

Schedule 13
Funding Request for the 2012-13 Budget Cycle

Department: Health Care Policy and Financing

Request Title: Request for Medical Service Premiums

Priority Number: R-1

Dept. Approval by: John Bartholomew *JTB 10/20/11* Date

OSPB Approval by: *David M. ...* *10/24/11* Date

<input checked="" type="checkbox"/>	Decision Item FY 2012-13
<input type="checkbox"/>	Base Reduction Item FY 2012-13
<input type="checkbox"/>	Supplemental FY 2011-12
<input type="checkbox"/>	Budget Amendment FY 2012-13

Line Item Information		FY 2011-12		FY 2012-13		FY 2013-14
		1	2	3	4	5
	Fund	Appropriation FY 2011-12	Supplemental Request FY 2011-12	Base Request FY 2012-13	Funding Change Request FY 2012-13	Continuation Amount FY 2013-14
Total of All Line Items	Total	\$3,543,863,749	\$0	\$3,559,795,929	\$330,806,255	\$523,061,697
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$898,839,033	\$0	\$981,320,305	\$129,303,556	\$197,083,919
	GFE	\$284,175,417	\$0	\$284,175,417	\$0	\$0
	CF	\$608,317,175	\$0	\$534,529,617	\$36,238,486	\$34,573,726
	RF	\$6,388,059	\$0	\$3,101,708	\$303,982	\$534,292
	FF	\$1,746,144,065	\$0	\$1,756,668,882	\$164,960,231	\$290,869,760
(2) Medical Services Premiums	Total	\$3,543,863,749	\$0	\$3,559,795,929	\$330,806,255	\$523,061,697
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$898,839,033	\$0	\$981,320,305	\$129,303,556	\$197,083,919
	GFE	\$284,175,417	\$0	\$284,175,417	\$0	\$0
	CF	\$608,317,175	\$0	\$534,529,617	\$36,238,486	\$34,573,726
	RF	\$6,388,059	\$0	\$3,101,708	\$303,982	\$534,292
	FF	\$1,746,144,065	\$0	\$1,756,668,882	\$164,960,231	\$290,869,760

Letternote Text Revision Required? Yes: No: **If yes, describe the Letternote Text Revision:**
See Exhibit D.

Cash or Federal Fund Name and COFRS Fund Number: Multiple - See Exhibit D.

Reappropriated Funds Source, by Department and Line Item Name: Multiple - See Exhibit D.

Approval by OIT? Yes: No: Not Required:

Schedule 13s from Affected Departments: N/A

Other Information: N/A

TABLE OF CONTENTS
Exhibits for the Medical Services Premiums Budget Request

Exhibit	Description
Exhibit A	Calculation of Request, Calculation of Fund Splits
Exhibit B	Medicaid Caseload Forecast
Exhibit C	History and Projections of Per Capita Costs
Exhibit D	Cash Funds Report
Exhibit E	Summary of Total Requested Expenditure by Service Group, Comparison of Request to Long Bill Appropriation and Special Bills
Exhibit F	Acute Care, Breast and Cervical Cancer Program Per Capita Detail, Antipsychotic Drug Expenditure, Family Planning Enhanced Match Calculation, Indian Health Services
Exhibit G	Community Based Long Term Care, Half-Year Expenditure Split
Exhibit H	Long Term Care and Insurance Summary; Class I Nursing Facilities Request, Footnotes, and Supplemental Payments; Class II Nursing Facilities; Program for All-Inclusive Care for the Elderly (PACE); Supplemental Medicare Insurance Benefit (SMIB); Health Insurance Buy-In (HIBI)
Exhibit I	Service Management - Summary; Single Entry Points; Disease Management; Prepaid Inpatient Health Plan Administration
Exhibit J	Health Care Affordability Act of 2009
Exhibit K	Upper Payment Limit Financing
Exhibit L	Department Recoveries
Exhibit M	Expenditure History by Aid Category and Service Category
Exhibit N	Expenditure History by Service Category
Exhibit O	Comparison of Budget Requests, Appropriations and Expenditure for Prior Years
Exhibit P	Global Reasonableness; Expenditure and Caseload History; Estimate of Expenditures with Prior Year Cash Flow Pattern (Reference Only)

Exhibit A - Summary of Request

Calculation of Estimate						
FY 2011-12						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2011-12 Appropriation						
FY 2011-12 Long Bill Appropriation (SB 11-209)	\$3,521,401,973	\$1,004,304,853	\$284,175,417	\$495,061,484	\$3,101,708	\$1,734,758,511
SB 11-008 Medicaid Eligibility for Children	\$0	\$0	\$0	\$0	\$0	\$0
SB 11-177 Pregnancy and Dropout Prevention	\$333,195	(\$26,735)	\$0	\$38,666	\$0	\$321,264
SB 11-125 Nursing Home Fees and Order of Payments	\$30,994,411	\$0	\$0	\$15,497,206	\$0	\$15,497,205
SB 11-210 Phase Out Supplemental OAP Health Fund	\$0	(\$2,230,500)	\$0	\$2,230,500	\$0	\$0
SB 11-211 Tobacco Revenues Offset Medical Services	\$0	(\$33,000,000)	\$0	\$29,713,649	\$3,286,351	\$0
SB 11-212 Use Provider Fee Offset Medicaid	\$0	(\$50,000,000)	\$0	\$50,000,000	\$0	\$0
SB 11-215 2011 Nursing Facility Rate Reduction	(\$8,865,830)	(\$4,432,915)	\$0	\$0	\$0	(\$4,432,915)
SB 11-219 2011 Transfers for Health Care Services	\$0	(\$15,775,670)	\$0	\$15,775,670	\$0	\$0
SB 11-250 Eligibility for Pregnant Women	\$0	\$0	\$0	\$0	\$0	\$0
FY 2011-12 Total Spending Authority	\$3,543,863,749	\$898,839,033	\$284,175,417	\$608,317,175	\$6,388,059	\$1,746,144,065
Total Projected FY 2011-12 Expenditures	\$3,606,233,421	\$950,151,486	\$284,175,417	\$586,209,647	\$6,468,782	\$1,779,228,089
FY 2011-12 Estimated Change from Appropriation	\$62,369,672	\$51,312,453	\$0	(\$22,107,528)	\$80,723	\$33,084,024
Percent Change	1.76%	5.71%	0.00%	-3.63%	1.26%	1.89%

Exhibit A - Summary of Request

Calculation of Request						
FY 2012-13						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2011-12 Appropriation Plus Special Bills	\$3,543,863,749	\$898,839,033	\$284,175,417	\$608,317,175	\$6,388,059	\$1,746,144,065
Bill Annualizations						
Annualization of FY 2011-12 Long Bill Appropriation (SB 11-209)	(\$9,588,011)	(\$4,201,139)	\$0	(\$586,313)	\$0	(\$4,800,559)
Annualization of HB 10-1380 Use Supplemental OAP Health Fund for Medicaid	\$0	\$3,000,000	\$0	(\$3,000,000)	\$0	\$0
Annualization of SB 11-008 Medicaid Eligibility for Children	\$8,298,832	\$2,904,591	\$0	\$0	\$0	\$5,394,241
Annualization of SB 11-177 Pregnancy and Dropout Prevention	\$542,168	(\$2,025)	\$0	\$54,622	\$0	\$489,571
Annualization of SB 11-125 Nursing Home Fees and Order of Payments	\$466,905	\$0	\$0	\$233,452	\$0	\$233,453
Annualization of SB 11-210 Phase Out Supplemental OAP Health Fund	\$0	\$0	\$0	\$0	\$0	\$0
Annualization of SB 11-211 Tobacco Revenues Offset Medical Services	\$0	\$33,000,000	\$0	(\$29,713,649)	(\$3,286,351)	\$0
Annualization of SB 11-212 Use Provider Fee Offset Medicaid	\$0	\$25,000,000	\$0	(\$25,000,000)	\$0	\$0
Annualization of SB 11-215 2011 Nursing Facility Rate Reduction	\$8,865,830	\$4,432,915	\$0	\$0	\$0	\$4,432,915
Annualization of SB 11-219 2011 Transfers for Health Care Services	\$0	\$15,775,670	\$0	(\$15,775,670)	\$0	\$0
Annualization of SB 11-250 Eligibility for Pregnant Women	\$7,346,456	\$2,571,260	\$0	\$0	\$0	\$4,775,196
Total Annualizations	\$15,932,180	\$82,481,272	\$0	(\$73,787,558)	(\$3,286,351)	\$10,524,817
FY 2012-13 Base Amount	\$3,559,795,929	\$981,320,305	\$284,175,417	\$534,529,617	\$3,101,708	\$1,756,668,882
Total Projected FY 2012-13 Expenditures	\$3,890,602,184	\$1,110,623,861	\$284,175,417	\$570,768,103	\$3,405,690	\$1,921,629,113
FY 2012-13 Request	\$330,806,255	\$129,303,556	\$0	\$36,238,486	\$303,982	\$164,960,231
Percent Change from FY 2011-12 Base	9.29%	13.18%	0.00%	6.78%	9.80%	9.39%

Exhibit A - Summary of Request

Calculation of Request						
FY 2013-14						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2013-14 Appropriation Plus Special Bills	\$3,559,795,929	\$981,320,305	\$284,175,417	\$534,529,617	\$3,101,708	\$1,756,668,882
Bill Annualizations						
Annualization of SB 08-118 Money Transfer for Medicaid Programs	\$0	\$2,000,000	\$0	\$0	(\$2,000,000)	\$0
Annualization of SB 11-008 Medicaid Eligibility for Children	\$26,454,555	\$9,259,094	\$0	\$0	\$0	\$17,195,461
Annualization of SB 11-212 Use Provider Fee Offset Medicaid	\$0	\$25,000,000	\$0	(\$25,000,000)	\$0	\$0
Annualization of SB 11-250 Eligibility for Pregnant Women	\$8,803,834	\$3,081,341	\$0	\$0	\$0	\$5,722,493
Total Annualizations	\$35,258,389	\$39,340,435	\$0	(\$25,000,000)	(\$2,000,000)	\$22,917,954
FY 2013-14 Total Spending Authority	\$3,595,054,318	\$1,020,660,740	\$284,175,417	\$509,529,617	\$1,101,708	\$1,779,586,836
Total Projected FY 2013-14 Expenditures	\$4,118,116,015	\$1,217,744,659	\$284,175,417	\$544,103,343	\$1,636,000	\$2,070,456,596
FY 2013-14 Requested Change From Appropriation	\$523,061,697	\$197,083,919	\$0	\$34,573,726	\$534,292	\$290,869,760
Percent Change	14.55%	19.31%	0.00%	6.79%	48.50%	16.34%

