500)

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12	<input type="checkbox"/>	Base Reduction Item FY 2011-12	<input checked="" type="checkbox"/>	Supplemental FY 2010-11	<input type="checkbox"/>	Budget Amendment FY 2011-12	<input type="checkbox"/>				
Request Title:	Medicaid Reductions										
Department:	Health Care Policy and Financing			Dept. Approval by:	John Bartholomew		Date:	November 1, 2010			
Priority Number:	BRI-5			OSPB Approval:			Date:				
	1	2	3	4	5	6	7	8	9	10	
	Prior-Year Actual	Appropriation	Supplemental Request	Total Revised Request	Base Request	Decision/ Base Reduction	November 1 Request	Budget Amendment	Total Revised Request	Change from Base (Column 5)	
Fund	FY 2009-10	FY 2010-11	FY 2010-11	FY 2010-11	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	FY 2012-13	
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments for Medicaid Eligible Clients	Total	223,368,053	247,616,458	0	247,616,458	250,441,839	(5,008,837)	245,433,002	0	245,433,002	(5,380,493)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	79,359,784	85,931,156	0	85,931,156	112,604,857	(2,252,098)	110,352,759	0	110,352,759	(2,419,204)
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	6,393,602	9,555,600	0	9,555,600	12,018,486	(240,613)	11,777,873	0	11,777,873	(258,466)
	CFE/RF	10,833	12,046	0	12,046	12,180	0	12,180	0	12,180	0
	FF	137,603,834	152,117,656	0	152,117,656	125,806,316	(2,516,126)	123,290,190	0	123,290,190	(2,702,823)
Non-Line Item Request:	None.										
Letternote Revised Text:	<p>(2) Medical Services Premiums: Of this amount, \$171,705,885 \$171,602,713(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S., \$88,721,925 \$88,540,127(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., and \$2,500,923 \$2,486,492 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (8) (a) (I), C.R.S.</p> <p>(3) Medicaid Mental Health Community Program; (A) Mental Health Capitation Payments: (a) Of this amount, \$10,261,740 \$10,056,505(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., \$4,723,204 \$1,688,740(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S., and \$33,542 \$32,628 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (8) (a) (I), C.R.S.</p>										
Cash or Federal Fund Name and COFRS Fund Number:	CF: Health Care Expansion Fund (18K); Breast and Cervical Cancer Prevention and Treatment Fund (15D); Hospital Provider Fee Cash Fund (24A). FF: Title XIX.										
Reappropriated Funds Source, by Department and Line Item Name:	Department of Public Health and Environment: (9) Prevention Services Division: (3) Chronic Disease and Cancer Prevention Grants Program, Transfer to the Department of Health Care Policy and Financing for Breast and Cervical Cancer Treatment										
Approval by OIT?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input checked="" type="checkbox"/>								
Schedule 13s from Affected Departments:	N/A										

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	BRI-5
Change Request Title:	Medicaid Reductions

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

To meet budget balancing goals, the Department proposes to reduce Medicaid expenditure through a series of initiatives. These initiatives would provide a combination of rate adjustments to realign incentives, service restrictions, and financial efficiencies to reduce Medicaid program expenditures by \$30,361,244 total funds and \$14,776,147 General Fund in FY 2011-12. This proposal annualizes to a reduction of \$43,421,488 total funds and \$20,953,834 General Fund in FY 2012-13.

General Description of Request:

To meet budget balancing goals, the Department proposes the following reductions for FY 2011-12:

Pharmacy State Maximum Allowable Cost Expansion

For this reduction, the Department would expand utilization of its state maximum allowable cost (SMAC) pricing for pharmaceuticals. Currently, the Department's base budget includes \$1,568,256 in savings from previous budget requests, including \$1,057,450 from the FY 2010-11 budget request cycle (see HB 10-1376, Footnote 8a). In FY 2011-12, the Department would expand utilization of SMAC pricing to achieve a

total of \$3,568,256 savings over other pricing methodologies. This represents an incremental change of \$2,000,000 total funds.

At this time, the Department is unable to specifically name the drugs which would be included on the SMAC list, for multiple reasons. First, the Department will need to conduct stakeholder research to determine what drugs are appropriate to subject to SMAC pricing. Second, in FY 2010-11, the Department will transition from pricing based on average wholesale price (AWP) to pricing based on wholesale acquisition cost (WAC).¹ The transition is expected to be budget neutral; however, because the Department has not yet finalized the WAC-based pricing methodologies, it does not know the relative prices of drugs as they relate to AWP pricing. Once that information is known, the Department will be able to determine the specific drugs to add to the SMAC pricing list.

Despite not knowing the specific drugs, the Department is confident that it can achieve additional savings. In order to achieve the savings in its FY 2010-11 appropriation, the Department has only needed to place 3 drugs on the SMAC list. Therefore, the Department anticipates that a substantial amount of savings can still be achieved by expanding SMAC pricing.

The Department estimates that the policy would reduce fee-for-service expenditure by \$1,833,333 total funds, \$865,263 General Fund in FY 2011-12, and annualize to a reduction of \$2,000,000 total funds, \$943,924 General Fund in FY 2012-13. This rate reduction would also affect payments to risk-based physical health managed care organizations, and PACE, as most fee-for-service pricing adjustments do.

Restrict Adult Oral Nutrition Benefit

For clients 5 years of age or older, the Department would restrict oral nutritional supplements to clients who: have malnourishment conditions; have inborn errors in metabolism; and, clients who use nutritional supplements through feeding tubes. Under this restriction, the Department would only pay for nutrition products which are

¹ This transition is a result of a federal lawsuit; the company which publishes AWP pricing information has agreed to discontinue its publication.

medically necessary; this policy is similar to policies enacted by other states, including Washington and Utah.² The Department estimates that the policy would reduce fee-for-service expenditure by \$3,039,219 total funds, \$1,519,609 General Fund in FY 2011-12, and annualize to a reduction of \$3,580,421 total funds, \$1,790,210 General Fund in FY 2012-13. This reduction would also impact risk-based physical health managed care organizations, and PACE. The Department's calculation is shown in Appendix B, Table A.

Reduce Rates for Certain Diabetes Supplies

For this reduction, the Department would reduce its payment for blood glucose/reagent strips. Currently, the Department pays \$31.80 per box of 50 strips. However, the current median market price for this product is approximately \$18.00. The Department proposes to reduce its rate for this product to \$18.00. The Department estimates that the policy would reduce fee-for-service expenditure by \$842,727 total funds, \$397,735 General Fund in FY 2011-12, and annualize to a reduction of \$992,794 total funds, \$468,561 General Fund in FY 2012-13. This reduction would also impact risk-based physical health managed care organizations, and PACE. The Department's calculation is shown in Appendix B, Table B.

Reduce Facility Payments for Uncomplicated Cesarean Section Deliveries

For this reduction, the Department would reduce the amount that it pays facilities for an uncomplicated cesarean section (C-section) delivery to the same amount that the Department pays for complicated vaginal deliveries. The Department would achieve this reduction by setting the diagnosis related group (DRG) relative weight for uncomplicated C-sections (DRG 371) at the same weight as complicated vaginal deliveries (DRG 372). The Department estimates that the policy would reduce fee-for-service expenditure by \$6,276,004 total funds, \$3,138,002 General Fund in FY 2011-12, and annualize to a reduction of \$7,087,549 total funds, \$3,543,774 General Fund in FY 2012-13. This reduction would also impact risk-based physical health managed care organizations. The Department's calculation is shown in Appendix B, Table C.

² For example (Washington state), see: <http://maa.dshs.wa.gov/news/DMEChangesFAQ.htm>

Reduce Payments for Inpatient Renal Dialysis

For this reduction, the Department would reduce the amount that it pays for inpatient renal dialysis (DRG 317). Currently, the relative weight for this DRG code is based on an average length of stay (ALOS) of 3.2 days. However, analysis of FY 2009-10 claims indicate that clients being served under this DRG have an ALOS of only 1.2 days. This has resulted in the Department substantially overpaying for renal dialysis claims. Based on FY 2008-09 provider cost information, the Department estimates that, for the majority of expenditure, the Department has reimbursed hospitals at approximately 185% of cost. The Department would reduce the relative weight of the DRG to the point where the Department estimates that it would be paying at or about actual cost for this service.

The Department estimates that the policy would reduce fee-for-service expenditure by \$2,169,701 total funds, \$1,084,850 General Fund in FY 2011-12, and annualize to a reduction of \$2,450,264 total funds, \$1,225,132 General Fund in FY 2012-13. This rate reduction would also impact risk-based physical health managed care organizations, and PACE. The Department's calculation is shown in Appendix B, Table D.

Deny Hospital Readmissions Within 48 Hours

For this reduction, the Department would no longer make a separate payment to hospitals for clients who are readmitted within 48 hours to the same hospital for a related condition. The Department's current policy is that it will not make payments for readmissions for related conditions within 24 hours. If a hospital receives a denial of a readmission, the hospital may follow the normal procedures for requesting reconsideration. The Department estimates that the policy would reduce fee-for-service expenditure by \$2,475,418 total funds, \$1,168,303 General Fund in FY 2011-12, and annualize to a reduction of \$2,795,512 total funds, \$1,319,375 General Fund in FY 2012-13. This reduction would also impact risk-based physical health managed care organizations, and PACE. The Department's calculation is shown in Appendix B, Table E.

Prior Authorize Certain Radiology Services at Outpatient Hospitals

For this reduction, the Department would, effective April 1, 2012, require prior authorization in outpatient hospital departments for certain procedures which currently require prior authorization in free-standing imaging (radiology) facilities. These procedures include the high tech imaging technologies of magnetic resonance imaging (MRI), computerized tomography (CT scans), positron emission tomography (PET scans), and single photon emission computed tomography (SPECT scans). When ordered for emergencies, no prior authorization will be required.

The Department implemented prior authorization requirements for these procedures at stand-alone facilities in July 2009. After the prior authorization was implemented, the Department experienced a reduction in average quarterly expenditure for these services of 25.42%. The Department expects similar results for outpatient radiology services. However, expenditure for outpatient radiology services is roughly 8.75 times the amount of expenditure for independent radiology. Therefore, to provide a conservative savings estimate, the Department has adjusted the savings percent to half of that previously experienced, to 12.71%

The Department estimates that the policy would reduce fee-for-service expenditure by \$672,136 total funds, \$317,223 General Fund in FY 2011-12, and annualize to a reduction of \$4,392,545 total funds, \$2,073,113 General Fund in FY 2012-13. This reduction would also impact risk-based physical health managed care organizations, and PACE. The Department's calculation is shown in Appendix B, Table F.

Reduce Rates for Procedure Codes Paid Above 95% of Medicare Rates

For this reduction, the Department would, effective April 1, 2012, set a maximum rate of 95% of the equivalent Medicare rate for procedure codes. Codes that are currently paid below the 95% level would not be affected. This reduction would primarily affect physician services, injectable drugs, and durable medical equipment, although other service categories may also be affected. The Department estimates that the policy would reduce fee-for-service expenditure by \$958,192 total funds, \$452,230 General Fund in

FY 2011-12, and annualize to a reduction of \$6,546,557 total funds, \$3,089,725 General Fund in FY 2012-13. This reduction would also impact risk-based physical health managed care organizations, and PACE. The Department's calculation is shown in Appendix B, Table G.