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	\$1,699,140,841	\$849,570,420	\$0	\$0	\$849,570,421	50.00%	
Breast and Cervical Cancer Program	\$11,261,250	\$0	\$2,759,006	\$1,182,431	\$7,319,813	65.00%	State fund sources vary; see Exhibit F
Family Planning	\$15,114,951	\$1,472,829	\$38,666	\$0	\$13,603,456	90.00%	
Home Health Telemedicine Services	\$234,432	\$31,928	\$170,575	\$0	\$31,929	50.00%	CF: Home Health Telemedicine Cash Fund
Indian Health Service	\$1,836,125	\$0	\$0	\$0	\$1,836,125	100.00%	
Affordable Care Act Drug Rebate Offset	(\$16,155,068)	\$0	\$0	\$0	(\$16,155,068)	0.00%	
Expansion Adults to 100% Adjustment	\$92,944,066	\$0	\$46,472,033	\$0	\$46,472,033	50.00%	CF: Hospital Provider Fee Cash Fund
Acute Care Services Sub-Total	\$1,804,376,597	\$851,075,177	\$49,440,280	\$1,182,431	\$902,678,709		
Community Based Long Term Care Services							
Base Community Based Long Term Care	\$337,911,781	\$168,955,890	\$0	\$0	\$168,955,891	50.00%	
Children with Autism Waiver Services	\$1,757,250	\$0	\$878,625	\$0	\$878,625	50.00%	CF: Colorado Autism Treatment Fund
Expansion Adults to 100% Adjustment	\$66,593	\$0	\$33,297	\$0	\$33,296	50.00%	CF: Hospital Provider Fee Cash Fund
Community Based Long Term Care Sub-Total	\$339,735,624	\$168,955,890	\$911,922	\$0	\$169,867,812		
Long Term Care and Insurance							
Base Class I Nursing Facilities	\$515,627,467	\$257,813,733	\$0	\$0	\$257,813,734	50.00%	
Nursing Facility Supplemental Payment	\$83,952,006	\$0	\$41,976,003	\$0	\$41,976,003	50.00%	CF: Medicaid Nursing Facility Cash Fund
Base Class II Nursing Facilities	\$2,320,072	\$1,160,036	\$0	\$0	\$1,160,036	50.00%	
PACE	\$84,757,246	\$42,378,623	\$0	\$0	\$42,378,623	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$134,751,970	\$80,851,182	\$0	\$0	\$53,900,788	50.00%*	Approximately 20% of total is state-only
Health Insurance Buy-In	\$2,044,462	\$1,022,231	\$0	\$0	\$1,022,231	50.00%	
Long Term Care and Insurance Sub-Total	\$823,453,223	\$383,225,805	\$41,976,003	\$0	\$398,251,415		
Service Management							
Base Service Management	\$51,892,288	\$25,946,144	\$0	\$0	\$25,946,144	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	\$351,000	\$0	\$175,500	\$0	\$175,500	50.00%	CF: Coordinated Care for People with Disabilities Fund
Expansion Adults to 100% Adjustment	\$2,479,568	\$0	\$1,239,784	\$0	\$1,239,784	50.00%	CF: Hospital Provider Fee Cash Fund
Service Management Sub-Total	\$55,222,856	\$25,946,144	\$1,415,284	\$250,000	\$27,611,428		
Expansion Populations							
Disabled Buy-in	\$525,479	\$0	\$285,622	\$0	\$239,857	50.00%*	CF: Hospital Provider Fee Cash Fund and Medicaid Buy-In Fund *Federal Match Applies Only to State Share
Adults Without Dependent Children	\$29,439,789	\$0	\$14,719,894	\$0	\$14,719,895	50.00%	CF: Hospital Provider Fee Cash Fund
Expansion Populations Sub-Total	\$29,965,268	\$0	\$15,005,516	\$0	\$14,959,752		
FY 2010-11 Estimate of Total Expenditures for Medical Services to Clients	\$3,052,753,568	\$1,429,203,016	\$108,749,005	\$1,432,431	\$1,513,369,116		
Financing							
Upper Payment Limit Financing	\$5,135,883	(\$7,856,001)	\$5,135,883	\$0	\$7,856,001	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$12,933,946)	\$29,262,322	\$0	(\$16,328,376)	55.80%	CF: Department Recoveries
Denver Health Outstationing	\$5,485,699	\$0	\$2,742,849	\$0	\$2,742,850	50.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$538,782,512	\$0	\$269,391,256	\$0	\$269,391,256	50.00%	CF: Hospital Provider Fee Cash Fund
Physician Supplemental Payments	\$4,075,759	\$0	\$1,878,517	\$0	\$2,197,242	53.91%	CF: Certification of Public Expenditure
Old Age Pension Adult Transfer Adjustment	\$0	(\$3,000,000)	\$3,000,000	\$0	\$0	N/A	CF: Supplemental OAP Health and Medical Care Fund
Health Care Expansion Fund Transfer Adjustment	\$0	(\$68,329,996)	\$68,329,996	\$0	\$0	N/A	CF: Health Care Expansion Fund
Cash Funds Financing ⁽¹⁾	\$0	(\$102,756,170)	\$97,719,819	\$5,036,351	\$0	N/A	CF: Various, see narrative
Financing Sub-Total	\$553,479,853	(\$194,876,113)	\$477,460,642	\$5,036,351	\$265,858,973		
Total Projected FY 2010-11 Expenditures⁽²⁾	\$3,606,233,421	\$1,234,326,903	\$586,209,647	\$6,468,782	\$1,779,228,089		

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

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

(2) Of the General Fund total, \$284,175,417 is General Fund Exempt.

Exhibit A - Summary of Request

**Calculation of Fund Splits
FY 2012-13**

Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Acute Care Services							
Base Acute	\$1,775,051,057	\$887,525,528	\$0	\$0	\$887,525,529	50.00%	
Breast and Cervical Cancer Program	\$12,102,825	\$1,510,325	\$1,510,324	\$1,215,340	\$7,866,836	65.00%	State fund sources vary; see Exhibit F
Family Planning	\$18,447,028	\$1,561,065	\$93,288	\$190,350	\$16,602,325	90.00%	RF: Transfer from DPHE
Home Health Telemedicine Services	\$312,576	\$156,288	\$0	\$0	\$156,288	50.00%	CF not available (see narrative)
Indian Health Service	\$1,990,086	\$0	\$0	\$0	\$1,990,086	100.00%	
Affordable Care Act Drug Rebate Offset	(\$18,737,060)	\$0	\$0	\$0	(\$18,737,060)	0.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children" Adjustment	\$6,072,134	\$2,125,247	\$0	\$0	\$3,946,887	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid" Adjustment	\$5,054,333	\$1,769,017	\$0	\$0	\$3,285,316	65.00%	
Physician Rate Increase to 100% of Medicare (Section 1202 of Health Care and Education Reconciliation Act)	\$4,950,838	\$0	\$0	\$0	\$4,950,838	100.00%	
Expansion Adults to 100% Adjustment	\$99,398,201	\$0	\$49,699,100	\$0	\$49,699,101	50.00%	CF: Hospital Provider Fee Cash Fund
Acute Care Services Sub-Total	\$1,904,642,018	\$894,647,470	\$51,302,712	\$1,405,690	\$957,286,146		
Community Based Long Term Care Services							
Base Community Based Long Term Care	\$357,007,407	\$178,503,703	\$0	\$0	\$178,503,704	50.00%	
Children with Autism Waiver Services	\$1,757,250	\$0	\$878,625	\$0	\$878,625	50.00%	CF: Colorado Autism Treatment Fund
Expansion Adults to 100% Adjustment	\$74,331	\$0	\$37,165	\$0	\$37,166	50.00%	CF: Hospital Provider Fee Cash Fund
Community Based Long Term Care Sub-Total	\$358,838,988	\$178,503,703	\$915,790	\$0	\$179,419,495		
Long Term Care and Insurance							
Base Class I Nursing Facilities	\$539,630,713	\$269,815,356	\$0	\$0	\$269,815,357	50.00%	
Nursing Facility Supplemental Payments	\$85,547,094	\$0	\$42,773,547	\$0	\$42,773,547	50.00%	CF: Medicaid Nursing Facility Cash Fund
Class II Nursing Facilities	\$2,366,473	\$1,183,236	\$0	\$0	\$1,183,237	50.00%	
PACE	\$92,964,284	\$46,482,142	\$0	\$0	\$46,482,142	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$148,181,677	\$88,909,006	\$0	\$0	\$59,272,671	50.00%*	Approximately 20% of total is state-only
Health Insurance Buy-In	\$5,799,033	\$2,899,516	\$0	\$0	\$2,899,517	50.00%	
Long Term Care and Insurance Sub-Total	\$874,489,274	\$409,289,256	\$42,773,547	\$0	\$422,426,471		
Service Management							
Base Service Management	\$58,653,826	\$29,326,913	\$0	\$0	\$29,326,913	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	\$540,000	\$0	\$270,000	\$0	\$270,000	50.00%	CF: Coordinated Care for People with Disabilities Fund
Expansion Adults to 100% Adjustment	\$3,158,345	\$0	\$1,579,172	\$0	\$1,579,173	50.00%	CF: Hospital Provider Fee Cash Fund
Service Management Sub-Total	\$62,852,171	\$29,326,913	\$1,849,172	\$250,000	\$31,426,086		
Expansion Populations							
Disabled Buy-in	\$22,542,913	\$0	\$12,124,960	\$0	\$10,417,953	50.00%*	CF: Hospital Provider Fee Cash Fund and Medicaid Buy-In Fund *Federal Match Applies Only to State Share
Adults Without Dependent Children	\$114,135,800	\$0	\$57,067,900	\$0	\$57,067,900	50.00%	
Expansion Populations Sub-Total	\$136,678,713	\$0	\$69,192,860	\$0	\$67,485,853		
FY 2011-12 Estimate of Total Expenditures for Medical Services to Clients	\$3,337,501,164	\$1,511,767,342	\$166,034,081	\$1,655,690	\$1,658,044,051		
Financing							
Upper Payment Limit Financing	\$4,594,020	(\$5,374,019)	\$4,594,020	\$0	\$5,374,019	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$14,283,549)	\$30,326,007	\$0	(\$16,042,458)	59.71%	CF: Department Recoveries
Denver Health Outstationing	\$5,485,699	\$0	\$2,742,849	\$0	\$2,742,850	50.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$538,782,512	\$0	\$269,391,256	\$0	\$269,391,256	50.00%	CF: Hospital Provider Fee Cash Fund
Physician Supplemental Payments	\$4,238,789	\$0	\$2,119,394	\$0	\$2,119,395	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$68,329,996)	\$68,329,996	\$0	\$0	N/A	CF: Supplemental OAP Health and Medical Care Fund
Cash Funds Financing	\$0	(\$28,980,500)	\$27,230,500	\$1,750,000	\$0	N/A	CF: Various, see narrative
Financing Sub-Total	\$553,101,020	(\$116,968,064)	\$404,734,022	\$1,750,000	\$263,585,062		
Total Projected FY 2011-12 Expenditures	\$3,890,602,184	\$1,394,799,278	\$570,768,103	\$3,405,690	\$1,921,629,113		

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

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

(2) Of the General Fund total, \$284,175,417 is General Fund Exempt.