Cap Consumer Directed Attendant Support Services Wage Rates

For this reduction, the Department would impose a cap on the wage rate that a client enrolled in the Consumer Directed Attendant Support Services (CDASS) program is allowed to pay attendants. Under the program, clients are responsible for determining the wage within an allocation that is determined by their case manager. Information provided by the Department's fiscal intermediary has shown that wage rates set by clients are highly variable, and can change as often as weekly. In the three major categories of services, between 12% and 21% of wages are set at \$20 per hour or higher. Further, some clients are setting wage rates far beyond what the Department would otherwise pay for these services – in some cases, as much as \$100 per hour.

In calendar year 2009, the Department's cost for an average client enrolled in the traditional home and community based services waiver for elderly, blind, and disabled (HCBS-EBD) was 22.2% of a client enrolled in the HCBS-EBD CDASS option. In order to reduce costs in the CDASS program, the Department will impose wage rate caps based on its current rates for similar services in the HCBS-EBD waiver, including homemaker, personal care, and health maintenance. However, the actual wage caps will be set after the Department solicits stakeholder input. Because the Department can not yet predict the wage rate caps, it has set a target savings rate of 3.5% of total expenditure. The Department believes this savings amount is achievable based on currently available information on wage rates and expenditure.

The Department estimates that the policy would reduce fee-for-service expenditure by \$1,420,692 total funds, \$710,346 General Fund in FY 2011-12, and annualize to a reduction of \$1,677,708 total funds, \$838,854 General Fund in FY 2012-13. This rate reduction would also impact PACE. The Department's calculation is shown in Appendix B, Table H.

Reduce FQHC Rates to Remove Unsupported Pharmacy Costs

In reviewing federally qualified health center (FQHC) cost reports, the Department has learned that there are several FQHCs which include the cost of their pharmacies in the cost report, but do not allow Medicaid clients to utilize their pharmacies. Additionally, for those FQHCs that do allow Medicaid clients to use their pharmacies, there is discrepancy in the costs they include in their cost reports and how they bill Medicaid for drugs. To date, the Department has found four FQHCs that include the costs of their pharmacies in their cost report, but do not fill prescriptions for Medicaid clients. Since the Department gathers this information once FQHCs submit their cost report, and cost reports are filed based on each FQHC's specific fiscal year end, there may be more that fall into this category.

For this reduction, the Department would issue a clarifying policy: for those FQHCs that do not allow Medicaid clients to use their pharmacies, the pharmacy cost center would be considered a non-allowable cost center and removed from their rate calculation. This includes any indirect costs (such as overhead) that were also being attributed to pharmacy.

FQHCs qualify for the federal 340B Drug Pricing Program, therefore, they receive significant discounts on the cost of drugs they purchase. The Department intends to work with FQHCs to determine if additional savings can be captured by increasing FQHC pharmacy participation in that program. If the Department estimates that savings could be achieved by increasing FQHC pharmacy participation, the Department may request further programmatic changes through the regular budget process.

The Department estimates that the policy would reduce fee-for-service expenditure by \$951,019 total funds, \$448,844 General Fund in FY 2011-12, and annualize to a reduction of \$1,095,677 total funds, \$517,117 General Fund in FY 2012-13. This rate reduction would also impact risk-based physical health managed care organizations, and PACE. The Department's calculation is shown in Appendix B, Table I.

Enforce Limitations on Acute Home Health Services

For this reduction, the Department will better enforce an existing cap on acute home health services. Acute home health services are provided for clients with conditions including: infections; new medical conditions such as, but not limited to, stroke, heart attack, cancer, injury, diabetes; care related to post-surgical recovery; post-hospital care provided as follow-up care for the condition that required hospitalization, including neonatal disorders; exacerbation or severe instability of a chronic condition; new diagnosis of a long term chronic condition, such as, but not limited to, diabetes; complications of pregnancy. Department regulations at 10 CCR 2505-10 8.523(K) define “Acute Home Health” as services that are provided for 60 days or less. After the 60 day period, clients are required to be prior authorized to receive additional services.

Currently, the Department’s Medicaid Management Information System does not contain a system edit that requires prior authorization after 60 days. As a result, in FY 2009-10 the Department paid claims for over 700 clients receiving services classified as acute home health past the 60 day limit. In total, claims for these clients above the 60 day limit during this period totaled \$6.2 million. The Department believes that the majority of care that is being delivered is appropriate. As a result, the Department reduces the potential savings estimate by 85%. Once a client receives a prior authorization from a single entry point, that client may continue to receive home health services. As a result, the Department does not anticipate that any client who has a medical need for home health services will be denied.

The Department will provide adequate notice to clients, providers, and single entry points prior to implementing this proposal. The Department is aware that an overly fast implementation may cause claims to be denied improperly. Therefore, the Department will use its stakeholder outreach process to ensure that clients and providers are properly noticed of the upcoming change.

The Department estimates that the policy would reduce fee-for-service expenditure by \$1,131,555 total funds, \$565,777 General Fund in FY 2011-12, and annualize to a reduction of \$1,418,106 total funds, \$709,053 General Fund in FY 2012-13. This

reduction would also impact risk-based physical health managed care organizations, and PACE. The Department's calculation is shown in Appendix B, Table J.

Reduction to Managed Care Expenditure

As a result of the proposed fee-for-service reductions, expenditure will also be reduced for risk-based managed care organizations. This is because rates for those programs are based on estimated expenditure for actuarially equivalent populations; therefore, as estimates for fee-for-service populations are reduced, rates will be reduced to match. This includes health maintenance organizations and the Program of All-Inclusive Care for the Elderly (PACE). The Department estimates that the policy would reduce managed care expenditure by \$4,171,411 total funds, \$2,003,117 General Fund in FY 2011-12, and annualize to a reduction of \$4,403,862 total funds, \$2,115,792 General Fund in FY 2012-13. The Department's calculation is shown in Appendix B, Table K.

Reduce Mental Health Capitation Program

For this reduction, the Department would make permanent the 2% reduction that is effective January 1, 2011 in the Mental Health Capitation program. The Department's Base Request assumes that the reduction would expire at the end of FY 2010-11; the Department's reconciliation table removes the reduction from the FY 2011-12 base. The Department estimates that the policy would reduce fee-for-service expenditure by \$5,008,837 total funds, \$2,252,098 General Fund in FY 2011-12, and annualize to a reduction of \$5,380,493 total funds, \$2,419,204 General Fund in FY 2012-13. The Department's calculation is shown in Appendix B, Table L.

Increase to Information Technology Contracts

As a result of the proposed initiatives, the Department anticipates that there may be minor changes required to the Medicaid Management Information System (MMIS) to accommodate the policy changes. For each proposal, there will be a requirement for rate changes and system edits, which will require resources at the Department's fiscal agent. Additionally, more complex changes may be needed depending on the final

implementation of the initiatives. For FY 2011-12 only, the Department requests \$189,000 total funds, \$47,250 General Fund to add 1,500 pool hours at a cost of \$126 per hour for required system changes. If funding for system changes is not approved as requested, the Department may not achieve the savings proposed in this request.

Increase to Utilization Review Program

As a result of the proposed initiatives, the Department anticipates that there will be an increase in required prior authorizations and medical reviews. The Department requests \$400,000 total funds, \$100,000 General Fund to increase its current utilization review program. This funding will add the capacity to perform 10,000 additional prior authorizations and reviews at approximately \$40 per prior authorization. The actual cost per review will depend on the specific requirements developed on the Department's utilization review contractor. These reviews will be related to the oral nutrition reduction, inpatient readmissions, radiology services, and acute home health. It is unknown at this time how many new prior authorizations will be performed. However, if funding for utilization reviews is not adequate, the Department may not achieve the savings proposed in this request.

Consequences if Not Funded:

The proposed measures in this request are necessary in order to achieve a balanced budget in FY 2011-12. If these measures are not approved, other reductions would be required to balance the budget.

Calculations for Request:

Summary of Request FY 2011-12	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$30,361,244)	(\$14,776,147)	(\$540,014)	\$0	(\$15,045,083)
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$189,000	\$47,250	\$0	\$0	\$141,750
(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$400,000	\$100,000	\$0	\$0	\$300,000
(2) Medical Services Premiums	(\$25,941,407)	(\$12,671,299)	(\$299,401)	\$0	(\$12,970,707)
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	(\$5,008,837)	(\$2,252,098)	(\$240,613)	\$0	(\$2,516,126)

Summary of Request FY 2012-13	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$43,421,488)	(\$20,953,834)	(\$844,331)	\$0	(\$21,623,323)
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$0	\$0	\$0	\$0	\$0
(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$400,000	\$100,000	\$0	\$0	\$300,000
(2) Medical Services Premiums	(\$38,440,995)	(\$18,634,630)	(\$585,865)	\$0	(\$19,220,500)
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	(\$5,380,493)	(\$2,419,204)	(\$258,466)	\$0	(\$2,702,823)

Calculations of fund splits are contained in Appendix A. Calculations for each individual reduction are contained in Appendix B.

Cash Funds Projections:

Cash Fund Name	Cash Fund Number	FY 2009-10 Expenditures	FY 2009-10 End of Year Cash Balance	FY 2010-11 End of Year Cash Balance Estimate	FY 2011-12 End of Year Cash Balance Estimate	FY 2012-13 End of Year Cash Balance Estimate
Health Care Expansion Fund	18K	\$111,444,298	\$79,234,953	\$35,822,131	\$753,168	\$10,456,327
Hospital Provider Fee Cash Fund	24A	\$298,055,638	\$5,714,436	\$5,714,436	\$5,714,436	\$5,714,436
Breast and Cervical Cancer Prevention and Treatment Fund	15D	\$2,201,761	\$9,036,534	\$7,981,503	\$6,472,606	\$5,458,052

Assumptions for Calculations:

Summary information, including fund splits, for the Department's request is contained in Appendix A. Where necessary, the calculations for individual proposals are shown in the following tables in Appendix B:

Proposal	Table
Restrict Adult Oral Nutrition Benefit	Table A
Reduce Rates for Certain Diabetes Supplies	Table B
Reduce Payments for Uncomplicated Cesarean Section Deliveries	Table C
Reduce Payments for Inpatient Renal Dialysis	Table D
Deny Hospital Readmissions Within 48 Hours	Table E
Prior Authorize Certain Radiology Services at Outpatient Hospitals	Table F
Reduce Rates for Procedure Codes Paid Above 95% of Medicare Rates	Table G
Cap Consumer Directed Attendant Support Services Wage Rates	Table H
Reduce FQHC Rates to Remove Unsupported Pharmacy Costs	Table I
Enforce Limitations on Acute Home Health Services	Table J
Reduction to Managed Care Expenditure	Table K
Reduce Mental Health Capitation Program	Table L

Impact on Other Government Agencies: None.

Cost Benefit Analysis: This request is estimated to save the State \$14,776,147 General Fund in FY 2011-12 and \$20,953,834 General Fund in FY 2012-13, while aligning some reimbursement levels to more accurately reflect actual costs for services, would require other services (such as those at FQHCs) to have full justification of reimbursable expenditures, and would curb unnecessary utilization of other services (such as radiology).