Exhibit A - Summary of Request

Calculation of Fund Splits
FY 2013-14

Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Acute Care Services							
Base Acute	\$1,861,077,698	\$930,538,849	\$0	\$0	\$930,538,849	50.00%	
Breast and Cervical Cancer Program	\$12,642,194	\$1,604,714	\$1,604,714	\$1,215,340	\$8,217,426	65.00%	State fund sources vary; see Exhibit F
Family Planning	\$21,992,670	\$1,654,587	\$124,020	\$420,660	\$19,793,403	90.00%	
Home Health Telemedicine Services	\$312,576	\$156,288	\$0	\$0	\$156,288	50.00%	CF not available (see narrative)
Indian Health Service	\$2,144,047	\$0	\$0	\$0	\$2,144,047	100.00%	
Affordable Care Act Drug Rebate Offset	(\$21,731,720)	\$0	\$0	\$0	(\$21,731,720)	0.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children" Adjustment	\$25,005,496	\$8,751,924	\$0	\$0	\$16,253,572	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid" Adjustment	\$10,616,582	\$3,715,804	\$0	\$0	\$6,900,778	65.00%	
Physician Rate Increase to 100% of Medicare (Section 1202 of Health Care and Education Reconciliation Act)	\$12,872,971	\$0	\$0	\$0	\$12,872,971	100.00%	
Expansion Adults to 100% Adjustment	\$103,291,003	\$0	\$51,645,501	\$0	\$51,645,502	50.00%	CF: Hospital Provider Fee Cash Fund
Acute Care Services Sub-Total	\$2,028,223,517	\$946,422,166	\$53,374,235	\$1,636,000	\$1,026,791,116		
Community Based Long Term Care Services							
Base Community Based Long Term Care	\$376,051,391	\$188,025,695	\$0	\$0	\$188,025,696	50.00%	
Children with Autism Waiver Services	\$1,757,250	\$0	\$878,625	\$0	\$878,625	50.00%	CF: Colorado Autism Treatment Fund
Expansion Adults to 100% Adjustment	\$78,924	\$0	\$39,462	\$0	\$39,462	50.00%	CF: Hospital Provider Fee Cash Fund
Community Based Long Term Care Sub-Total	\$377,887,565	\$188,025,695	\$918,087	\$0	\$188,943,783		
Long Term Care and Insurance							
Base Class I Nursing Facilities	\$556,550,703	\$278,275,351	\$0	\$0	\$278,275,352	50.00%	
Nursing Facility Supplemental Payments	\$87,172,489	\$0	\$43,586,244	\$0	\$43,586,245	50.00%	CF: Medicaid Nursing Facility Cash Fund
Class II Nursing Facilities	\$2,413,802	\$1,206,901	\$0	\$0	\$1,206,901	50.00%	
PACE	\$101,394,285	\$50,697,142	\$0	\$0	\$50,697,143	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$159,414,034	\$95,648,420	\$0	\$0	\$63,765,614	50.00%*	Approximately 20% of total is state-only
Health Insurance Buy-In	\$5,988,473	\$2,994,236	\$0	\$0	\$2,994,237	50.00%	
Long Term Care and Insurance Sub-Total	\$912,933,786	\$428,822,050	\$43,586,244	\$0	\$440,525,492		
Service Management							
Base Service Management	\$60,193,964	\$30,096,982	\$0	\$0	\$30,096,982	50.00%	
Coordinated Care for People with Disabilities Program	\$540,000	\$0	\$270,000	\$0	\$270,000	50.00%	CF: Coordinated Care for People with Disabilities Fund
Expansion Adults to 100% Adjustment	\$3,158,431	\$0	\$1,579,215	\$0	\$1,579,216	50.00%	CF: Hospital Provider Fee Cash Fund
Service Management Sub-Total	\$63,892,395	\$30,096,982	\$1,849,215	\$0	\$31,946,198		
Expansion Populations							
Disabled Buy-In	\$61,487,458	\$0	\$32,915,641	\$0	\$28,571,817	50.00%*	CF: Hospital Provider Fee Cash Fund and Medicaid Buy-In Fund *Federal Match Applies Only to State Share
Adults Without Dependent Children	\$119,842,600	\$0	\$29,960,650	\$0	\$89,881,950	75.00%	CF: Hospital Provider Fee Cash Fund 100% FMAP as of January 1, 2014
Expansion Populations Sub-Total	\$181,330,058	\$0	\$62,876,291	\$0	\$118,453,767		
FY 2013-14 Estimate of Total Expenditures for Medical Services to Clients	\$3,564,267,321	\$1,593,366,893	\$162,604,072	\$1,636,000	\$1,806,660,356		
Financing							
Upper Payment Limit Financing	\$5,172,142	(\$5,172,142)	\$5,172,142	\$0	\$5,172,142	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$15,714,179)	\$31,428,358	\$0	(\$15,714,179)	59.71%	CF: Department Recoveries
Denver Health Outstationing	\$5,485,699	\$0	\$2,742,849	\$0	\$2,742,850	50.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$538,782,512	\$0	\$269,391,256	\$0	\$269,391,256	50.00%	CF: Hospital Provider Fee Cash Fund
Physician Supplemental Payments	\$4,408,341	\$0	\$2,204,170	\$0	\$2,204,171	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$68,329,996)	\$68,329,996	\$0	\$0	N/A	CF: Health Care Expansion Fund
Cash Funds Financing	\$0	(\$2,230,500)	\$2,230,500	\$0	\$0	N/A	CF: Various, see narrative
Financing Sub-Total	\$553,848,694	(\$91,446,817)	\$381,499,271	\$0	\$263,796,240		
Total Projected FY 2013-14 Expenditures	\$4,118,116,015	\$1,501,920,076	\$544,103,343	\$1,636,000	\$2,070,456,596		

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

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

(2) Of the General Fund total, \$284,175,417 is General Fund Exempt.

Exhibit B - Medicaid Caseload

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)	Disabled Buy-In	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults to 60% FPL	Expansion Adults to 100% FPL	Adults Without Dependent Children (AwDC)	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	
% Change from FY 2007-08	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	17,178	3,238	-	425	275,672	18,381	7,830	3,693	15,919	498,797	
% Change from FY 2008-09	2.31%	9.34%	3.72%	-	17.32%	34.97%	-	-	34.07%	17.24%	1.93%	12.24%	-7.37%	5.60%	14.19%	
FY 2010-11 Actuals	38,921	7,767	56,281	-	60,958	20,154	27,166	-	531	302,381	18,392	7,868	3,213	17,090	560,722	
% Change from FY 2009-10	1.13%	10.19%	5.66%	-	5.72%	17.32%	738.97%	-	24.94%	9.69%	0.06%	0.49%	-13.00%	7.36%	12.41%	
FY 2011-12 Projection	39,579	8,451	59,596	57	72,180	21,986	33,976	3,333	640	332,377	18,363	7,839	3,233	18,375	619,985	
% Change from FY 2010-11	1.69%	8.81%	5.89%	-	18.41%	9.09%	25.07%	-	20.53%	9.92%	-0.16%	-0.37%	0.62%	7.52%	10.57%	
FY 2012-13 Projection	40,347	9,101	62,224	2,126	79,578	22,413	36,083	10,000	717	360,359	18,668	8,474	3,276	19,602	672,968	
% Change from FY 2011-12	1.94%	7.69%	4.41%	3629.82%	10.25%	1.94%	6.20%	200.03%	12.03%	8.42%	1.66%	8.10%	1.33%	6.68%	8.55%	
FY 2013-14 Projection	41,118	9,735	64,396	5,413	83,692	22,692	36,539	10,000	777	391,310	19,008	9,108	3,339	20,874	718,001	
% Change from FY 2011-12	1.91%	6.97%	3.49%	154.61%	5.17%	1.24%	1.26%	0.00%	8.37%	8.59%	1.82%	7.48%	1.92%	6.49%	6.69%	
FY 2011-12 Appropriation	39,556	8,098	57,841	4,329	64,432	23,628	34,050	16,400	595	316,392	18,878	7,657	3,082	18,210	613,148	
Difference between the Total FY 2011-12 Projection and Appropriation	23	353	1,755	(4,272)	7,748	(1,642)	(74)	(13,067)	45	15,985	(515)	182	151	165	6,837	

Exhibit B - Medicaid Caseload

Medicaid Caseload Adjustments															
Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults to 60% FPL	Expansion Adults to 100% FPL	Adults Without Dependent Children (AwDC)	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)	-	-	-	57	-	-	-	3,333	-	-	-	-	-	-	3,390
Total FY 2011-12 Adjustments	-	-	-	57	-	-	-	3,333	-	-	-	-	-	-	3,390
HB 09-1293 (Health Care Affordability Act)	-	-	-	2,126	-	-	-	10,000	-	-	-	-	-	-	12,126
SB 11-008 Aligning Medicaid Eligibility for Children	-	-	-	-	-	-	-	-	-	3,951	-	-	-	-	3,951
SB 11-250 Eligibility for Pregnant Women in Medicaid	-	-	-	-	-	-	-	-	-	-	-	597	-	-	597
Total FY 2012-13 Adjustments	-	-	-	2,126	-	-	-	10,000	-	3,951	-	597	-	-	16,674
HB 09-1293 (Health Care Affordability Act)	-	-	-	5,413	-	-	-	10,000	-	-	-	-	-	-	15,413
SB 11-008 Aligning Medicaid Eligibility for Children	-	-	-	-	-	-	-	-	-	16,333	-	-	-	-	16,333
SB 11-250 Eligibility for Pregnant Women in Medicaid	-	-	-	-	-	-	-	-	-	-	-	1,194	-	-	1,194
Total FY 2013-14 Adjustments	-	-	-	5,413	-	-	-	10,000	-	16,333	-	1,194	-	-	32,940

Exhibit B - Medicaid Caseload

Prior to Adjustments - Not Official Department Request

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

Prior to Adjustments

Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults to 60% FPL	Expansion Adults to 100% FPL	Adults Without Dependent Children (AwDC)	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
% Change from FY 2002-03	-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
% Change from FY 2003-04	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
% Change from FY 2004-05	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
% Change from FY 2005-06	-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
% Change from FY 2006-07	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
% Change from FY 2007-08	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	17,178	3,238	-	425	275,672	18,381	7,830	3,693	15,919	498,797
% Change from FY 2008-09	2.31%	9.34%	3.72%	-	17.32%	34.97%	-	-	34.07%	17.24%	1.93%	12.24%	-7.37%	5.60%	14.19%
FY 2010-11 Actuals	38,921	7,767	56,281	-	60,958	20,154	27,166	-	531	302,381	18,392	7,868	3,213	17,090	560,722
% Change from FY 2009-10	1.13%	10.19%	5.66%	-	5.72%	17.32%	738.97%	-	24.94%	9.69%	0.06%	0.49%	-13.00%	7.36%	12.41%
FY 2011-12 Projection ¹	39,579	8,451	59,596	-	72,180	21,986	33,976	-	640	332,377	18,363	7,839	3,233	18,375	616,595
% Change from FY 2010-11	1.69%	8.81%	5.89%	-	18.41%	9.09%	25.07%	-	20.53%	9.92%	-0.16%	-0.37%	0.62%	7.52%	9.96%
FY 2012-13 Projection ¹	40,347	9,101	62,224	-	79,578	22,413	36,083	-	717	356,408	18,668	7,877	3,276	19,602	656,294
% Change from FY 2011-12	1.94%	7.69%	4.41%	-	10.25%	1.94%	6.20%	-	12.03%	7.23%	1.66%	0.48%	1.33%	6.68%	6.44%
FY 2013-14 Projection ¹	41,118	9,735	64,396	-	83,692	22,692	36,539	-	777	374,977	19,008	7,914	3,339	20,874	685,061
% Change from FY 2011-12	1.91%	6.97%	3.49%	-	5.17%	1.24%	1.26%	-	8.37%	5.21%	1.82%	0.47%	1.92%	6.49%	4.38%
FY 2011-12 Appropriation	39,556	8,098	57,841	4,329	64,432	23,628	34,050	16,400	595	316,392	18,878	7,657	3,082	18,210	613,148
Difference between the Total FY 2011-12 Projection and Appropriation	23	353	1,755	(4,272)	7,748	(1,642)	(74)	(13,067)	45	15,985	(515)	182	151	165	6,837

¹ 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 to 60%	Expansion Adults to 100%	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	392,229		
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 to 60%	Expansion Adults to 100%	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	391,961		
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.															
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 to 60%	Expansion Adults to 100%	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		