Implementation Schedule: Implementation dates for each initiative are described in the narrative above, and in Appendix B, in the table for each proposal. In the majority of cases, the Department can implement the reductions administratively, without a State Plan amendment or rule changes. If rule changes are necessary, the Department may submit emergency rules to the Medical Services Board after the Long Bill is signed to ensure that the reduction is implemented on schedule.

Statutory and Federal Authority: Except where noted below, the Executive Director has the authority to limit the amount, scope, and duration of services and can implement reductions and programmatic efficiencies via rule change, per 25.5-4-401 (1) (a), C.R.S. (2010).

25.5-4-401 (1) (a), C.R.S. (2010)

The state department shall establish rules for the payment of providers under this article and articles 5 and 6 of this title. Within the limits of available funds, such rules shall provide reasonable compensation to such providers, but no provider shall, by this section or any other provision of this article or article 5 or 6 of this title, be deemed to have any vested right to act as a provider under this article and articles 5 and 6 of this title or to receive any payment in addition to or different from that which is currently payable on behalf of a recipient at the time the medical benefits are provided by said provider.

Under this statute, the proposed reductions can be achieved through a budget action by applying a restriction to the appropriation without an executive order or statutory change.

Performance Measures:

Not applicable.

Appendix A

**Table 1.1
Summary of Request
FY 2011-12**

Summary of Request FY 2011-12	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$30,361,244)	(\$14,776,147)	(\$540,014)	\$0	(\$15,045,083)
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$189,000	\$47,250	\$0	\$0	\$141,750
(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$400,000	\$100,000	\$0	\$0	\$300,000
(2) Medical Services Premiums	(\$25,941,407)	(\$12,671,299)	(\$299,401)	\$0	(\$12,970,707)
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	(\$5,008,837)	(\$2,252,098)	(\$240,613)	\$0	(\$2,516,126)

**Table 1.2
Summary of Request
FY 2012-13**

Summary of Request FY 2012-13	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$43,421,488)	(\$20,953,834)	(\$844,331)	\$0	(\$21,623,323)
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$0	\$0	\$0	\$0	\$0
(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$400,000	\$100,000	\$0	\$0	\$300,000
(2) Medical Services Premiums	(\$38,440,995)	(\$18,634,630)	(\$585,865)	\$0	(\$19,220,500)
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	(\$5,380,493)	(\$2,419,204)	(\$258,466)	\$0	(\$2,702,823)

Appendix A

Table 2.1 Impact by Component: Base Fund Split FY 2011-12						
FY 2011-12	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Source
Total Request	(\$30,361,244)	(\$14,776,147)	(\$540,014)	\$0	(\$15,045,083)	
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$189,000	\$47,250	\$0	\$0	\$141,750	Narrative
(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$400,000	\$100,000	\$0	\$0	\$300,000	Narrative
(2) Medical Services Premiums	(\$25,941,407)	(\$12,671,299)	(\$299,401)	\$0	(\$12,970,707)	
Pharmacy State Maximum Allowable Cost Expansion	(\$1,833,333)	(\$865,263)	(\$51,403)	\$0	(\$916,667)	Narrative
Restrict Adult Oral Nutrition Benefit	(\$3,039,219)	(\$1,519,609)	\$0	\$0	(\$1,519,610)	Table A
Reduce Rates for Certain Diabetes Supplies	(\$842,727)	(\$397,735)	(\$23,628)	\$0	(\$421,364)	Table B
Reduce Payments for Uncomplicated Cesarean Section Deliveries	(\$6,276,004)	(\$3,138,002)	\$0	\$0	(\$3,138,002)	Table C
Reduce Payments for Inpatient Renal Dialysis	(\$2,169,701)	(\$1,084,850)	\$0	\$0	(\$1,084,851)	Table D
Deny Hospital Readmissions Within 48 Hours	(\$2,475,418)	(\$1,168,303)	(\$69,406)	\$0	(\$1,237,709)	Table E
Prior Authorize Certain Radiology Services at Outpatient Hospitals	(\$672,136)	(\$317,223)	(\$18,845)	\$0	(\$336,068)	Table F
Reduce Rates for Procedure Codes Paid Above 95% of Medicare Rates	(\$958,192)	(\$452,230)	(\$26,866)	\$0	(\$479,096)	Table G
Cap Consumer Directed Attendant Support Services Wage Rates	(\$1,420,692)	(\$710,346)	\$0	\$0	(\$710,346)	Table H
Reduce FQHC Rates to Remove Unsupported Pharmacy Costs	(\$951,019)	(\$448,844)	(\$26,665)	\$0	(\$475,510)	Table I
Enforce Limitations on Acute Home Health Services	(\$1,131,555)	(\$565,777)	\$0	\$0	(\$565,778)	Table J
Reduction to HMO Expenditure	(\$2,945,547)	(\$1,390,185)	(\$82,588)	\$0	(\$1,472,774)	Table K
Reduction to PACE Expenditure	(\$1,225,864)	(\$612,932)	\$0	\$0	(\$612,932)	Table K
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	(\$5,008,837)	(\$2,252,098)	(\$240,613)	\$0	(\$2,516,126)	
Reduce Mental Health Capitation Program	(\$5,008,837)	(\$2,252,098)	(\$240,613)	\$0	(\$2,516,126)	Table L

Appendix A

Table 2.2 Impact by Component: Base Fund Split FY 2012-13						
FY 2012-13	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Source
Total Request	(\$43,421,488)	(\$20,953,834)	(\$844,331)	\$0	(\$21,623,323)	
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$0	\$0	\$0	\$0	\$0	Narrative
(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$400,000	\$100,000	\$0	\$0	\$300,000	Narrative
(2) Medical Services Premiums	(\$38,440,995)	(\$18,634,630)	(\$585,865)	\$0	(\$19,220,500)	
Pharmacy State Maximum Allowable Cost Expansion	(\$2,000,000)	(\$943,924)	(\$56,076)	\$0	(\$1,000,000)	Narrative
Restrict Adult Oral Nutrition Benefit	(\$3,580,421)	(\$1,790,210)	\$0	\$0	(\$1,790,211)	Table A
Reduce Rates for Certain Diabetes Supplies	(\$992,794)	(\$468,561)	(\$27,836)	\$0	(\$496,397)	Table B
Reduce Payments for Uncomplicated Cesarean Section Deliveries	(\$7,087,549)	(\$3,543,774)	\$0	\$0	(\$3,543,775)	Table C
Reduce Payments for Inpatient Renal Dialysis	(\$2,450,264)	(\$1,225,132)	\$0	\$0	(\$1,225,132)	Table D
Deny Hospital Readmissions Within 48 Hours	(\$2,795,512)	(\$1,319,375)	(\$78,381)	\$0	(\$1,397,756)	Table E
Prior Authorize Certain Radiology Services at Outpatient Hospitals	(\$4,392,545)	(\$2,073,113)	(\$123,159)	\$0	(\$2,196,273)	Table F
Reduce Rates for Procedure Codes Paid Above 95% of Medicare Rates	(\$6,546,557)	(\$3,089,725)	(\$183,553)	\$0	(\$3,273,279)	Table G
Cap Consumer Directed Attendant Support Services Wage Rates	(\$1,677,708)	(\$838,854)	\$0	\$0	(\$838,854)	Table H
Reduce FQHC Rates to Remove Unsupported Pharmacy Costs	(\$1,095,677)	(\$517,117)	(\$30,721)	\$0	(\$547,839)	Table I
Enforce Limitations on Acute Home Health Services	(\$1,418,106)	(\$709,053)	\$0	\$0	(\$709,053)	Table J
Reduction to HMO Expenditure	(\$3,072,206)	(\$1,449,964)	(\$86,139)	\$0	(\$1,536,103)	Table K
Reduction to PACE Expenditure	(\$1,331,656)	(\$665,828)	\$0	\$0	(\$665,828)	Table K
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	(\$5,380,493)	(\$2,419,204)	(\$258,466)	\$0	(\$2,702,823)	
Reduce Mental Health Capitation Program	(\$5,380,493)	(\$2,419,204)	(\$258,466)	\$0	(\$2,702,823)	Table L

Appendix A

Table 3.1 Cash Fund Splits FY 2011-12							
FY 2011-12	Total Funds	General Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Health Care Expansion Fund	Reappropriated Funds	Federal Funds
Total Request	(\$30,361,244)	(\$14,776,147)	(\$137,636)	(\$15,345)	(\$387,033)	\$0	(\$15,045,083)
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$189,000	\$47,250	\$0	\$0	\$0	\$0	\$141,750
(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$400,000	\$100,000	\$0	\$0	\$0	\$0	\$300,000
(2) Medical Services Premiums	(\$25,941,407)	(\$12,671,299)	(\$103,172)	(\$14,431)	(\$181,798)	\$0	(\$12,970,707)
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	(\$5,008,837)	(\$2,252,098)	(\$34,464)	(\$914)	(\$205,235)	\$0	(\$2,516,126)

Table 3.2 Cash Fund Splits FY 2012-13							
FY 2012-13	Total Funds	General Fund	Hospital Provider Fee Cash Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Health Care Expansion Fund	Reappropriated Funds	Federal Funds
Total Request	(\$43,421,488)	(\$20,953,834)	(\$238,908)	(\$29,221)	(\$576,202)	\$0	(\$21,623,323)
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(1) Executive Director's Office; (E) Utilization and Quality Review Contracts, Professional Services Contracts	\$400,000	\$100,000	\$0	\$0	\$0	\$0	\$300,000
(2) Medical Services Premiums	(\$38,440,995)	(\$18,634,630)	(\$201,887)	(\$28,239)	(\$355,739)	\$0	(\$19,220,500)
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	(\$5,380,493)	(\$2,419,204)	(\$37,021)	(\$982)	(\$220,463)	\$0	(\$2,702,823)

Appendix A

Table 4.1: New Letternote Totals for FY 2011-12

Long Bill Group	Line Item	Fund	Appropriation Type	COFRS Number	Base Request	Requested Total	Incremental Change
(2) Medical Services Premiums	Medical Services Premiums	Hospital Provider Fee Cash Fund	Cash Fund	24A	\$171,705,885	\$171,602,713	(\$103,172)
(2) Medical Services Premiums	Medical Services Premiums	Breast and Cervical Cancer Prevention and Treatment Fund	Cash Fund	15D	\$2,500,923	\$2,486,492	(\$14,431)
(2) Medical Services Premiums	Medical Services Premiums	Health Care Expansion Fund	Cash Fund	18K	\$88,721,925	\$88,540,127	(\$181,798)
(3) Medicaid Mental Health Community Programs	Mental Health Capitation Payments	Hospital Provider Fee Cash Fund	Cash Fund	24A	\$1,723,204	\$1,688,740	(\$34,464)
(3) Medicaid Mental Health Community Programs	Mental Health Capitation Payments	Breast and Cervical Cancer Prevention and Treatment Fund	Cash Fund	15D	\$33,542	\$32,628	(\$914)
(3) Medicaid Mental Health Community Programs	Mental Health Capitation Payments	Health Care Expansion Fund	Cash Fund	18K	\$10,261,740	\$10,056,505	(\$205,235)