Exhibit B - Medicaid Caseload Forecast

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 to 60%	Expansion Adults to 100%	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	472,899	5,343	1.14%
August 2009	38,306	6,863	52,573	55,937	15,530	-	395	263,415	18,325	7,849	3,835	15,522	478,550	5,651	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	482,188	3,638	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	487,876	5,688	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	490,236	2,360	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	495,309	5,073	1.03%
January 2010	38,452	7,047	53,255	59,210	17,193	-	416	279,000	18,400	7,796	3,610	15,954	500,333	5,024	1.01%
February 2010	38,432	7,049	53,298	59,700	17,514	-	431	279,898	18,467	7,779	3,550	16,076	502,194	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	509,200	7,006	1.40%
April 2010	38,727	7,212	53,904	61,702	18,490	-	452	285,746	18,552	8,054	3,831	16,308	512,978	3,778	0.74%
May 2010	38,754	7,228	54,164	55,110	20,694	18,253	455	285,779	18,651	8,039	3,615	16,285	527,027	14,049	2.74%
June 2010	38,900	7,326	54,493	54,173	18,435	20,607	466	285,778	18,678	7,903	3,522	16,495	526,776	(251)	-0.05%
Year-to-Date Average	38,487	7,049	53,264	57,661	17,178	3,238	425	275,672	18,381	7,829	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.															
MEDICAID CASELOAD FY 2010-11 WITHOUT RETROACTIVITY															
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 to 60%	Expansion Adults to 100%	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 2010	39,382	7,395	54,740	55,213	18,556	21,446	471	287,674	18,628	7,909	3,492	16,539	531,445	4,669	0.89%
August 2010	38,648	7,492	55,032	56,687	19,176	24,193	493	290,871	18,455	8,014	3,378	16,634	539,073	7,628	1.44%
September 2010	38,774	7,562	55,223	56,852	19,403	25,071	503	291,592	18,451	7,971	3,231	16,652	541,285	2,212	0.41%
October 2010	38,901	7,602	55,508	57,801	19,490	26,016	505	294,155	18,464	7,985	3,080	16,794	546,301	5,016	0.93%
November 2010	39,009	7,682	55,804	58,276	20,002	26,924	511	296,482	18,597	7,891	3,049	16,941	551,168	4,867	0.89%
December 2010	38,769	7,721	55,937	59,591	20,182	27,596	526	299,499	18,510	7,764	3,023	17,002	556,120	4,952	0.90%
January 2011	38,808	7,781	56,371	62,908	19,893	27,180	532	303,692	18,377	7,804	3,116	17,210	563,672	7,552	1.36%
February 2011	38,823	7,870	56,671	63,025	20,522	28,323	535	307,032	18,200	7,677	3,161	17,249	569,088	5,416	0.96%
March 2011	38,939	7,966	57,103	64,697	20,877	28,968	556	312,300	18,244	7,881	3,271	17,390	578,192	9,104	1.60%
April 2011	38,861	7,987	57,385	64,673	21,090	29,451	569	312,603	18,280	7,864	3,274	17,399	579,436	1,244	0.22%
May 2011	38,981	8,051	57,608	65,402	21,194	30,102	587	315,116	18,279	7,830	3,255	17,546	583,951	4,515	0.78%
June 2011	39,154	8,089	57,986	66,369	21,458	30,724	589	317,551	18,221	7,828	3,229	17,727	588,925	4,974	0.85%
Year-to-Date Average	38,921	7,767	56,281	60,958	20,154	27,166	531	302,381	18,392	7,868	3,213	17,090	560,721	5,179	0.94%

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)	Disabled Buy-in	Categorically Eligible Low-Income Adults (AFDC-A)	Adults without Dependent Children	Expansion Adults to 60%	Expansion Adults to 100%	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	-	-	-	-	\$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	-	-	-	-	\$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	-	-	-	-	\$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%	-	-	-	-	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	-	-	-	-	\$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%	-	-	-	-	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	-	-	-	-	\$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%	-	-	-	-	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	-	-	-	-	\$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%	-	-	-	-	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	-	-	-	-	\$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%	-	-	-	-	-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	-	-	-	\$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%	-	-	-	-	-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	-	-	-	\$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%	-	-	-	-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	-	-	-	\$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%	-	-	-	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	-	-	-	\$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%	-	-	-	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%	-	-	-	-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	-	\$2,337.91	\$689.29	\$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%	-	-6.07%	-	-7.86%	-9.81%	-6.13%	-4.09%	-14.83%	-3.28%	-13.36%
FY 2010-11	\$20,336.39	\$17,105.76	\$14,636.20	-	\$3,741.43	-	\$2,848.31	\$2,316.28	\$19,033.37	\$1,711.66	\$4,014.98	\$8,894.53	\$14,661.32	\$1,428.00	\$5,064.06
Percent Change	4.52%	8.23%	10.16%	-	2.90%	-	21.83%	236.04%	-7.21%	3.29%	14.14%	7.16%	15.85%	17.65%	1.77%
FY 2011-12 Projection	\$21,926.75	\$16,920.70	\$14,475.84	\$9,218.93	\$3,308.46	\$8,832.82	\$2,797.66	\$2,810.51	\$17,600.16	\$1,595.25	\$3,998.92	\$8,407.61	\$13,819.87	\$1,520.42	\$4,923.92
Percent Change	7.82%	-1.08%	-1.10%	-	-11.57%	-	-1.78%	21.34%	-7.53%	-6.80%	-0.40%	-5.47%	-5.74%	6.47%	-2.77%
FY 2012-13 Projection	\$22,488.01	\$16,887.62	\$14,721.09	\$10,603.44	\$3,186.54	\$11,413.58	\$2,822.87	\$2,844.30	\$16,883.79	\$1,568.92	\$4,068.98	\$8,598.08	\$14,218.76	\$1,603.89	\$4,959.38
Percent Change	2.56%	-0.20%	1.69%	15.02%	-3.69%	29.22%	0.90%	1.20%	-4.07%	-1.65%	1.75%	2.27%	2.89%	5.49%	0.72%
FY 2013-14 Projection	\$22,899.85	\$16,950.74	\$15,059.87	\$11,359.22	\$3,163.56	\$11,984.26	\$2,897.76	\$2,915.47	\$16,270.52	\$1,560.30	\$4,201.27	\$9,011.97	\$14,826.96	\$1,668.63	\$4,964.15
Percent Change	1.83%	0.37%	2.30%	7.13%	-0.72%	5.00%	2.65%	2.50%	-3.63%	-0.55%	3.25%	4.81%	4.28%	4.04%	0.10%

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)	Disabled Buy-in	Categorically Eligible Low-Income Adults (AFDC-A)	Adults without Dependent Children	Expansion Adults to 60%	Expansion Adults to 100%	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	-	-	-	-	\$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	-	-	-	-	\$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	-	-	-	-	\$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%	-	-	-	-	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	-	-	-	-	\$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%	-	-	-	-	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	-	-	-	-	\$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%	-	-	-	-	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	-	-	-	-	\$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%	-	-	-	-	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	-	-	-	-	\$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%	-	-	-	-	-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	-	-	-	\$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%	-	-	-	-	-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	-	-	-	\$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%	-	-	-	-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	-	-	-	\$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%	-	-	-	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	-	-	-	\$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%	-	-	-	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%	-	-	-	-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	-	\$2,392.59	\$952.90	\$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%	-	-3.88%	-	-4.80%	-6.61%	-2.56%	-0.59%	-11.66%	-2.37%	-10.90%
FY 2010-11	\$20,027.85	\$16,705.85	\$14,257.69	-	\$3,597.45	-	\$2,801.70	\$2,284.86	\$18,488.13	\$1,658.05	\$3,881.34	\$8,593.25	\$14,120.76	\$1,417.39	\$4,938.80
Percent Change	1.31%	2.84%	4.17%	-	-5.04%	-	17.10%	139.78%	-12.76%	-3.37%	6.30%	-0.11%	7.58%	15.69%	-3.48%
FY 2011-12 Projection	\$21,926.75	\$16,920.70	\$14,475.84	\$9,218.93	\$3,308.46	\$8,832.82	\$2,797.66	\$2,810.51	\$17,600.16	\$1,595.25	\$3,998.92	\$8,407.61	\$13,819.87	\$1,520.42	\$4,923.92
Percent Change	9.48%	1.29%	1.53%	-	-8.03%	-	-0.14%	23.01%	-4.80%	-3.79%	3.03%	-2.16%	-2.13%	7.27%	-0.30%
FY 2012-13 Projection	\$22,488.01	\$16,887.62	\$14,721.09	\$10,603.44	\$3,186.54	\$11,413.58	\$2,822.87	\$2,844.30	\$16,883.79	\$1,568.92	\$4,068.98	\$8,598.08	\$14,218.76	\$1,603.89	\$4,959.38
Percent Change	2.56%	-0.20%	1.69%	15.02%	-3.69%	29.22%	0.90%	1.20%	-4.07%	-1.65%	1.75%	2.27%	2.89%	5.49%	0.72%
FY 2013-14 Projection	\$22,899.85	\$16,950.74	\$15,059.87	\$11,359.22	\$3,163.56	\$11,984.26	\$2,897.76	\$2,915.47	\$16,270.52	\$1,560.30	\$4,201.27	\$9,011.97	\$14,826.96	\$1,668.63	\$4,964.15
Percent Change	1.83%	0.37%	2.30%	7.13%	-0.72%	5.00%	2.65%	2.50%	-3.63%	-0.55%	3.25%	4.81%	4.28%	4.04%	0.10%

Does not include supplemental payments, outstanding 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									
Cash Fund	FY 2011-12			FY 2012-13			FY 2013-14		
	Spending Authority	Request	Change	Base Spending Authority	Request	Change	Base Spending Authority	Request	Change
<i>Cash Funds</i>									
Certified Funds	\$7,667,816	\$9,757,249	\$2,089,433	\$7,722,438	\$9,456,263	\$1,733,825	\$7,722,438	\$10,119,161	\$2,396,723
Local Funds	\$0	\$38,666	\$38,666	\$0	\$93,288	\$93,288	\$0	\$124,020	\$124,020
Hospital Provider Fee Cash Fund	\$404,642,186	\$382,096,120	(\$22,546,066)	\$379,420,151	\$413,192,545	\$33,772,394	\$354,420,151	\$381,187,901	\$26,767,750
Medicaid Buy-In Fund	\$6,638,222	\$45,766	(\$6,592,456)	\$6,638,222	\$1,707,008	(\$4,931,214)	\$6,638,222	\$4,343,824	(\$2,294,398)
Tobacco Tax Cash Fund	\$2,230,500	\$2,230,500	\$0	\$2,230,500	\$2,230,500	\$0	\$2,230,500	\$2,230,500	\$0
Health Care Expansion Fund	\$68,329,996	\$68,329,996	\$0	\$67,978,040	\$68,329,996	\$351,956	\$67,978,040	\$68,329,996	\$351,956
Breast and Cervical Cancer Prevention and Treatment Fund	\$2,743,722	\$2,759,006	\$15,284	\$2,731,400	\$1,510,324	(\$1,221,076)	\$2,731,400	\$1,604,714	(\$1,126,686)
Colorado Autism Treatment Fund	\$878,625	\$878,625	\$0	\$878,625	\$878,625	\$0	\$878,625	\$878,625	\$0
Coordinated Care for People with Disabilities Fund	\$200,335	\$175,500	(\$24,835)	\$200,335	\$270,000	\$69,665	\$200,335	\$270,000	\$69,665
Nursing Facility Cash Fund	\$42,924,415	\$41,976,003	(\$948,412)	\$43,157,867	\$42,773,547	(\$384,320)	\$43,157,867	\$43,586,244	\$428,377
Home Health Telemedicine Fund	\$170,575	\$170,575	\$0	\$170,575	\$0	(\$170,575)	\$170,575	\$0	(\$170,575)
Tobacco Education Program Fund	\$17,758,594	\$17,758,594	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplemental Old Age Pension Health and Medical Care Fund	\$3,000,000	\$3,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prevention, Early Detection, and Treatment Fund	\$11,955,055	\$11,955,055	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Fund	\$15,775,670	\$15,775,670	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Department Recoveries	\$23,401,464	\$29,262,322	\$5,860,858	\$23,401,464	\$30,326,007	\$6,924,543	\$23,401,464	\$31,428,358	\$8,026,894
Total Cash Funds	\$608,317,175	\$586,209,647	(\$22,107,528)	\$534,529,617	\$570,768,103	\$36,238,486	\$509,529,617	\$544,103,343	\$34,573,726
<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	\$3,286,351	\$3,286,351	\$0	\$0	\$0	\$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	\$0	\$0	\$0
(9) Prevention Services Division; (B) Women's Health - Family Planning	\$248,569	\$0	(\$248,569)	\$248,569	\$190,350	(\$58,219)	\$248,569	\$420,660	\$172,091
(9) Prevention Services Division; (A) Prevention Programs, (3) Chronic Disease and Cancer Prevention Grants Program	\$853,139	\$1,182,431	\$329,292	\$853,139	\$1,215,340	\$362,201	\$853,139	\$1,215,340	\$362,201
Total Reappropriated Funds	\$6,388,059	\$6,468,782	\$80,723	\$3,101,708	\$3,405,690	\$303,982	\$1,101,708	\$1,636,000	\$534,292
<i>Note: Calculation of letternote changes for FY 2011-12 can be found on page ED-2. Request amounts shown above for FY 2012-13 and FY 2013-14 represent the total letternote amount that would appear in the Long Bill.</i>									