Table 4.2: New Letternote Totals for FY 2012-13

Long Bill Group	Line Item	Fund	Appropriation Type	COFRS Number	FY 2011-12 Base Request	Requested Total	Incremental Change
(2) Medical Services Premiums	Medical Services Premiums	Hospital Provider Fee Cash Fund	Cash Fund	24A	\$171,705,885	\$171,503,998	(\$201,887)
(2) Medical Services Premiums	Medical Services Premiums	Breast and Cervical Cancer Prevention and Treatment Fund	Cash Fund	15D	\$2,500,923	\$2,472,684	(\$28,239)
(2) Medical Services Premiums	Medical Services Premiums	Health Care Expansion Fund	Cash Fund	18K	\$88,721,925	\$88,366,186	(\$355,739)
(3) Medicaid Mental Health Community Programs	Mental Health Capitation Payments	Hospital Provider Fee Cash Fund	Cash Fund	24A	\$1,723,204	\$1,686,183	(\$37,021)
(3) Medicaid Mental Health Community Programs	Mental Health Capitation Payments	Breast and Cervical Cancer Prevention and Treatment Fund	Cash Fund	15D	\$33,542	\$32,560	(\$982)
(3) Medicaid Mental Health Community Programs	Mental Health Capitation Payments	Health Care Expansion Fund	Cash Fund	18K	\$10,261,740	\$10,041,277	(\$220,463)

Appendix B

Table A.1				
Restrict Adult Oral Nutrition Benefit				
Row	Item	FY 2011-12	FY 2012-13	Comment
A	FY 2009-10 Expenditure for Oral Nutrition for Clients Age 5 and Older	\$3,553,824	-	Based on FY 2009-10 MMIS claims data
B	FY 2009-10 Average Monthly Clients Age 5 and Older using Oral Nutrition	1,120	-	Based on FY 2009-10 MMIS claims data
C	Average Monthly Expenditure Per Adult Client Per Month	\$264.42	-	(Row A / Row B) / 12
D	Estimated Number of Clients Meeting Exemption Requirements	224	-	Exemptions for clients with metabolic conditions and malnourishment, estimated at 20% of the total number of clients receiving services, based on a review of client diagnoses.
E	Estimated Number of Affected Clients	896	-	Row B - Row D
F	Estimated Savings (in FY 2009-10 Dollars)	(\$2,843,044)	-	(Row C * Row E * 12) * -1
G	Estimated Trend for Durable Medical Equipment	7.99%	-	Average expenditure growth in durable medical equipment between FY 2006-07 and FY 2009-10
H	Estimated Full Year Savings	(\$3,315,512)	(\$3,580,421)	FY 2010-11: Row F * (1 + Row G) ² FY 2011-12: Row H * (1 + Row G)
I	Savings Adjustment for Implementation Date	91.67%	100%	Estimated implementation date: July 1, 2011. Only 11 months of savings are assumed in FY 2011-12 to account for cash accounting.
J	Total Estimated Savings	(\$3,039,219)	(\$3,580,421)	Row H * Row I

Appendix B

Table B.1				
Reduce Rates for Certain Diabetes Supplies				
Row	Item	FY 2011-12	FY 2012-13	Comment
A	FY 2009-10 Expenditure on Blood Glucose/Reagent Strips	\$1,840,999	-	Based on FY 2009-10 MMIS claims data
B	Current Rate	\$31.48		Current fee schedule, per box of 50 strips
C	Proposed Rate	\$18.00		Proposed
D	Percent Reduction	-42.82%		Row C - Row B
E	Estimated Reduction (in FY 2009-10 Dollars)	(\$788,331)		Row A * Row D
F	Estimated Trend	7.99%	7.99%	Average increase in durable medical equipment payments from FY 2006-07 through FY 2009-10
G	Estimated Full Year Savings	(\$919,339)	(\$992,794)	FY 2010-11: Row E * (1 + Row F) ² FY 2011-12: Row G * (1 + Row F)
H	Savings Adjustment for Implementation Date	91.67%	100.00%	Estimated implementation date: July 1, 2011. Only 11 months of savings are assumed in FY 2011-12 to account for cash accounting.
I	Total Estimated Savings	(\$842,727)	(\$992,794)	Row G * Row H

Appendix B

Table C.1				
Reduce Payments for Uncomplicated Cesarean Section Deliveries				
Row	Item	FY 2011-12	FY 2012-13	Comment
A	FY 2009-10 Expenditure for Uncomplicated C-Section Deliveries	\$17,461,898	-	Based on FY 2009-10 MMIS claims data
B	Current DRG Weight for Uncomplicated C-Section Deliveries	1.0684	-	Actual DRG Weight for DRG 371 (uncomplicated cesarean delivery)
C	Proposed DRG Weight for Uncomplicated C-Section Deliveries	0.6775	-	Actual DRG Weight for DRG 372 (complicated vaginal delivery)
D	Estimated Percent Reduction to Expenditure	-36.59%	-	Row C / Row B - 1
E	Estimated Expenditure for Uncomplicated C-Section Deliveries After Reduction (FY 2009-10 Dollars)	(\$6,388,858)	-	Row A * Row D
F	Estimated Trend	3.52%	3.52%	Average increase in inpatient hospital payments from FY 2006-07 through FY 2009-10
G	Estimated Full Year Savings	(\$6,846,550)	(\$7,087,549)	FY 2010-11: Row E * (1 + Row F) ² FY 2011-12: Row G * (1 + Row F)
H	Savings Adjustment for Implementation Date	91.67%	100.00%	Estimated implementation date: July 1, 2011. Only 11 months of savings are assumed in FY 2011-12 to account for cash accounting.
I	Total Estimated Savings	(\$6,276,004)	(\$7,087,549)	Row G * Row H

Appendix B

Table D.1				
Reduce Payments for Inpatient Renal Dialysis				
Row	Item	FY 2011-12	FY 2012-13	Comment
A	FY 2009-10 Expenditure for Inpatient Renal Dialysis	\$4,807,206	-	Based on FY 2009-10 MMIS claims data
B	Estimated Reimbursement as a Percent of Cost	185.00%	-	Based on analysis of FY 2008-09 cost reports for dialysis expenditure.
C	Proposed Reimbursement as a Percent of Cost	100.00%	-	Assumed, see narrative.
D	Estimated Percent Reduction to Expenditure	-45.95%	-	(Row C / Row B) - 1
E	Estimated Expenditure for Inpatient Renal Dialysis After Reduction (FY 2009-10 Dollars)	(\$2,208,716)	-	Row A * Row D
F	Estimated Trend	3.52%	3.52%	Average increase in inpatient hospital payments from FY 2006-07 through FY 2009-10
G	Estimated Full Year Savings	(\$2,366,947)	(\$2,450,264)	FY 2010-11: Row E * (1 + Row F) ² FY 2011-12: Row G * (1 + Row F)
H	Savings Adjustment for Implementation Date	91.67%	100.00%	Estimated implementation date: July 1, 2011. Only 11 months of savings are assumed in FY 2011-12 to account for cash accounting.
I	Total Estimated Savings	(\$2,169,701)	(\$2,450,264)	Row G * Row H

Appendix B

Table E.1				
Deny Hospital Readmissions Within 48 Hours				
Row	Item	FY 2011-12	FY 2012-13	Comment
A	Estimated FY 2009-10 Expenditure for Readmissions within 48 Hours	\$4,383,044	-	Based on FY 2008-09 MMIS claims data
B	Estimated FY 2009-10 Expenditure for Readmissions within 24 Hours	\$1,948,799	-	Based on FY 2008-09 MMIS claims data
C	Estimated FY 2009-10 Savings for Readmissions between 24 and 48 Hours ⁽¹⁾	(\$2,434,245)	-	(Row A - Row B) * -1
D	Estimated Trend	3.52%	3.52%	Average increase in inpatient hospital payments from FY 2006-07 through FY 2009-10
E	Estimated Full Year Savings	(\$2,700,456)	(\$2,795,512)	FY 2010-11: Row E * (1 + Row F) ³ FY 2011-12: Row G * (1 + Row F)
F	Savings Adjustment for Implementation Date	91.67%	100.00%	Estimated implementation date: July 1, 2011. Only 11 months of savings are assumed in FY 2011-12 to account for cash accounting.
G	Total Estimated Savings	(\$2,475,418)	(\$2,795,512)	Row E * Row F

(1) The Department's current policy is to deny payment for readmissions within 24 hours. Therefore, only the claims paid for readmissions between 24 and 48 hours can be counted as savings. The Department's claim data still shows readmissions within 24 hours because the Department's MMIS does not currently automatically reject those claims; manual review is required. The Department anticipates that system changes to implement an automatic process will be complete prior to the implementation of the 48-hour policy.

Appendix B

Table F.1				
Prior Authorize Certain Radiology Services at Outpatient Hospitals				
Row	Item	FY 2011-12	FY 2012-13	Comment
A	FY 2009-10 Expenditure for Selected Radiology Services at Outpatient Hospitals	\$26,745,318	-	Based on FY 2009-10 MMIS claims data
B	Reduction to Practitioner Radiology Services due to Enhanced Prior Authorization Requirements	-25.42%	-	Based on FY 2008-09 and FY 2009-10 MMIS claims data.
C	Estimated Reduction to Selected Radiology Services at Outpatient Hospitals	-12.71%	-	Assumed, see narrative Row B / 2
D	Estimated Reduction (in FY 2009-10 Dollars)	(\$3,399,330)	-	Row A * Row C
E	Estimated Trend	8.92%	8.92%	Average increase in outpatient hospital expenditure from FY 2005-06 through FY 2009-10
F	Estimated Full Year Savings	(\$4,032,818)	(\$4,392,545)	FY 2010-11: Row D * (1 + Row E) ² FY 2011-12: Row F * (1 + Row E)
G	Savings Adjustment for Implementation Date	16.67%	100.00%	Estimated implementation date: April 1, 2012. Only 2 months of savings are assumed in FY 2011-12 to account for cash accounting.
H	Total Estimated Savings	(\$672,136)	(\$4,392,545)	Row F * Row G

Appendix B

Table G.1				
Reduce Rates for Procedure Codes Paid Above 95% of Medicare Rates				
Row	Item	FY 2011-12	FY 2012-13	Comment
A	Procedure Codes Above 95% of the Medicare Rate	423	-	Based on FY 2009-10 MMIS claims data
B	FY 2009-10 Expenditure for Procedure Codes Priced Above 95% of the Medicare Rate	\$25,271,340	-	Based on FY 2009-10 MMIS claims data
C	Estimated FY 2009-10 Expenditure for Repriced Codes	\$20,837,449	-	Based on repricing all FY 2009-10 claims for procedure codes above 95% of the Medicare rate to 95% of the Medicare rate. Because the calculation is done on a procedure code basis, the derivation of this figure is not shown.
D	Estimated Reduction to Expenditure	(\$4,433,891)	-	Row C - Row B
E	Estimated Trend	13.87%	13.87%	Average increase in physician payments from FY 2006-07 through FY 2009-10
F	Estimated Full Year Savings	(\$5,749,150)	(\$6,546,557)	FY 2010-11: Row D * (1 + Row E) ² FY 2011-12: Row F * (1 + Row E)
G	Savings Adjustment for Implementation Date	16.67%	100.00%	Estimated implementation date: April 1, 2012. Only 2 months of savings are assumed in FY 2011-12 to account for cash accounting.
H	Total Estimated Savings	(\$958,192)	(\$6,546,557)	Row F * Row G