Exhibit D - Cash Funds Report

Cash Funds Spending Authority by Source of Authority
FY 2011-12

Spending Authority	FY 2011-12 Long Bill Appropriation (SB 11-209)	SB 11-177 Pregnancy and Dropout Prevention	SB 11-125 Nursing Home Fees and Order of Payments	SB 11-210 Phase Out Supplemental OAP Health Fund	SB 11-211 Tobacco Revenues Offset Medical Services	SB 11-212 Use Provider Fee Offset Medicaid	SB 11-219 2011 Transfers for Health Care Services	Total
Certified Funds	\$7,629,150	\$38,666	\$0	\$0	\$0	\$0	\$0	\$7,667,816
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Provider Fee Cash Fund	\$354,642,186	\$0	\$0	\$0	\$0	\$50,000,000	\$0	\$404,642,186
Medicaid Buy-In Fund	\$6,638,222	\$0	\$0	\$0	\$0	\$0	\$0	\$6,638,222
Tobacco Tax Cash Fund	\$0	\$0	\$0	\$2,230,500	\$0	\$0	\$0	\$2,230,500
Health Care Expansion Fund	\$68,329,996	\$0	\$0	\$0	\$0	\$0	\$0	\$68,329,996
Breast and Cervical Cancer Prevention and Treatment Fund	\$2,743,722	\$0	\$0	\$0	\$0	\$0	\$0	\$2,743,722
Colorado Autism Treatment Fund	\$878,625	\$0	\$0	\$0	\$0	\$0	\$0	\$878,625
Coordinated Care for People with Disabilities Fund	\$200,335	\$0	\$0	\$0	\$0	\$0	\$0	\$200,335
Nursing Facility Cash Fund	\$27,427,209	\$0	\$15,497,206	\$0	\$0	\$0	\$0	\$42,924,415
Home Health Telemedicine Fund	\$170,575	\$0	\$0	\$0	\$0	\$0	\$0	\$170,575
Comprehensive Primary and Preventive Care Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Specialty Hospital Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$0	\$0	\$0	\$0	\$17,758,594	\$0	\$0	\$17,758,594
Health Disparities Grant Program Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplemental Old Age Pension Health and Medical Care Fund	\$3,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000,000
Prevention, Early Detection, and Treatment Fund	\$0	\$0	\$0	\$0	\$11,955,055	\$0	\$0	\$11,955,055
Primary Care Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$15,775,670	\$15,775,670
Department Recoveries	\$23,401,464	\$0	\$0	\$0	\$0	\$0	\$0	\$23,401,464
Total Cash Funds	\$495,061,484	\$38,666	\$15,497,206	\$2,230,500	\$29,713,649	\$50,000,000	\$15,775,670	\$608,317,175

Revised Totals for Letter notes and Appropriation Clauses
FY 2011-12

FY 2011-12 Request	FY 2011-12 Long Bill Appropriation (SB 11-209)	SB 11-177 Pregnancy and Dropout Prevention	SB 11-125 Nursing Home Fees and Order of Payments	SB 11-210 Phase Out Supplemental OAP Health Fund	SB 11-211 Tobacco Revenues Offset Medical Services	SB 11-212 Use Provider Fee Offset Medicaid	SB 11-219 2011 Transfers for Health Care Services	Total
Certified Funds	\$9,757,249	\$0	\$0	\$0	\$0	\$0	\$0	\$9,757,249
Local Funds	\$0	\$38,666	\$0	\$0	\$0	\$0	\$0	\$38,666
Hospital Provider Fee Cash Fund	\$332,096,120	\$0	\$0	\$0	\$0	\$50,000,000	\$0	\$382,096,120
Medicaid Buy-In Fund	\$45,766	\$0	\$0	\$0	\$0	\$0	\$0	\$45,766
Tobacco Tax Cash Fund	\$0	\$0	\$0	\$2,230,500	\$0	\$0	\$0	\$2,230,500
Health Care Expansion Fund	\$68,329,996	\$0	\$0	\$0	\$0	\$0	\$0	\$68,329,996
Breast and Cervical Cancer Prevention and Treatment Fund	\$2,759,006	\$0	\$0	\$0	\$0	\$0	\$0	\$2,759,006
Colorado Autism Treatment Fund	\$878,625	\$0	\$0	\$0	\$0	\$0	\$0	\$878,625
Coordinated Care for People with Disabilities Fund	\$175,500	\$0	\$0	\$0	\$0	\$0	\$0	\$175,500
Nursing Facility Cash Fund	\$26,478,797	\$0	\$15,497,206	\$0	\$0	\$0	\$0	\$41,976,003
Home Health Telemedicine Fund	\$170,575	\$0	\$0	\$0	\$0	\$0	\$0	\$170,575
Comprehensive Primary and Preventive Care Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Specialty Hospital Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$0	\$0	\$0	\$0	\$17,758,594	\$0	\$0	\$17,758,594
Health Disparities Grant Program Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplemental Old Age Pension Health and Medical Care Fund	\$3,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000,000
Prevention, Early Detection, and Treatment Fund	\$0	\$0	\$0	\$0	\$11,955,055	\$0	\$0	\$11,955,055
Primary Care Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$15,775,670	\$15,775,670
Department Recoveries	\$29,262,322	\$0	\$0	\$0	\$0	\$0	\$0	\$29,262,322
Total Cash Funds	\$472,953,956	\$38,666	\$15,497,206	\$2,230,500	\$29,713,649	\$50,000,000	\$15,775,670	\$586,209,647

Cells in **bold and underline** font indicate a requested change from the appropriation. The font in the "Total" columns are intentionally left unchanged. Because supplemental requests are stand-alone documents, only changes applicable to the Long-Bill are included.

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2011-12	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	Categorically Eligible Low-Income Adults (AFDC-A)	Adults without Dependent Children	Expansion Adults to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$96,223,124	\$64,976,639	\$550,111,764	\$0	\$232,734,618	\$0	\$59,236,079	\$92,944,136	\$11,261,250	\$519,975,700	\$61,650,341	\$65,022,995	\$44,617,000	\$5,622,951	\$1,804,376,597
Community Based Long Term Care	\$145,634,273	\$24,253,605	\$159,038,697	\$0	\$209,777	\$0	\$89,979	\$66,501	\$0	\$630,854	\$9,676,977	\$0	\$0	\$134,961	\$339,735,624
Long Term Care															
Class I Nursing Facilities	\$403,370,008	\$32,658,393	\$79,008,464	\$0	\$7,864	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$582,738	\$515,627,467
Class I Nursing Facility Supplemental Payments	\$65,674,782	\$5,317,284	\$12,863,781	\$0	\$1,280	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,879	\$83,952,006
Class II Nursing Facilities	\$0	\$520,906	\$1,799,166	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,320,072
PACE	\$73,421,925	\$8,013,357	\$3,321,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,757,246
Subtotal Long Term Care	\$542,466,715	\$46,509,940	\$96,993,375	\$0	\$9,144	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$677,617	\$686,656,791
Insurance															
Supplemental Medicare Insurance Benefit	\$70,256,368	\$4,383,801	\$38,348,430	\$0	\$268,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,495,141	\$134,751,970
Health Insurance Buy In	\$3,905	\$1,233	\$2,023,230	\$0	\$10,055	\$0	\$0	\$0	\$0	\$3,985	\$2,054	\$0	\$0	\$0	\$2,044,462
Subtotal Insurance	\$70,260,273	\$4,385,034	\$40,371,660	\$0	\$278,285	\$0	\$0	\$0	\$0	\$3,985	\$2,054	\$0	\$0	\$21,495,141	\$136,796,432
Service Management															
Single Entry Points	\$12,336,806	\$2,195,204	\$10,783,329	\$0	\$4,271	\$0	\$0	\$0	\$0	\$1,424	\$8,541	\$0	\$62,626	\$7,118	\$25,399,319
Disease Management	\$31,907	\$18,534	\$164,310	\$0	\$87,891	\$0	\$0	\$0	\$2,854	\$152,096	\$21,274	\$21,134	\$0	\$0	\$500,000
Prepaid Inpatient Hospital Plan	\$885,641	\$657,878	\$5,239,186	\$0	\$5,480,325	\$0	\$2,183,343	\$2,479,416	\$0	\$9,461,690	\$2,072,908	\$863,150	\$0	\$0	\$29,323,537
Subtotal Service Management	\$13,254,354	\$2,871,616	\$16,186,825	\$0	\$5,572,487	\$0	\$2,183,343	\$2,479,416	\$2,854	\$9,615,210	\$2,102,723	\$884,284	\$62,626	\$7,118	\$55,222,856
Expansion Populations															
Disabled Buy-in	\$0	\$0	\$0	\$525,479	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$525,479
Adults Without Dependent Children	\$0	\$0	\$0	\$0	\$0	\$29,439,789	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,439,789
Subtotal Expansion Populations	\$0	\$0	\$0	\$525,479	\$0	\$29,439,789	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,965,268
Medical Services Total	\$867,838,739	\$142,996,834	\$862,702,321	\$525,479	\$238,804,311	\$29,439,789	\$61,509,401	\$95,490,053	\$11,264,104	\$530,225,749	\$73,432,095	\$65,907,279	\$44,679,626	\$27,937,788	\$3,052,753,568
Caseload	39,579	8,451	59,596	57	72,180	3,333	21,986	33,976	640	332,377	18,363	7,839	3,233	18,375	619,985
Medical Services Per Capita	\$21,926.75	\$16,920.70	\$14,475.84	\$9,218.93	\$3,308.46	\$8,832.82	\$2,797.66	\$2,810.51	\$17,600.16	\$1,595.25	\$3,998.92	\$8,407.61	\$13,819.87	\$1,520.42	\$4,923.92
Financing	\$157,343,607	\$25,926,058	\$156,412,348	\$95,272	\$43,296,444	\$5,337,584	\$11,151,969	\$17,312,836	\$2,042,240	\$96,132,643	\$13,313,615	\$11,949,327	\$8,100,645	\$5,065,264	\$553,479,853
Grand Total Medical Services Premiums	\$1,025,182,346	\$168,922,892	\$1,019,114,669	\$620,751	\$282,100,755	\$34,777,373	\$72,661,371	\$112,802,888	\$13,306,344	\$626,358,392	\$86,745,710	\$77,856,606	\$52,780,271	\$33,003,052	\$3,606,233,421
Total Per Capita	\$25,902.18	\$19,988.51	\$17,100.39	\$10,890.37	\$3,908.30	\$10,434.26	\$3,304.89	\$3,320.08	\$20,791.16	\$1,884.48	\$4,723.94	\$9,931.96	\$16,325.48	\$1,796.08	\$5,816.65