Appendix B

Table H.1				
Cap Consumer Directed Attendant Support Services Wage Rates				
Row	Item	FY 2011-12	FY 2012-13	Comment
A	FY 2009-10 Expenditure for HCBS-EBD CDASS Program	\$37,788,935	-	Based on FY 2009-10 MMIS claims data
B	Estimated Reduction to Expenditure	-3.50%	-	Assumed, see narrative.
C	Estimated Reduction (in FY 2009-10 Dollars)	(\$1,322,613)	-	Row A * Row B
D	Estimated Trend	8.25%	8.25%	Half of the average increase in expenditure for the Department's Elderly, Blind, and Disabled HCBS waiver from FY 2006-07 through FY 2009-10
E	Estimated Full Year Savings	(\$1,549,846)	(\$1,677,708)	FY 2011-12: Row C * (1 + Row D) ² FY 2012-13: Row E * (1 + Row D)
F	Savings Adjustment for Implementation Date	91.67%	100.00%	Estimated implementation date: July 1, 2011. Only 11 months of savings are assumed in FY 2011-12 to account for cash accounting.
G	Total Estimated Savings	(\$1,420,692)	(\$1,677,708)	Row E * Row F

Appendix B

Table I.1				
Reduce FQHC Rates to Remove Unsupported Pharmacy Costs				
Row	Item	FY 2011-12	FY 2012-13	Comment
A	FY 2009-10 Expenditure for Federally Qualified Health Centers (FQHC)	\$76,244,360	-	Based on FY 2009-10 MMIS claims data
B	Number of FQHCs with Unsupported Pharmacy Costs	4	-	Based on current cost report information
C	Proportion of Total FQHC Expenditure from Providers with Unsupported Pharmacy Costs	24.30%	-	Based on current expenditure and cost report information.
D	Estimated Reduction to FQHC Expenditure	-1.22%	-	Calculated based on provider-specific information, including the percent of pharmacy costs reported, the percent of total expenditure for each affected provider, and the rate effective date. Because of the complexity of the calculation, the derivation is not shown.
E	Estimated Reduction to FQHC Expenditure (FY 2009-10 Dollars)	(\$930,181)	-	Row A * Row D
F	Estimated Trend	5.61%	5.61%	Average increase in FQHC payments from FY 2006-07 through FY 2009-10
G	Estimated Full Year Savings	(\$1,037,475)	(\$1,095,677)	FY 2011-12: Row E * (1 + Row F) ² FY 2012-13: Row G * (1 + Row F)
H	Savings Adjustment for Implementation Date	91.67%	100.00%	Estimated implementation date: July 1, 2011. Only 11 months of savings are assumed in FY 2011-12 to account for cash accounting.
I	Total Estimated Savings	(\$951,019)	(\$1,095,677)	Row G * Row H

Appendix B

Table J.1				
Enforce Limitations on Acute Home Health Services				
Row	Item	FY 2011-12	FY 2012-13	Comment
A	FY 2009-10 Expenditure for Acute Home Health Above 60 Day Limit	\$6,235,685	-	Based on FY 2009-10 MMIS claims data
B	Estimated Reduction to Expenditure	-15.00%	-	Assumed, see narrative.
C	Estimated Reduction (in FY 2009-10 Dollars)	(\$935,353)	-	Row A * Row B
D	Estimated Trend	14.88%	14.88%	Average increase in outpatient hospital expenditure from FY 2005-06 through FY 2009-10
E	Estimated Full Year Savings	(\$1,234,424)	(\$1,418,106)	FY 2011-12: Row C * (1 + Row D) ² FY 2012-13: Row E * (1 + Row D)
F	Savings Adjustment for Implementation Date	91.67%	100.00%	Estimated implementation date: July 1, 2011. Only 11 months of savings are assumed in FY 2011-12 to account for cash accounting.
G	Total Estimated Savings	(\$1,131,555)	(\$1,418,106)	Row E * Row F

Appendix B

Row	Item	Estimated Reduction (FY 2009-10 Dollars)	FY 2009-10 Expenditure in Service Category	Percentage Reduction As a Percent of Service Category	Estimated HMO Expenditure	Estimated Reduction to HMO Expenditure	Estimated PACE Expenditure	Estimated Reduction to PACE Expenditure
A	Pharmacy State Maximum Allowable Cost Expansion	(\$2,000,000)	\$135,083,015	-1.48%	\$14,385,000	(\$212,980)	\$7,462,785	(\$110,492)
B	Restrict Adult Oral Nutrition Benefit	(\$2,843,044)	\$81,224,073	-3.50%	\$8,649,557	(\$302,756)	\$2,580,072	(\$90,309)
C	Reduce Rates for Certain Diabetes Supplies	(\$788,331)	\$81,224,073	-0.97%	\$8,649,557	(\$83,949)	\$2,580,072	(\$25,041)
D	Reduce Payments for Uncomplicated Cesarean Section Deliveries	(\$6,388,858)	\$351,813,970	-1.82%	\$37,464,695	(\$680,350)	\$11,175,324	(\$202,941)
E	Reduce Payments for Inpatient Renal Dialysis	(\$2,208,716)	\$351,813,970	-0.63%	\$37,464,695	(\$235,206)	\$11,175,324	(\$70,160)
F	Deny Hospital Readmissions Within 48 Hours	(\$2,434,245)	\$351,813,970	-0.69%	\$37,464,695	(\$259,223)	\$11,175,324	(\$77,323)
G	Prior Authorize Certain Radiology Services at Outpatient Hospitals	(\$3,399,330)	\$152,670,208	-2.23%	\$16,257,862	(\$361,995)	\$4,849,549	(\$107,979)
H	Reduce Rates for Procedure Codes Paid Above 95% of Medicare Rates	(\$4,433,891)	\$252,146,269	-1.76%	\$26,851,074	(\$472,165)	\$8,009,393	(\$140,842)
I	Cap Consumer Directed Attendant Support Services Wage Rates	(\$1,322,613)	\$193,612,819	-0.68%	\$0	\$0	\$22,613,816	(\$154,480)
J	Reduce FQHC Rates to Remove Unsupported Pharmacy Costs	(\$930,181)	\$79,021,110	-1.18%	\$8,414,964	(\$99,055)	\$2,510,095	(\$29,547)
K	Enforce Limitations on Acute Home Health Services	(\$935,353)	\$160,400,069	-0.58%	\$0	\$0	\$5,095,087	(\$29,711)
L	Totals	(\$27,684,563)				(\$2,707,680)		(\$1,038,826)
M	Estimated Trend					4.30%		8.63%
N	Estimated FY 2011-12 Reduction⁽¹⁾					(\$2,945,547)		(\$1,225,864)
O	Estimated FY 2012-13 Reduction⁽²⁾					(\$3,072,206)		(\$1,331,656)

Notes: This calculation uses the inputs from each of the individual reductions. To prevent double counting, the total calculated amount from each fee-for-service reduction is not used; rather, the total reduction in FY 2009-10 dollars is used. FY 2009-10 actual expenditure is used to determine an approximate percent reduction by service category. The weighted average percentage reduction is applied to the total FY 2009-10 HMO and PACE expenditure to calculate an approximate reduction to managed care rates. Because of its complexity, the calculation of the weighted average percent reduction is not shown.

(1) Formula: Row L * (1 + Row M)²

(2) Formula: Row N * (1 + Row M)

Appendix B

Table L.1			
Reduce Mental Health Capitation Program			
Row	Item	Total	Comment
A	Estimated FY 2011-12 Mental Health Capitation Program Base	\$250,441,839	Department Reconciliation Table
B	Proposed Reduction	-2.00%	Assumed
C	Estimated FY 2011-12 Reduction	(\$5,008,837)	Row A * Row B
D	Estimated Trend	7.42%	Average increase in appropriation from FY 2008-09 through FY 2010-11
E	Estimated FY 2012-13 Reduction	(\$5,380,493)	Row C * (1 + Row D)

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title: Medicaid Managed Care Payment Delay											
Department: Health Care Policy and Financing					Dept. Approval by: John Bartholomew <i>JB</i>			Date: November 1, 2010 <i>10/25</i>			
Priority Number: BRI-6					OSPb Approval: <i>John M. Z...</i>			Date: 10-27-10			
	Fund	1 Prior-Year Actual FY 2009-10	2 Appropriation FY 2010-11	3 Supplemental Request FY 2010-11	4 Total Revised Request FY 2010-11	5 Base Request FY 2011-12	6 Decision/ Base Reduction FY 2011-12	7 November 1 Request FY 2011-12	8 Budget Amendment FY 2011-12	9 Total Revised Request FY 2011-12	10 Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	3,302,453,025	3,605,428,390	0	3,605,428,390	3,599,946,906	(12,783,371)	3,587,163,535	0	3,587,163,535	(5,307,444)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	847,644,398	792,671,881	0	792,671,881	1,198,573,009	(4,295,826)	1,194,277,183	0	1,194,277,183	(1,684,930)
	GFE	0	161,444,485	0	161,444,485	161,444,485	0	161,444,485	0	161,444,485	0
	CF	413,407,558	420,832,216	0	420,832,216	397,597,906	(1,618,064)	395,979,842	0	395,979,842	(729,508)
	CFE/RF	4,028,416	14,564,497	0	14,564,497	3,446,761	0	3,446,761	0	3,446,761	0
	FF	2,037,372,653	2,215,915,311	0	2,215,915,311	1,838,884,745	(6,869,481)	1,832,015,264	0	1,832,015,264	(2,893,006)
(1) Executive Director's Office;	Total	22,767,387	34,553,769	0	34,553,769	31,825,489	126,000	31,951,489	0	31,951,489	0
(C) Information Technology	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts and Projects,	GF	5,348,546	6,134,303	0	6,134,303	6,147,926	31,500	6,179,426	0	6,179,426	0
Information Technology	GFE	0	0	0	0	0	0	0	0	0	0
Contracts	CF	642,364	2,433,429	0	2,433,429	1,766,770	0	1,766,770	0	1,766,770	0
	CFE/RF	100,328	100,328	0	100,328	100,328	0	100,328	0	100,328	0
	FF	16,676,149	25,885,709	0	25,885,709	23,810,465	94,500	23,904,965	0	23,904,965	0
(2) Medical Services	Total	2,877,822,564	3,106,858,127	0	3,106,858,127	3,101,279,542	(8,059,320)	3,093,220,222	0	3,093,220,222	(2,154,911)
Premiums	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	762,936,068	700,606,422	0	700,606,422	1,079,820,226	(3,670,033)	1,076,150,193	0	1,076,150,193	(981,298)
	GFE	0	161,444,485	0	161,444,485	161,444,485	0	161,444,485	0	161,444,485	0
	CF	343,695,933	339,633,220	0	339,633,220	307,745,803	(359,627)	307,386,176	0	307,386,176	(96,158)
	CFE/RF	3,917,255	7,595,243	0	7,595,243	3,334,253	0	3,334,253	0	3,334,253	0
	FF	1,767,273,308	1,897,578,757	0	1,897,578,757	1,548,934,775	(4,029,650)	1,544,905,115	0	1,544,905,115	(1,077,455)

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13												
Change Request for FY 2011-12 Budget Request Cycle												
Decision Item FY 2011-12	<input type="checkbox"/>	Base Reduction Item FY 2011-12			<input checked="" type="checkbox"/>	Supplemental FY 2010-11			<input type="checkbox"/>	Budget Amendment FY 2011-12		<input type="checkbox"/>
Request Title:	Medicaid Managed Care Payment Delay											
Department:	Health Care Policy and Financing				Dept. Approval by: John Bartholomew			Date: November 1, 2010				
Priority Number:	BRI-6				OSP Approval:			Date:				
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year Actual	Appropriation	Supplemental Request	Total Revised Request	Base Request	Decision/ Base Reduction	November 1 Request	Budget Amendment	Total Revised Request	Change from Base	
	Fund	FY 2009-10	FY 2010-11	FY 2010-11	FY 2010-11	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	FY 2012-13	
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	Total	223,368,053	247,616,458	0	247,616,458	250,441,839	(1,454,747)	248,987,092	0	248,987,092	(1,557,306)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	79,359,784	85,931,156	0	85,931,156	112,604,857	(657,293)	111,947,564	0	111,947,564	(703,632)	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	6,393,602	9,555,600	0	9,555,600	12,018,486	(70,080)	11,948,406	0	11,948,406	(75,021)	
	CFE/RF	10,833	12,046	0	12,046	12,180	0	12,180	0	12,180	0	
	FF	137,603,834	152,117,656	0	152,117,656	125,806,316	(727,374)	125,078,942	0	125,078,942	(778,653)	
(4) Indigent Care Program; Children's Basic Health Plan Premium Costs	Total	167,729,257	202,521,966	0	202,521,966	202,521,966	(3,223,502)	199,298,464	0	199,298,464	(1,508,766)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	0	0	0	0	0	0	0	0	0	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	58,910,116	64,352,642	0	64,352,642	71,209,522	(1,128,226)	70,081,296	0	70,081,296	(528,068)	
	CFE/RF	0	6,856,880	0	6,856,880	0	0	0	0	0	0	
	FF	108,819,141	131,312,444	0	131,312,444	131,312,444	(2,095,276)	129,217,168	0	129,217,168	(980,698)	
(4) Indigent Care Program; Children's Basic Health Plan Dental Benefits Costs	Total	10,765,764	13,878,070	0	13,878,070	13,878,070	(171,802)	13,706,268	0	13,706,268	(86,461)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	0	0	0	0	0	0	0	0	0	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	3,765,543	4,857,325	0	4,857,325	4,857,325	(60,131)	4,797,194	0	4,797,194	(30,261)	
	CFE/RF	0	0	0	0	0	0	0	0	0	0	
	FF	7,000,221	9,020,745	0	9,020,745	9,020,745	(111,671)	8,909,074	0	8,909,074	(56,200)	

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12	<input type="checkbox"/>	Base Reduction Item FY 2011-12	<input checked="" type="checkbox"/>	Supplemental FY 2010-11	<input type="checkbox"/>	Budget Amendment FY 2011-12	<input type="checkbox"/>				
Request Title:	Medicaid Managed Care Payment Delay										
Department:	Health Care Policy and Financing			Dept. Approval by:	John Bartholomew			Date:	November 1, 2010		
Priority Number:	BRI-6			OSP Approval:				Date:			
		1	2	3	4	5	6	7	8	9	10
		Prior-Year		Supplemental	Total	Base	Decision/	November 1	Budget	Total	Change
		Actual	Appropriation	Request	Revised	Request	Base	Request	Amendment	Revised	from Base
	Fund	FY 2009-10	FY 2010-11	FY 2010-11	FY 2010-11	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	FY 2011-12	(Column 5) FY 2012-13
Non-Line Item Request:	None.										
FY 2011-12 Letternote Revised Text:	<p>LBG 2: (b) Of this amount, \$171,705,885 \$171,648,166(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S., \$88,721,925 \$88,420,017(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., \$24,012,014(H) shall be from the Medicaid Nursing Facility Cash Fund created in Section 25.5-6-203 (2) (a), C.R.S., \$13,348,299 represents public funds certified as expenditures incurred by public hospitals and agencies that are eligible for federal financial participation under the Medicaid program, \$2,543,207 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (8) (a) (I), C.R.S., \$645,147(H) shall be from the Colorado Autism Treatment Fund created in Section 25.5-6-805 (1), C.R.S., and \$237,500 shall be from the Coordinated Care for People with Disabilities Fund created in Section 25.5-6-111 (4), C.R.S.</p> <p>LBG 3: (a) Of this amount, \$10,261,740 \$10,201,905(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., \$1,723,204 \$1,713,225(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S., and \$33,542 \$33,276 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (8) (a) (I), C.R.S.</p> <p>LBG 4: (h) Of this amount, \$30,000,842 \$29,536,133 shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., \$32,449,328 \$31,996,373 shall be from the Children's Basic Health Plan Trust created in Section 25.5-8-105 (1), C.R.S., \$8,297,682 \$8,087,090 shall be from the Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S., and \$461,700 shall be from the Colorado Immunization Fund created in Section 25-4-2301, C.R.S.</p> <p>LBG 4: (j) Of this amount, \$2,517,883 \$2,488,648 shall be from the Children's Basic Health Plan Trust created in Section 25.5-8-105 (1), C.R.S., \$1,946,470 \$1,922,613 shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (I), C.R.S., and \$392,972 \$385,933 shall be from Hospital Provider Fee Cash Fund created in Section 25.5-4-402.3 (4), C.R.S.</p>										
Cash or Federal Fund Name and COFRS Fund Number:	CF: Health Care Expansion Fund (18K); Breast and Cervical Cancer Prevention and Treatment Fund (15D); Hospital Provider Fee Cash Fund (24A); Children's Basic Health Plan Trust (11G); FF: Title XIX.										
Reappropriated Funds Source, by Department and Line Item Name:	(3) Medicaid Mental Health Community Programs Reappropriated Funds - Transfers from the Department of Public Health and Environment : (9) Prevention Services Division; (A) Prevention Programs, (3) Chronic Disease and Cancer Prevention Grants Program										
Approval by OIT?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input checked="" type="checkbox"/>								
Schedule 13s from Affected Departments:	N/A										

CHANGE REQUEST for FY 2011-12 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	BRI-6
Change Request Title:	Medicaid Managed Care Payment Delay

SELECT ONE (click on box):

- Decision Item FY 2011-12
- Base Reduction Item FY 2011-12
- Supplemental Request FY 2010-11
- Budget Request Amendment FY 2011-12

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department requests a reduction of \$12,783,371 total funds and \$4,295,826 General Fund in FY 2011-12, and \$5,307,444 total funds and \$1,684,930 General Fund in FY 2012-13. To achieve these savings, the Department proposes to move managed care service providers from a concurrent payment methodology (services paid for during the month in which they are delivered) to a retrospective payment methodology (services paid for in the month following delivery). This request continues the implementation of the managed care delay requested as part of FY 2010-11 budget balancing, in request ES-3, submitted on October 22, 2010, "Managed Care Payment Delay for FY 2010-11."

General Description of Request:

At the end of FY 2009-10, the Department was directed to delay the final two weeks of Medicaid fee-for-service payments processed through the Department's claims processing system, the Medicaid Management Information System (MMIS). This resulted in a savings in FY 2009-10 of \$79,348,709 total funds and \$28,115,526 General Fund. These payments were then processed in July of the new fiscal year, FY 2010-11.

For FY 2010-11 budget balancing, the Department submitted a request related to delaying managed care payments. In request ES-3, “Managed Care Payment Delay in FY 2010-11,” the Department requested to move managed care providers from a concurrent payment methodology – one in which providers were paid during the month in which services were being provided – to a retrospective payment methodology, resulting in providers being paid in the month following the provision of services. This would allow for one less month of payments to be made in FY 2010-11. In order to mitigate the impact to relatively new providers with limited cash flow, the Department sought to exclude specific managed care providers. These providers are the two provider classes of Program for All-Inclusive Care for the Elderly (PACE) and the Accountable Care Collaborative (ACC). Additionally, ES-3 requested first-year funding to make changes to the MMIS in order to allow the Department to automate the retrospective payment process.

The Department’s full calculations for ES-3 are included in this request, as ES-3, if approved, will have a FY 2011-12 impact. This request has no FY 2010-11 impact other than what was already reflected in ES-3.

In this request, the Department seeks to continue the managed care delay into FY 2011-12 to include the providers that were exempted in FY 2010-11. The delay would be expanded to all Medicaid and CHP+ managed care providers.

Move Remaining Managed Care Providers to Retrospective Payments

The Department requests a net reduction of \$12,783,371 total funds and \$4,295,826 General Fund in FY 2011-12, and \$5,307,444 total funds and \$1,684,930 General Fund in FY 2012-13 in order to continue paying managed care providers on a retrospective

payment cycle.¹ Providers would continue to be paid in the month following the month of service as opposed to being paid in the month during which services are to be provided.

When this methodology is implemented, the change would result in an 11 month payment year (rather than 12) during that fiscal year; per request ES-3, “Managed Care Payment Delay in FY 2010-11”, managed care payments would be made in May 2011 and in July 2011. No payment would be made in June 2011. As stated previously, the FY 2010-11 impact is included in ES-3. In FY 2011-12 and future years, the Department will return to paying 12 months of claims, although providers will continue to receive payment retrospectively.

Because the Department has requested to implement managed care delays in a separate request, this request accounts for only the ongoing impact of the delay. This includes moving any providers which were exempted from the payment delay in FY 2010-11 to the retrospective model and accounting for the ongoing budgetary impact of time-shifting expenditure. For example, the Department estimates that expenditure that is being delayed at the end of FY 2011-12 is estimated to be greater than the average weekly expenditure from FY 2010-11 due to increases in managed care rates as well as changes in managed care enrollment.

This request would impact providers within Medicaid Medical Services Premiums, Medicaid Mental Health Capitation Programs, and Children’s Basic Health Plan Plus.

In ES-3, the Department requested to phase in implementation of this payment policy in order to mitigate the impact to specific providers for FY 2010-11. The Department identifies two classes of providers will be temporarily exempted: providers in the Program for All-Inclusive Care for the Elderly, and Regional Care Collaborative Organizations in

¹ In the FY 2010-11 budget balancing request ES-3, “Managed Care Payment Delay for FY 2010-11,” the Department requested to move the majority of managed care payments to a retrospective payment model. Because budget balancing requests were for FY 2010-11 only, the FY 2011-12 impact of ES-3 is included in this request. If ES-3 is not approved, the FY 2011-12 totals in this request would need to be adjusted.

the Accountable Care Collaborative. The Department anticipates that all providers will be on the same retrospective payment schedule by the end of FY 2011-12.