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2012-13	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	Categorically Eligible Low-Income Adults (AFDC-A)	Adults without Dependent Children	Expansion Adults to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$97,229,525	\$70,186,987	\$578,442,789	\$0	\$245,963,815	\$0	\$60,387,034	\$99,398,259	\$12,102,825	\$553,820,367	\$62,610,950	\$71,742,714	\$46,514,465	\$6,242,288	\$1,904,642,018
Community Based Long Term Care	\$150,613,876	\$26,354,550	\$169,950,785	\$0	\$228,805	\$0	\$95,993	\$74,208	\$0	\$694,342	\$10,682,788	\$0	\$0	\$143,641	\$358,838,988
Long Term Care															
Class I Nursing Facilities	\$422,147,498	\$34,178,691	\$82,686,429	\$0	\$8,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$609,865	\$539,630,713
Class I Nursing Facility Supplemental Payments	\$66,922,603	\$5,418,312	\$13,108,193	\$0	\$1,305	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$96,681	\$85,547,094
Class II Nursing Facilities	\$0	\$531,324	\$1,835,149	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,366,473
PACE	\$80,525,820	\$8,779,916	\$3,658,548	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,964,284
Subtotal Long Term Care	\$569,595,921	\$48,908,243	\$101,288,319	\$0	\$9,535	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$706,546	\$720,508,564
Insurance															
Supplemental Medicare Insurance Benefit	\$76,018,431	\$5,010,890	\$42,498,955	\$0	\$313,889	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,339,512	\$148,181,677
Health Insurance Buy In	\$11,077	\$3,497	\$5,738,876	\$0	\$28,521	\$0	\$0	\$0	\$0	\$11,303	\$5,759	\$0	\$0	\$0	\$5,799,033
Subtotal Insurance	\$76,029,508	\$5,014,387	\$48,237,831	\$0	\$342,410	\$0	\$0	\$0	\$0	\$11,303	\$5,759	\$0	\$0	\$24,339,512	\$153,980,710
Service Management															
Single Entry Points	\$12,833,979	\$2,413,407	\$11,526,300	\$0	\$4,514	\$0	\$0	\$0	\$0	\$1,505	\$9,026	\$0	\$66,183	\$7,522	\$26,862,436
Disease Management	\$31,907	\$18,534	\$164,310	\$0	\$87,891	\$0	\$0	\$0	\$2,854	\$152,096	\$21,274	\$21,134	\$0	\$0	\$500,000
Prepaid Inpatient Hospital Plan	\$989,110	\$798,166	\$6,395,012	\$0	\$6,941,162	\$0	\$2,785,920	\$3,158,508	\$0	\$10,695,739	\$2,629,857	\$1,096,261	\$0	\$0	\$35,489,735
Subtotal Service Management	\$13,854,996	\$3,230,107	\$18,085,622	\$0	\$7,033,567	\$0	\$2,785,920	\$3,158,508	\$2,854	\$10,849,340	\$2,660,157	\$1,117,395	\$66,183	\$7,522	\$62,852,171
Expansion Populations															
Disabled Buy-in	\$0	\$0	\$0	\$22,542,913	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,542,913
Adults Without Dependent Children	\$0	\$0	\$0	\$0	\$0	\$114,135,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$114,135,800
Subtotal Expansion Populations	\$0	\$0	\$0	\$22,542,913	\$0	\$114,135,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$136,678,713
Medical Services Total	\$907,323,826	\$153,694,274	\$916,005,346	\$22,542,913	\$253,578,132	\$114,135,800	\$63,268,947	\$102,630,975	\$12,105,679	\$565,375,352	\$75,959,654	\$72,860,109	\$46,580,648	\$31,439,509	\$3,337,501,164
Caseload	40,347	9,101	62,224	2,126	79,578	10,000	22,413	36,083	717	360,359	18,668	8,474	3,276	19,602	672,968
Medical Services Per Capita	\$22,488.01	\$16,887.62	\$14,721.09	\$10,603.44	\$3,186.54	\$11,413.58	\$2,822.87	\$2,844.30	\$16,883.79	\$1,568.92	\$4,068.98	\$8,598.08	\$14,218.76	\$1,603.89	\$4,959.38
Financing	\$150,364,512	\$25,470,691	\$151,803,240	\$3,735,881	\$42,023,753	\$18,914,938	\$10,485,126	\$17,008,323	\$2,006,191	\$93,695,753	\$12,588,269	\$12,074,603	\$7,719,489	\$5,210,253	\$553,101,020
Grand Total Medical Services Premiums	\$1,057,688,338	\$179,164,965	\$1,067,808,586	\$26,278,794	\$295,601,885	\$133,050,738	\$73,754,073	\$119,639,297	\$14,111,870	\$659,071,105	\$88,547,923	\$84,934,712	\$54,300,137	\$36,649,762	\$3,890,602,184
Total Per Capita	\$26,214.80	\$19,686.29	\$17,160.72	\$12,360.67	\$3,714.62	\$13,305.07	\$3,290.68	\$3,315.67	\$19,681.83	\$1,828.93	\$4,743.30	\$10,022.98	\$16,575.13	\$1,869.70	\$5,781.26

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2013-14	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	Categorically Eligible Low-Income Adults (AFDC-A)	Adults without Dependent Children	Expansion Adults to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$99,171,357	\$76,615,888	\$614,600,326	\$0	\$257,196,800	\$0	\$62,868,219	\$103,291,075	\$12,642,194	\$599,086,672	\$65,381,190	\$80,984,757	\$49,437,272	\$6,947,768	\$2,028,223,517
Community Based Long Term Care	\$155,987,318	\$28,483,114	\$180,246,486	\$0	\$238,522	\$0	\$101,887	\$78,924	\$0	\$766,968	\$11,831,340	\$0	\$0	\$153,006	\$377,887,565
Long Term Care															
Class I Nursing Facilities	\$435,383,831	\$35,250,355	\$85,279,042	\$0	\$8,488	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$628,987	\$556,550,703
Class I Nursing Facility Supplemental Payments	\$68,194,133	\$5,521,260	\$13,357,249	\$0	\$1,329	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$98,518	\$87,172,489
Class II Nursing Facilities	\$0	\$541,950	\$1,871,852	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,413,802
PACE	\$87,822,694	\$9,567,281	\$4,004,310	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,394,285
Subtotal Long Term Care	\$591,400,658	\$50,880,846	\$104,512,453	\$0	\$9,817	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$727,505	\$747,531,279
Insurance															
Supplemental Medicare Insurance Benefit	\$80,685,404	\$5,582,594	\$45,807,428	\$0	\$343,817	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,994,791	\$159,414,034
Health Insurance Buy In	\$11,439	\$3,611	\$5,926,537	\$0	\$29,454	\$0	\$0	\$0	\$0	\$11,673	\$5,759	\$0	\$0	\$0	\$5,988,473
Subtotal Insurance	\$80,696,843	\$5,586,205	\$51,733,965	\$0	\$373,271	\$0	\$0	\$0	\$0	\$11,673	\$5,759	\$0	\$0	\$26,994,791	\$165,402,507
Service Management															
Single Entry Points	\$13,351,188	\$2,653,300	\$12,320,462	\$0	\$4,770	\$0	\$0	\$0	\$0	\$1,590	\$9,539	\$0	\$69,942	\$7,949	\$28,418,740
Disease Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Hospital Plan	\$988,509	\$796,112	\$6,381,587	\$0	\$6,941,162	\$0	\$2,785,920	\$3,158,508	\$0	\$10,695,739	\$2,629,857	\$1,096,261	\$0	\$0	\$35,473,655
Subtotal Service Management	\$14,339,697	\$3,449,412	\$18,702,049	\$0	\$6,945,932	\$0	\$2,785,920	\$3,158,508	\$0	\$10,697,329	\$2,639,396	\$1,096,261	\$69,942	\$7,949	\$63,892,395
Expansion Populations															
Disabled Buy-in	\$0	\$0	\$0	\$61,487,458	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,487,458
Adults Without Dependent Children	\$0	\$0	\$0	\$0	\$0	\$119,842,600	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$119,842,600
Subtotal Expansion Populations	\$0	\$0	\$0	\$61,487,458	\$0	\$119,842,600	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$181,330,058
Medical Services Total	\$941,595,873	\$165,015,465	\$969,795,279	\$61,487,458	\$264,764,342	\$119,842,600	\$65,756,026	\$106,528,507	\$12,642,194	\$610,562,642	\$79,857,685	\$82,081,018	\$49,507,214	\$34,831,019	\$3,564,267,321
Caseload	41,118	9,735	64,396	5,413	83,692	10,000	22,692	36,539	777	391,310	19,008	9,108	3,339	20,874	718,001
Medical Services Per Capita	\$22,899.85	\$16,950.74	\$15,059.87	\$11,359.22	\$3,163.56	\$11,984.26	\$2,897.76	\$2,915.47	\$16,270.52	\$1,560.30	\$4,201.27	\$9,011.97	\$14,826.96	\$1,668.63	\$4,964.15
Financing	\$146,313,841	\$25,641,623	\$150,695,725	\$9,554,488	\$41,141,523	\$18,622,247	\$10,217,777	\$16,553,381	\$1,964,461	\$94,874,848	\$12,409,023	\$12,754,505	\$7,692,887	\$5,412,365	\$553,848,694
Grand Total Medical Services Premiums	\$1,087,909,714	\$190,657,088	\$1,120,491,004	\$71,041,946	\$305,905,865	\$138,464,847	\$75,973,803	\$123,081,888	\$14,606,655	\$705,437,490	\$92,266,708	\$94,835,523	\$57,200,101	\$40,243,384	\$4,118,116,015
Total Per Capita	\$26,458.24	\$19,584.70	\$17,400.01	\$13,124.32	\$3,655.14	\$13,846.48	\$3,348.04	\$3,368.51	\$18,798.78	\$1,802.76	\$4,854.10	\$10,412.33	\$17,130.91	\$1,927.92	\$5,735.53

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

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Note	Department Source
Acute Care					
Base Acute Cost	\$1,806,053,054	\$1,885,579,476	\$79,526,422	Different caseload and per capita cost assumptions	Exhibit F
<i>Bottom Line Impacts</i>					
FY 2011-12 BRI-1: Client Overutilization	(\$136,600)	(\$136,600)	\$0	In Base	Exhibit F
FY 2011-12 BRI-5: State Allowable Cost Expansion	(\$1,833,333)	(\$1,833,334)	(\$1)	Figure Setting, page 48	Exhibit F
FY 2011-12 BRI-5: Reduce Rates for Diabetes Supplies	(\$919,340)	(\$842,728)	\$76,612	Adjusted for cash accounting	Exhibit F
FY 2011-12 BRI-5: Reduce Payment for Uncomplicated C-Section	(\$6,846,550)	(\$6,276,004)	\$570,546	Per capita changes	Exhibit F
FY 2011-12 BRI-5: Reduce Payments for Renal Dialysis	(\$2,366,947)	(\$1,418,733)	\$948,214	Implementation timeline adjusted	Exhibit F
FY 2011-12 BRI-5: Deny Payment of Hospital Readmissions 48 hrs	(\$2,700,456)	(\$2,475,418)	\$225,038	Adjusted for cash accounting	Exhibit F
FY 2011-12 BRI-5: Prior Authorize Certain Radiology	(\$672,136)	(\$672,136)	\$0	Adjusted for cash accounting	Exhibit F
FY 2011-12 BRI-5: Limit Acute Home Health Services	(\$1,234,424)	(\$1,131,555)	\$102,869	Adjusted for cash accounting	Exhibit F
FY 2011-12 BRI-5: HMO Impact to Rates	(\$2,707,680)	(\$1,906,233)	\$801,447	Adjusted for cash accounting	Exhibit F
FY 2011-12 BA-9: 0.75% Provider Rate Reduction	(\$11,711,574)	(\$12,092,847)	(\$381,273)	Adjusted for cash accounting	Exhibit F
FY 2011-12 BA-9: Estimated ACC Savings	(\$13,067,458)	(\$10,250,663)	\$2,816,795	Adjusted for cash accounting and delayed implementation	Exhibit F
FY 2011-12 BA-9: Limit Fluoride Application Benefit	(\$33,798)	(\$30,982)	\$2,816	Adjusted for cash accounting	Exhibit F
FY 2011-12 BA-9: Limit Dental Prophylaxis Benefit	(\$176,658)	(\$161,936)	\$14,722	Adjusted for cash accounting	Exhibit F
FY 2011-12 BA-9: Limit Oral Hygiene Instruction	(\$4,626,574)	(\$4,241,026)	\$385,548	Adjusted for cash accounting	Exhibit F
FY 2011-12 BA-9: Limit Physical and Occupational Therapy	(\$504,744)	(\$347,012)	\$157,732	Adjusted for cash accounting	Exhibit F
FY 2011-12 BA-9: Home Health Billing Changes	(\$2,739,756)	(\$2,511,443)	\$228,313	Adjusted for cash accounting and per capita change	Exhibit F
Estimated Impact of Increasing PACE Enrollment	\$0	(\$1,245,550)	(\$1,245,550)	Adjusted for cash accounting	Exhibit F
Eliminate Circumcision Benefit	(\$373,000)	(\$373,000)	\$0	JBC addition, not part of Department request	Exhibit F
Wound Therapy DME Reduction	(\$100,000)	(\$100,000)	\$0	SB 11-209 footnotes	Exhibit F
Repeal of BA-9 0.75% Pharmacy Reduction (June 2011 1331 Supplemental Request)	\$0	\$1,250,589	\$1,250,589	JBC authorized over expenditure, not an increase to the Department's appropriation	Exhibit F
SB 11-177: "Sunset of Pregnancy Prevention Program"	\$333,195	\$333,195	\$0	SB 11-177 fiscal note	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)	(\$887,437)	(\$887,437)	\$0	Included in Base	Exhibit F