The Department also requests \$126,000 total funds including \$31,500 General Fund for system changes to allow the Department to automate the new retrospective payment methodology through the Medicaid Management Information System (MMIS). This funding is required for phase one in FY 2010-11 (as requested in ES-3) and phase two in FY 2011-12. The Department anticipates the MMIS system changes in FY 2011-12 will systematize the new retroactive payment methodology across all managed care providers.

Children's Basic Health Plan Plus Financing

Portions of the savings from the Children's Basic Health Plan Plus program are the result of transfers made to the Children's Basic Health Plan Trust; when Children's Basic Health Plan Plus (CHP+) Premiums expenditure is reduced, it reduces the need to transfer General Fund into the Trust. The Department has made the request for these funds in the November 2010 S-5 request "Cash Fund Insolvency Financing." Should both this request and the S-5 request be approved, and additional \$2,696,994 of General Fund savings would be realized in FY 2010-11. Similarly, the amount would annualize to an additional \$482,190 of General Fund savings in FY 2011-12.

The Department has estimated the proportion of delayed expenditure from the Children's Basic Health Plan Trust according to estimated caseload, as specific CHP+ caseloads are paid for via specific funds. These caseload estimates are presented as part of the Department's November 2010 DI-3 "Children's Basic Health Plan Medical Premium and Dental Benefit Costs" request. This FY 2010-11 request will be adjusted for November 2010 caseload via a January 3, 2011 supplemental.

Consequences if Not Funded:

If this request is not funded, the Department will fail to realize the net reduction of \$12,783,371 total funds and \$4,295,826 General Fund in FY 2011-12, and \$5,307,444

total funds and \$1,684,930 General Fund in FY 2012-13. Other reductions to state programs would be required to balance the budget.

Calculations for Request:

Summary of Request FY 2011-12	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$12,783,371)	(\$4,295,826)	(\$1,618,064)	\$0	(\$6,869,481)
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$126,000	\$31,500	\$0	\$0	\$94,500
(2) Medical Services Premiums	(\$8,059,320)	(\$3,670,033)	(\$359,627)	\$0	(\$4,029,660)
(3) Medicaid Mental Health Programs; (A) Mental Health Capitation Payments	(\$1,454,747)	(\$657,293)	(\$70,080)	\$0	(\$727,374)
(4) Indigent Care Program; Children's Basic Health Plan Premium Costs	(\$3,223,502)	\$0	(\$1,128,226)	\$0	(\$2,095,276)
(4) Indigent Care Program; Children's Basic Health Plan Dental Benefits Costs	(\$171,802)	\$0	(\$60,131)	\$0	(\$111,671)

Summary of Request FY 2012-13	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$5,307,444)	(\$1,684,930)	(\$729,508)	\$0	(\$2,893,006)
(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	\$0	\$0	\$0	\$0	\$0
(2) Medical Services Premiums	(\$2,154,911)	(\$981,298)	(\$96,158)	\$0	(\$1,077,455)
(3) Medicaid Mental Health Programs; (A) Mental Health Capitation Payments	(\$1,557,306)	(\$703,632)	(\$75,021)	\$0	(\$778,653)
(4) Indigent Care Program; Children's Basic Health Plan Premium Costs	(\$1,508,766)	\$0	(\$528,068)	\$0	(\$980,698)
(4) Indigent Care Program; Children's Basic Health Plan Dental Benefits Costs	(\$86,461)	\$0	(\$30,261)	\$0	(\$56,200)

Cash Funds Projections:

Cash Fund Name	Cash Fund Number	FY 2009-10 Expenditures	FY 2009-10 End of Year Cash Balance	FY 2010-11 End of Year Cash Balance Estimate	FY 2011-12 End of Year Cash Balance Estimate	FY 2012-13 End of Year Cash Balance Estimate
Children's Basic Health Plan Trust Fund	11G	\$35,440,483	\$599,735	\$54,080	\$11,692	\$2,398,058
Health Care Expansion Fund	18K	\$111,444,298	\$79,234,953	\$35,822,131	\$753,168	\$10,456,327
Hospital Provider Fee Cash Fund	24A	\$298,055,638	\$5,714,436	\$5,714,436	\$5,714,436	\$5,714,436
Breast and Cervical Cancer Prevention and Treatment Fund	15D	\$2,201,761	\$9,036,534	\$7,981,503	\$6,472,606	\$5,458,052

Note: This Cash Fund table assumes approval of the November 2010 S-5 request "Cash Fund Insolvency Financing."

Assumptions for Calculations:

Summary information, including fund splits, for the Department’s request is contained in the Appendix. The tables and calculations for this request also include FY 2010-11 calculations associated with the request ES-3 “Managed Care Payment Delays for FY 2010-11.” Although this request does not have any FY 2010-11 budget impact, the net reduction from payment delays requested for FY 2011-12 and FY 2012-13 are dependent on the calculations from FY 2010-11. Therefore, in order to provide a complete presentation of the associated costs and savings from payment delays, the Department includes the calculation of all the FY 2010-11 components

Total Fund Requests by Long Bill Group and Fiscal Year	Table A.1
Requests by Fund Source	Table A.2-4
Medicaid Medical Services Premiums Calculations	Table B.1
Medicaid Mental Health Calculations	Table B.2
Children’s Basic Health Plan Plus Calculations	Tables C.1-2
System Costs	Tables D.1-2
Long Bill Letternote Calculations	Tables E.1-3

Impact on Other Government Agencies:

The request was not sent to the Governor’s Office of Information Technology (OIT). Centers for Medicare and Medicaid Services (CMS) require that the Medicaid Management Information System (MMIS) remain under the control of the single state Medicaid agency. As a result, when OIT was created, the management of the MMIS remained the purview of the Department of Health Care Policy and Financing (the Department), and for that reason OIT review is not necessary.

Cost Benefit Analysis:

Not applicable.

Implementation Schedule:

By the end of FY 2011-12, the Department will continue with implementation of a managed care payment delay equaling of one month of the fiscal year. Because the Department has requested this payment delay as a permanent reduction, the Department may also investigate the possibility of implementing the delay over time. However, before implementing a solution of this nature, the Department will be required to work with

stakeholders to determine if such a solution is preferred or feasible. The Department would attempt to minimize the disruption to providers as much as possible.

Statutory and Federal Authority:

In SB 09-265, the Department was granted statutory authority to delay fee-for-service and managed care payments. While this authorization was repealed in HB 10-1382, the Department assumes that similar authorization in statute would be required to implement this request, and has requested such changes as part of the above mentioned ES-1 and ES-2.

SB 09-265 altered the following statutes to implement the payment delay:

- 25.5-4-401(1), C.R.S. on fee-for-service payment requirements.
- 25.5-5-407.5, C.R.S. on Prepaid Inpatient Health Plan (PIHP) payment requirements.
- 25.5-5-408, C.R.S. on Managed Care Entity capitation (MCE) payment requirements.
- 25.5-5-411, C.R.S. on Behavioral Health Organization (BHO) capitation payment requirements.
- 25.5-5-412, C.R.S. on Program of All-Inclusive Care for the Elderly (PACE) payment requirements.
- 25.5-8-110, C.R.S. on Children's Basic Health Plan payment requirements.

The Department requests that any changes to statute be written in a way that would permit a staggered implementation of the managed care delay as described in the implementation plan above.

Current statutory authority includes:

25.5-4-401, C.R.S. (2010). Providers - payments - rules - repeal.

(1)(c) The state department shall exercise its overexpenditure authority under section 24-75-109, C.R.S., and shall not intentionally interrupt the normal provider payment

schedule unless notified jointly by the director of the office of state planning and budgeting and the state controller that there is the possibility that adequate cash will not be available to make payments to providers and for other state expenses. If it is determined that adequate cash is not available and the state department does interrupt the normal payment cycle, the state department shall notify the joint budget committee of the general assembly and any affected providers in writing of its decision to interrupt the normal payment schedule. Nothing in this paragraph (c) shall be interpreted to establish a right for any provider to be paid during any specific billing cycle.

Performance Measures:

This request will assist the Department in meeting its performance goal to “maintain or reduce the difference between the Department’s spending authority and actual expenditures for Medical Services Premiums.”

**Delay Managed Care Payments
Appendix**

Table A.1: Request by Long Bill Group, Service Category, and Fiscal Year

Service Category	FY 2010-11	FY 2011-12	FY 2012-13
<i>(1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts</i>	\$126,000	\$126,000	\$0
Executive Director's Office Information Technology Contracts and Projects Subtotal	\$126,000	\$126,000	\$0
<i>(2) Medical Services Premiums</i>			
Managed Care Organizations	(\$11,954,313)	(\$8,059,320)	(\$2,154,911)
Medical Services Premiums Subtotal	(\$11,954,313)	(\$8,059,320)	(\$2,154,911)
<i>(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments</i>	(\$20,634,705)	(\$1,454,747)	(\$1,557,306)
Mental Health Capitation Subtotal	(\$20,634,705)	(\$1,454,747)	(\$1,557,306)
<i>(4) Children's Basic Health Plan</i>			
Children's Basic Health Plan Premiums ⁽¹⁾	(\$17,624,416)	(\$3,223,502)	(\$1,508,766)
Children's Basic Health Plan Dental ⁽¹⁾	(\$1,295,640)	(\$171,802)	(\$86,461)
Children's Basic Health Plan Subtotal	(\$18,920,056)	(\$3,395,304)	(\$1,595,227)
Grand Total ⁽²⁾	(\$51,383,074)	(\$12,783,371)	(\$5,307,444)

⁽¹⁾ The savings from both the Children's Basic Health Plan Premiums and Dental lines are partially funded by the Children's Basic Health Plan Trust. That trust is funded through General Fund. Should both this request and the Department's October 22, 2010 ES-3 request be funded, there would be an additional \$2,696,994 General Fund savings in FY 2010-11. That additional savings is formally requested in the October 22, 2010 ES-3 request.

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Table A.2 FY 2010-11 Managed Care Delay Payment Savings by Long Bill Group												
FY 2010-11	Total Funds	General Fund and General Fund Exempt	Health Care Expansion Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Fund	Coordinated Care for People with Disabilities Fund	Old Age Pension and Medical Care Fund	Children's Basic Health Plan Trust	Certified Public Expenditure	Reappropriated Funds	Federal Funds
Total Delayed	(\$51,509,074)	(\$12,524,915)	(\$4,017,075)	(\$2,765)	\$0	(\$1,431,652)	\$0	\$0	(\$2,696,994)	\$0	(\$1,004)	(\$30,834,669)
(2) Medical Services Premiums	(\$11,954,313)	(\$4,621,269)	(\$447,817)	\$0	\$0	(\$85,614)	\$0	\$0	\$0	\$0	\$0	(\$6,799,613)
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Program	(\$20,634,705)	(\$7,903,646)	(\$848,723)	(\$2,765)	\$0	(\$141,547)	\$0	\$0	\$0	\$0	(\$1,004)	(\$11,737,020)
(4) Indigent Care Program; Children's Basic Health Plan Premium Costs	(\$17,624,416)	\$0	(\$2,540,618)	\$0	\$0	(\$1,151,408)	\$0	\$0	(\$2,476,520)	\$0	\$0	(\$11,455,870)
(4) Indigent Care Program; Children's Basic Health Plan Dental Benefits Costs	(\$1,295,640)	\$0	(\$179,917)	\$0	\$0	(\$53,083)	\$0	\$0	(\$220,474)	\$0	\$0	(\$842,166)

Note: This table demonstrates the effect to medical expenditures that would result from this request, if approved; associated administrative costs impacting Long Bill Group 1 are identified in Tables D.1 and D.2 of this request.