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

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Note	Department Source
Annualization of FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$5,060,838)	(\$5,060,838)	\$0	Included in Base	Exhibit F
Annualization of FY 2010-11 BRI-6: Medicaid Program Reductions DME Reductions	(\$125,098)	(\$125,098)	\$0	Included in Base	Exhibit F
Annualization of FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$2,698,858)	(\$2,698,858)	\$0	Included in Base	Exhibit F
Annualization of FY 2010-11 S-6: Accountable Care Collaborative	(\$20,085,549)	(\$20,085,549)	\$0	Included in Base	Exhibit F
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$0	\$0	\$0	Included in Base	Exhibit F
Annualization of Increased Drug Rebates due to the Affordable Care Act	(\$2,226,190)	(\$2,226,190)	\$0	Included in Base	Exhibit F
HB 10-1005: Telemedicine Changes	\$189,306	\$234,432	\$45,126	HB 10-1005 Appropriations Clause	Exhibit F
Annualization of HB 10-1033: Add SBIRT to Optional Services	\$360,130	\$360,130	\$0	HB 10-1033 Appropriations Clause	Exhibit F
Annualization of SB 10-167: NCCI	(\$200,325)	(\$200,325)	\$0	SB 10-167 Appropriations Clause	Exhibit F
Annualization of SB 10-167: HIBI	(\$1,310,349)	(\$1,310,349)	\$0	SB 10-167 Appropriations Clause	Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - PARIS	(\$215,404)	(\$215,404)	\$0	SB 10-167 Appropriations Clause	Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - RX COB	\$0	\$0	\$0	Implementation pending CMS approval	Exhibit F
Ann. FY 2009-10 BA-33: PA of Anti-Convulsants	(\$720,000)	(\$720,000)	\$0	Included in Base	Exhibit F
Ann. FY 2009-10 BRI-1: Auto PA	(\$1,217,310)	(\$1,217,310)	\$0	Included in Base	Exhibit F
Ann. FY 2009-10 BRI-2: Oxygen Restrictions	(\$586,667)	(\$586,667)	\$0	Included in Base	Exhibit F
Total Acute Care	\$1,718,850,632	\$1,804,376,597	\$85,525,965		

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

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Note	Department Source
Community Based Long Term Care					
Base CBLTC Cost	\$337,461,805	\$343,871,356	\$6,409,551	Different caseload and per capita cost assumptions	Exhibit G
<i>Bottom Line Impacts</i>					
BRI-5: Medicaid Reductions - Cap CDASS Wage Rates	(\$1,549,846)	(\$1,065,519)	\$484,327	Adjusted for cash accounting and program delay	
BA-9: Medicaid Reductions - 0.50% Rate Reduction	(\$2,260,830)	(\$1,561,829)	\$699,001	Adjusted for cash accounting and per capita change	Exhibit G
BA-9: Medicaid Reductions - Clients Moved from Nursing Home	\$191,372	\$0	(\$191,372)	Adjusted for cash accounting and delayed implementation	Exhibit G
Estimated Impact of Increased PACE Enrollment	(\$1,342,987)	(\$1,342,987)	\$0	Included in Base	Exhibit G
Annualization of FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	(\$616,405)	(\$616,405)	\$0	Included in Base	Exhibit G
Annualization of FY 2010-11 BRI-6: "Medicaid Program Reductions"	(\$441,287)	(\$441,287)	\$0	Included in Base	Exhibit G
Annualization of FY 2009-10 ES-2: HCBS Waiver Transportation Limitations	(\$563,425)	(\$563,425)	\$0	Included in Base	Exhibit G
Annualization of HB 10-1146 State-funded Public Assistance Programs	\$296,481	\$296,481	\$0	Included in Base	Exhibit G
HB 09-1047 Alternative Therapies for Clients with Spinal Cord Injuries	\$93,720	\$93,720	\$0	Included in Base	Exhibit G
Total Community Based Long Term Care	\$332,818,444	\$339,735,624	\$6,917,180		
Long Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$511,349,170	\$522,879,421	\$11,530,251	Different caseload and per capita cost assumptions	Exhibit H
Class I Nursing Facility Supplemental Payments	\$54,879,258	\$52,957,595	(\$1,921,663)	Revised supplemental payment model	Exhibit H
<i>Bottom Line Impacts</i>					
BA-5: "Nursing Facility Audits"	(\$24,840)	(\$24,840)	\$0	Included in the Department's base calculation of supplemental payments	Exhibit H
BRI-5 Clients Moved From Nursing Home	(\$817,075)	\$0	\$817,075	Program will not be implemented	Exhibit H
SB 11-215: 1.5% Nursing Facility Rate Reduction	(\$8,865,830)	(\$8,969,027)	(\$103,197)	SB 11-125 fiscal note - Different caseload assumptions	Exhibit H
SB 11-125: "Nursing Home Fees and Order of Payments"	\$30,994,411	\$30,994,411	\$0	Included in the Department's base calculation of supplemental payments	Exhibit H
Hospital Back Up Program	\$4,923,096	\$4,923,096	\$0	Included in Base	Exhibit H
Recoveries from Department Overpayment Review	(\$1,977,766)	(\$1,977,766)	\$0	Included in Base	Exhibit H
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1324	(\$722,050)	(\$722,050)	\$0	Included in Base	Exhibit H
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1379	(\$481,367)	(\$481,367)	\$0	Included in Base	Exhibit H
Total Class I Nursing Facilities	\$589,257,007	\$599,579,473	\$10,322,466		Exhibit H
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities Cost	\$2,518,879	\$2,320,072	(\$198,807)	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
Total Class II Nursing Facilities	\$2,518,879	\$2,320,072	(\$198,807)		

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

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Note	Department Source
Program of All Inclusive Care for the Elderly (PACE)					
Base PACE Cost	\$85,150,515	\$84,757,246	(\$393,269)	Different caseload and per capita cost assumptions	Exhibit H
<i>Bottom Line Impacts</i>					
Annualization of FY 2010-11 BRI#6: 1% Rate Reduction Effective July 1, 2010	\$0	\$0	\$0	Included in Base	Exhibit H
Total Program of All-Inclusive Care for the Elderly	\$85,150,515	\$84,757,246	(\$393,269)		
Supplemental Medicare Insurance Benefit (SMIB)					
Base SMIB Cost	\$130,649,240	\$134,751,970	\$4,102,730	Figure Setting, Page 89 imputed	Exhibit H
Total Supplemental Medicare Insurance Benefit	\$130,649,240	\$134,751,970	\$4,102,730		
Health Insurance Buy-In Program (HIBI)					
Base HIBI Cost	\$1,727,706	\$1,244,583	(\$483,123)	Figure Setting, Page 89 imputed	Exhibit H
<i>Bottom Line Impacts</i>					
Annualization of SB 10-167	\$0	\$799,879	\$799,879	Included in Base	Exhibit H
Total Health Insurance Buy-In Program	\$1,727,706	\$2,044,462	\$316,756		
Total Long Term Care and Insurance	\$809,303,347	\$823,453,223	\$14,149,876		
Service Management					
<i>Single Entry Points (SEP)</i>					
Single Entry Points (SEP) Base	\$25,399,319	\$25,399,319	\$0	Figure Setting, Page 89	Exhibit I
Total Single Entry Points	\$25,399,319	\$25,399,319	\$0		Exhibit I
<i>Disease Management</i>					
Base Disease Management	\$500,000	\$500,000	\$0		Exhibit I
Total Disease Management	\$500,000	\$500,000	\$0		Exhibit I
Prepaid Inpatient Health Plan Administration					
Estimated FY 2010-11 Base Expenditures	\$28,540,781	\$27,602,421	(\$938,360)	Different Caseload and Per Capita Cost Assumptions	Exhibit I
<i>Bottom Line Impacts</i>					
Estimated Contract Payment to PIHP for Cost Avoidance	\$956,606	\$1,721,116	\$764,510	In Base	Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$29,497,387	\$29,323,537	(\$173,850)		
Total Service Management	\$55,396,706	\$55,222,856	(\$173,850)		
Expansion Populations					
Disabled Buy-In	\$60,887,688	\$525,479	(\$60,362,209)	The Department has revised caseload estimates as a result of revised implementation timelines.	Exhibit J
Adults Without Dependent Children	\$51,474,921	\$29,439,789	(\$22,035,132)		Exhibit J
Total Expansion Populations	\$112,362,609	\$29,965,268	(\$82,397,341)		
Grand Total Services	\$3,028,731,738	\$3,052,753,568	\$24,021,830		
Bottom Line Financing					
Upper Payment Limit Financing	\$3,395,239	\$5,135,883	\$1,740,644	Revised Department Forecast	Exhibit K
Department Recoveries Adjustment	\$0	\$0	\$0	Revised Department Forecast with No Total Funds Impact	Exhibit A
Denver Health Outstationing	\$3,520,253	\$5,485,699	\$1,965,446	Revised Department Forecast	Exhibit A
Hospital Provider Fee Supplemental Payments	\$502,848,939	\$538,782,512	\$35,933,573	Revised Department Forecast	Exhibit J
Physician Supplemental Payments	\$5,367,584	\$4,075,759	(\$1,291,825)	Revised Department Forecast	Exhibit A
Cash Funds Financing	\$0	\$0	\$0	Multiple Bills Included, No Deviation from Appropriation	Exhibit A
Total Bottom Line Financing	\$515,132,015	\$553,479,853	\$38,347,838		

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

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Note	Department Source
Grand Total⁽¹⁾	\$3,543,863,753	\$3,606,233,421	\$62,369,668		
Total Acute Care	\$1,718,850,632	\$1,804,376,597	\$85,525,965		
Total Community Based Long Term Care	\$332,818,444	\$339,735,624	\$6,917,180		
Total Class I Nursing Facilities	\$589,257,007	\$599,579,473	\$10,322,466		
Total Class II Nursing Facilities	\$2,518,879	\$2,320,072	(\$198,807)		
Total Program of All-Inclusive Care for the Elderly	\$85,150,515	\$84,757,246	(\$393,269)		
Total Supplemental Medicare Insurance Benefit	\$130,649,240	\$134,751,970	\$4,102,730		
Total Health Insurance Buy-In Program	\$1,727,706	\$2,044,462	\$316,756		
Total Single Entry Point	\$25,399,319	\$25,399,319	\$0		
Total Disease Management	\$500,000	\$500,000	\$0		
Total Prepaid Inpatient Health Plan Administration	\$29,497,387	\$29,323,537	(\$173,850)		
Total Expansion Populations	\$112,362,609	\$29,965,268	(\$82,397,341)		
Total Bottom Line Financing	\$515,132,015	\$553,479,853	\$38,347,838		
Rounding Adjustment	(\$4)	\$0	\$4		
Grand Total⁽¹⁾	\$3,543,863,749	\$3,606,233,421	\$62,369,672		

Footnotes
(1) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented on the Schedule 13 and Exhibit A of this Request.