Table A.3 FY 2011-12 Managed Care Delay Payment Savings by Long Bill Group												
FY 2011-12	Total Funds	General Fund and General Fund Exempt	Health Care Expansion Fund	Breast and Cervical Cancer Prevention and Treatment Fund	Colorado Autism Treatment Fund	Hospital Provider Fee Fund	Coordinated Care for People with Disabilities Fund	Old Age Pension and Medical Care Fund	Children's Basic Health Plan Trust	Certified Public Expenditure	Reappropriated Funds	Federal Funds
Total Delayed	(\$12,909,371)	(\$4,327,326)	(\$850,279)	(\$266)	\$0	(\$285,329)	\$0	\$0	(\$482,190)	\$0	\$0	(\$6,963,981)
(2) Medical Services Premiums	(\$8,059,320)	(\$3,670,033)	(\$301,908)	\$0	\$0	(\$57,719)	\$0	\$0	\$0	\$0	\$0	(\$4,029,660)
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Program	(\$1,454,747)	(\$657,293)	(\$59,835)	(\$266)	\$0	(\$9,979)	\$0	\$0	\$0	\$0	\$0	(\$727,374)
(4) Indigent Care Program; Children's Basic Health Plan Premium Costs	(\$3,223,502)	\$0	(\$464,679)	\$0	\$0	(\$210,592)	\$0	\$0	(\$452,955)	\$0	\$0	(\$2,095,276)
(4) Indigent Care Program; Children's Basic Health Plan Dental Benefits Costs	(\$171,802)	\$0	(\$23,857)	\$0	\$0	(\$7,039)	\$0	\$0	(\$29,235)	\$0	\$0	(\$111,671)

Note: This table demonstrates the effect to medical expenditures that would result from this request, if approved; associated administrative costs impacting Long Bill Group 1 are identified in Tables D.1 and D.2 of this request.

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Table B.1: Delayed Payment Incremental Savings Calculation for Medical Services Managed Care Expenditure

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Estimated Medicaid Physical Health Managed Care Expenditure	\$220,695,015	\$240,163,600	\$266,022,526	FY 2010-11: FY 2010-11 Appropriations Report ⁽¹⁾ ; FY 2011-12: The average annual rate of change in expenditure from FY 2003-04 through FY 2008-09, carried forward.
B	Implementation Percentage	65.00%	100.00%	100.00%	The Department will phase-in specific managed care delay in order to mitigate the cash-flow impact to those providers.
C	Estimated Effected Managed Care Expenditure	\$143,451,760	\$240,163,600	\$266,022,526	Row A * Row B
D	Payment Months	12	12	12	Months in the fiscal year
E	Expenditure Per Month	\$11,954,313	\$20,013,633	\$22,168,544	Row C / Row D
F	Months Delayed	1	1	1	Department's Request; moving to retrospective payment.
G	Shifted Payment	(\$11,954,313)	(\$20,013,633)	(\$22,168,544)	-(Row E * Row F)
H	Estimated Expenditure from Prior Year due to Shifted Payment	\$0	\$11,954,313	\$20,013,633	-(Row G, from Previous Year)
I	Total Incremental Change	(\$11,954,313)	(\$8,059,320)	(\$2,154,911)	Row G + Row H

⁽¹⁾ The Department has determined the amount of the appropriation attributable to these services from documentation provided by the Joint Budget Committee.

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Table B.2: Delayed Payment Incremental Savings Calculation for Medicaid Mental Health Capitation Expenditure

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Estimated Incurred Capitation Expenditure	\$247,616,458	\$265,073,418	\$283,761,094	FY 2010-11: FY 2010-11 Appropriations Report ⁽¹⁾ ; FY 2011-12: The average annual rate of change in capitation expenditure from FY 2004-05 through FY 2008-09, carried forward.
B	Payment Months	12	12	12	Months in the Fiscal Year
C	Expenditure per Month	\$20,634,705	\$22,089,452	\$23,646,758	Row A / Row B
D	Months Delayed	1	1	1	Department's Request; moving to retrospective payment.
E	Shifted Payment	(\$20,634,705)	(\$22,089,452)	(\$23,646,758)	-(Row C * Row D)
F	Estimated Expenditure from Prior Year due to Shifted Payment	\$0	\$20,634,705	\$22,089,452	-(Row E, from Previous Year)
G	Total Incremental Change	(\$20,634,705)	(\$1,454,747)	(\$1,557,306)	Row E + Row F

⁽¹⁾ The Department has determined the amount of the appropriation attributable to these services from documentation provided by the Joint Budget Committee.

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Table C.1: Delayed Payment Incremental Savings Calculation for Indigent Care Programs, CHP+ Premiums Expenditure

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Estimated CHP+ Child Premiums Caseload for June (by year)	89,975	99,826	101,034	Department's DI-3 Request and Caseload Forecast, November 2010
B	Estimated CHP+ Premiums Blended Capitation Child Rate	\$155.37	\$165.92	\$173.56	FY 2010-11: Actuarially set rates, blended at 65% HMO and 35% state program
C	Subtotal: 1 Month of CHP+ Premiums Child Savings	(\$13,979,416)	(\$16,563,130)	(\$17,535,461)	-(Row A * Row B)
D	Estimated CHP+ Prenatal Premiums Caseload for June (by year)	2,899	3,726	4,008	Department's DI-3 Request and Caseload Forecast, November 2010
E	Estimated CHP+ Premiums Blended Capitation	\$1,257.33	\$1,149.97	\$1,202.90	FY 2010-11: Actuarially set rate
F	Subtotal: 1 Month of CHP+ Premiums Prenatal Savings	(\$3,645,000)	(\$4,284,788)	(\$4,821,223)	-(Row D * Row E)
G	Estimated CHP+ Premiums Savings per Month	(\$17,624,416)	(\$20,847,918)	(\$22,356,684)	Row C + Row F
H	Months Delayed	1	1	1	Department's Request; moving to retrospective payment.
I	Estimated Monthly Savings	(\$17,624,416)	(\$20,847,918)	(\$22,356,684)	Row G * Row H
J	Estimated Expenditure from Prior Year due to Shifted Payment	\$0	\$17,624,416	\$20,847,918	-(Row I from Previous Year)
K	Total Incremental Change	(\$17,624,416)	(\$3,223,502)	(\$1,508,766)	Row I + Row J

Table C.2: Delayed Payment Incremental Savings Calculation for Indigent Care Programs, CHP+ Dental Expenditure

Row	Description	FY 2010-11	FY 2011-12	FY 2012-13	Source
A	Estimated CHP+ Premiums Child Caseload for June (by year)	89,975	99,826	101,034	Department's DI-3 Request and Caseload Forecast, November 2010
B	Estimated CHP+ Premiums Blended Capitation	\$14.40	\$14.70	\$15.38	FY 2010-11: Actuarially set rate
C	Subtotal: 1 Month of CHP+ Premiums Child Savings	(\$1,295,640)	(\$1,467,442)	(\$1,553,903)	-(Row A * Row B)
D	Months Delayed	1	1	1	Department's Request; moving to retrospective payment.
E	Estimated Monthly Savings	(\$1,295,640)	(\$1,467,442)	(\$1,553,903)	Row C * Row D
F	Estimated Expenditure from Prior Year due to Shifted Payment	\$0	\$1,295,640	\$1,467,442	-(Row E from Previous Year)
G	Total Incremental Change	(\$1,295,640)	(\$171,802)	(\$86,461)	Row E + Row F

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Table D.1: System Change Costs

Row	Item	FY 2010-11	FY 2011-12	FY 2012-13
A	Managed Care System Enhancement	1,000	1,000	0
B	Cost per Hour	\$126.00	\$126.00	\$126.00
C	Total Cost	\$126,000	\$126,000	\$0

Table D.2: System Change Fund Splits

Row	Item	Total Funds	General Fund	Federal Funds
A	FY 2010-11	\$126,000	\$31,500	\$94,500
B	FY 2011-12	\$126,000	\$31,500	\$94,500
C	FY 2012-13	\$0	\$0	\$0

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Long Bill Group	Line Item	Cash Fund	Appropriation Type	COFRS Number	Previous Total	Requested Total	Incremental Change
(2) Medical Services Premiums	Medical Services Premiums	Health Care Expansion Fund	Cash Fund	18K	\$88,721,925	\$88,420,017	(\$301,908)
(2) Medical Services Premiums	Medical Services Premiums	Hospital Provider Fee Fund	Cash Fund	24A	\$171,705,885	\$171,648,166	(\$57,719)

Table E.2: New Letternote Totals for Medicaid Mental Health Community Programs

Long Bill Group	Line Item	Cash Fund	Appropriation Type	COFRS Number	Previous Total	Total	Incremental Change
(3) Medicaid Mental Health Community Programs	Mental Health Capitation Payments	Health Care Expansion Fund	Cash Fund	18K	\$10,261,740	\$10,201,905	(\$59,835)
(3) Medicaid Mental Health Community Programs	Mental Health Capitation Payments	Hospital Provider Fee Cash Fund	Cash Fund	24A	\$1,723,204	\$1,713,225	(\$9,979)
(3) Medicaid Mental Health Community Programs	Mental Health Capitation Payments	Breast and Cervical Cancer Prevention and Treatment Fund	Cash Fund	15D	\$33,542	\$33,276	(\$266)

Table E.3: New Letternote Totals for Indigent Care Programs

Long Bill Group	Line Item	Fund	Appropriation Type	COFRS Number	Previous Total	Total	Incremental Change
(4) Indigent Care Program	Children's Basic Health Plan Premiums Costs	Health Care Expansion Fund	Cash Fund	18K	\$30,000,812	\$29,536,133	(\$464,679)
(4) Indigent Care Program	Children's Basic Health Plan Premiums Costs	Hospital Provider Fee Cash Fund	Cash Fund	24A	\$8,297,682	\$8,087,090	(\$210,592)
(4) Indigent Care Program	Children's Basic Health Plan Premiums Costs	Children's Basic Health Plan Trust	Cash Fund	11G	\$32,449,328	\$31,996,373	(\$452,955)
(4) Indigent Care Program	Children's Basic Health Plan Dental Costs	Health Care Expansion Fund	Cash Fund	18K	\$1,946,470	\$1,922,613	(\$23,857)
(4) Indigent Care Program	Children's Basic Health Plan Dental Costs	Hospital Provider Fee Cash Fund	Cash Fund	24A	\$392,972	\$385,933	(\$7,039)
(4) Indigent Care Program	Children's Basic Health Plan Dental Costs	Children's Basic Health Plan Trust	Cash Fund	11G	\$2,517,883	\$2,488,648	(\$29,235)