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills FY 2012-13

Item	Department Request	Department Source
Acute Care		
Base Acute Cost	\$1,954,340,253	Exhibit F
<i>Bottom Line Impacts</i>		
Physician Rate Increase to 100% of Medicare (Section 1202 of Health Care and Education Reconciliation Act)	\$6,298,666	Exhibit F
Annualization of FY 2010-11 S-6: Accountable Care Collaborative	(\$5,683,694)	Exhibit F
Annualization of BRI-1: Client Overutilization	(\$1,098,200)	Exhibit F
Annualization of FY 2011-12 BRI-5: State Allowable Cost Expansion	(\$166,666)	Exhibit F
Annualization of FY 2011-12 BRI-5: Reduce Rates for Diabetes Supplies	(\$150,066)	Exhibit F
Annualization of FY 2011-12 BRI-5: Reduce Payment for Uncomplicated C-Section	(\$811,545)	Exhibit F
Annualization of FY 2011-12 BRI-5: Reduce Payments for Renal Dialysis	(\$183,455)	Exhibit F
Annualization of FY 2011-12 BRI-5: Deny Payment of Hospital Readmissions 48 hrs	(\$320,094)	Exhibit F
Annualization of FY 2011-12 BRI-5: Prior Authorize Certain Radiology	(\$3,720,409)	Exhibit F
Annualization of FY 2011-12 BRI-5: Limit Acute Home Health Services	(\$286,551)	Exhibit F
Annualization of FY 2011-12 BRI-5: HMO Impact to Rates	(\$81,968)	Exhibit F
Annualization of FY 2011-12 BA-9: 0.75% Provider Rate Reduction	(\$2,904,019)	Exhibit F
Annualization of FY 2011-12 BA-9: Estimated ACC Savings	(\$8,520,553)	Exhibit F
Annualization of FY 2011-12 BA-9: Limit Fluoride Application Benefit	(\$6,101)	Exhibit F
Annualization of FY 2011-12 BA-9: Limit Dental Prophylaxis Benefit	(\$31,892)	Exhibit F
Annualization of FY 2011-12 BA-9: Limit Oral Hygiene Instruction	(\$835,251)	Exhibit F
Annualization of FY 2011-12 BA-9: Limit Physical and Occupational	(\$208,056)	Exhibit F
Annualization of FY 2011-12 BA-9: Home Health Billing Changes	(\$636,809)	Exhibit F
Estimated Impact of Increasing PACE Enrollment	(\$1,145,853)	Exhibit F
Annualization of Wound Therapy DME Reduction	\$0	Exhibit F
Annualization of Repeal of BA-9 0.75% Pharmacy Reduction (June 2011 1331 Supplemental Request)	\$300,321	Exhibit F
Annualization of HB 10-1005: Telemedicine Changes	\$78,144	Exhibit F
Annualization of SB 11-177: "Sunset of Pregnancy Prevention Program"	\$542,168	Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - NCCI	(\$600,975)	Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - HIBI	(\$5,248,385)	Exhibit F
Annualization of SB 10-167: Colorado False Claims Act - COB	(\$351,262)	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)	(\$259,465)	Exhibit F
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$1,903,500	Exhibit F
Annualization of FY 2009-10 BA-33: Prior Authorization of Anti-Convulsants	(\$240,000)	Exhibit F
Annualization of FY 2009-10 BRI-1: Auto PA	(\$405,770)	Exhibit F
Total Bottom Line Impacts	(\$24,923,995)	Exhibit F
Total Acute Care	\$1,904,642,018	

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills FY 2012-13

Item	Department Request	Department Source
Community Based Long Term Care		
Base CBLTC Cost	\$359,356,403	Exhibit G
<i>Bottom Line Impacts</i>		
Estimated Impact of Increased PACE Enrollment	(\$1,241,772)	Exhibit G
Annualization of BRI-5: Medicaid Reductions - 0.50% Rate Reduction	(\$361,468)	Exhibit G
Annualization of BA-9: Medicaid Reductions - Cap CDASS Wage Rates	(\$612,189)	Exhibit G
Annualization of BA-9: Medicaid Reductions - Clients Moved from Nursing Home	\$0	Exhibit G
Annualization of HB 10-1146 State-funded Public Assistance Programs	\$376,827	Exhibit G
Annualization of HB 09-1047 Alternative Therapies for Clients with Spinal Cord Injuries	\$79,415	Exhibit G
Total Community Based Long Term Care	\$358,838,988	
Long Term Care and Insurance		
<i>Class I Nursing Facilities</i>		
Base Class I Nursing Facility Cost	\$537,333,213	Exhibit H
Class I Nursing Facility Supplemental Payments	\$85,547,094	Exhibit H
<i>Bottom Line Impacts</i>		
Hospital Back Up Program	\$5,122,481	Exhibit H
Recoveries from Department Overpayment Review	(\$2,076,753)	Exhibit H
Savings from days incurred in FY 2011-12 and paid in FY 2012-13 under SB 11-215	(\$748,228)	Exhibit H
Total Class I Nursing Facilities	\$625,177,807	
<i>Class II Nursing Facilities</i>		
Base Class II Nursing Facilities	\$2,366,473	Exhibit H
<i>Bottom Line Impacts</i>		
Total Class II Nursing Facilities	\$2,366,473	
<i>Program of All Inclusive Care for the Elderly (PACE)</i>		
Base PACE Cost	\$92,964,284	Exhibit H
<i>Bottom Line Impacts</i>		
Total Program of All-Inclusive Care for the Elderly	\$92,964,284	
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>		
Base SMIB	\$148,181,677	Exhibit H
<i>Bottom Line Impacts</i>		
Total Supplemental Medicare Insurance Benefit	\$148,181,677	Exhibit H
<i>Health Insurance Buy-In Program (HIBI)</i>		
Base HIBI Cost	\$2,111,249	Exhibit H
<i>Bottom Line Impacts</i>		
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$484,000	
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$3,203,784	Exhibit H
Total Health Insurance Buy-In Program	\$5,799,033	Exhibit H
Total Long Term Care and Insurance	\$874,489,274	
Service Management		
<i>Single Entry Points (SEP)</i>		
FY 2011-12 Base Contracts	\$26,862,436	Exhibit I
<i>Bottom Line Impacts</i>		

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills FY 2012-13

Item	Department Request	Department Source
Total Single Entry Points	\$26,862,436	
Disease Management		
Base Disease Management	\$0	Exhibit I
<i>Bottom Line Impacts</i>		
Total Disease Management	\$500,000	
Prepaid Inpatient Health Plan Administration		
Estimated FY 2010-11 Base Expenditures	\$34,629,177	Exhibit I
<i>Bottom Line Impacts</i>		
Estimated Contract Payment to PIHP for Cost Avoidance	\$860,558	
Total Prepaid Inpatient Health Plan Administration	\$35,489,735	
Total Service Management	\$62,852,171	
Expansion Populations		
Disabled Buy-In	\$22,542,913	Exhibit J
Adults Without Dependent Children	\$114,135,800	Exhibit J
Total Expansion Populations	\$136,678,713	
Grand Total Services	\$3,337,501,164	
Bottom Line Financing		
Upper Payment Limit Financing	\$4,594,020	Exhibit K
Department Recoveries Adjustment	\$0	Exhibit L
Denver Health Outstationing	\$5,485,699	Exhibit A
Hospital Provider Fee Supplemental Payments	\$538,782,512	Exhibit J
Physician Supplemental Payments	\$4,238,789	Exhibit A
Cash Funds Financing	\$0	Exhibit A
Total Bottom Line Financing	\$553,101,020	
Grand Total⁽²⁾	\$3,890,602,184	
Total Acute Care	\$1,904,642,018	
Total Community Based Long Term Care	\$358,838,988	
Total Class I Nursing Facilities	\$625,177,807	
Total Class II Nursing Facilities	\$2,366,473	
Total Program of All-Inclusive Care for the Elderly	\$92,964,284	
Total Supplemental Medicare Insurance Benefit	\$148,181,677	
Total Health Insurance Buy-In Program	\$5,799,033	
Total Single Entry Point	\$26,862,436	
Total Disease Management	\$500,000	
Total Prepaid Inpatient Health Plan Administration	\$35,489,735	
Expansion Populations	\$136,678,713	
Total Bottom Line Financing	\$553,101,020	
Rounding Adjustment	\$0	
Grand Total⁽²⁾	\$3,890,602,184	
Footnotes		
(1) The Department has not received an FY 2012-13 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

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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Actual FY 2010-11 Per Capita	\$2,502.21	\$7,858.49	\$9,403.06	\$3,578.07	\$2,784.44	\$2,271.51	\$18,488.13	\$1,644.68	\$3,414.68	\$8,580.01	\$14,108.71	\$296.47	\$3,052.17
Average of FY 2004-05 through FY 2008-09 ⁽¹⁾	-	-	-	2.23%	12.03%	-	-0.24%	9.22%	4.14%	3.17%	6.77%	4.35%	1.79%
Average of FY 2005-06 through FY 2008-09 ⁽¹⁾	-	-	-	6.04%	15.03%	-	-3.45%	7.91%	6.28%	5.90%	14.60%	7.21%	4.25%
Average of FY 2006-07 through FY 2008-09	-2.96%	5.16%	6.05%	7.75%	20.04%	-	-13.45%	7.73%	8.05%	3.17%	18.60%	11.44%	4.91%
Average of FY 2007-08 through FY 2008-09	8.14%	8.84%	10.53%	4.23%	30.07%	-	-3.81%	7.04%	7.90%	-3.61%	19.11%	10.04%	6.24%
Average of FY 2005-06 through FY 2009-10 ⁽¹⁾	-	-	-	2.90%	11.63%	-	-3.68%	4.74%	4.24%	4.76%	9.35%	1.99%	1.42%
Average of FY 2006-07 through FY 2009-10	-4.52%	1.00%	3.47%	3.39%	14.54%	-	-11.24%	3.82%	5.06%	2.43%	11.04%	3.86%	1.21%
Average of FY 2007-08 through FY 2009-10	2.36%	2.06%	5.60%	-0.41%	19.38%	-	-4.08%	2.05%	3.96%	-2.33%	8.85%	0.40%	0.86%
Average of FY 2008-09 through FY 2009-10	-0.55%	-3.11%	1.02%	-4.94%	7.79%	-	-10.00%	-2.33%	-2.21%	0.29%	2.17%	-4.44%	-4.26%
Average of FY 2006-07 through FY 2010-11	-3.34%	1.24%	3.25%	1.58%	15.02%	27.68%	-11.55%	2.65%	4.82%	1.69%	10.35%	11.44%	0.57%
Average of FY 2007-08 through FY 2010-11	2.12%	2.10%	4.80%	-1.73%	18.78%	34.60%	-6.25%	1.04%	3.93%	-2.08%	8.54%	10.74%	0.15%
Average of FY 2008-09 through FY 2010-11	0.10%	-1.34%	1.47%	-5.19%	10.84%	46.13%	-10.92%	-2.22%	-0.19%	-0.24%	3.98%	10.97%	-3.50%
Average of FY 2009-10 through FY 2010-11	-3.91%	-4.64%	-0.94%	-7.69%	7.49%	69.19%	-8.69%	-4.97%	-0.04%	-0.55%	-2.03%	11.45%	-5.93%

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

ACUTE CARE	Current Year Projection													TOTAL
	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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles		
Percentage Selected to Modify Per Capita ¹	0.70%	2.06%	2.39%	-4.94%	2.18%	25.17%	-3.67%	-1.01%	3.93%	2.43%	3.80%	4.52%		
Estimated FY 2011-12 Base Per Capita	\$2,519.73	\$8,020.37	\$9,627.79	\$3,401.31	\$2,845.14	\$2,843.25	\$17,810.27	\$1,628.07	\$3,548.88	\$8,788.50	\$14,644.14	\$309.87	\$3,058.05	
Estimated FY 2011-12 Eligibles	39,579	8,451	59,596	72,180	21,986	33,976	640	332,377	18,363	7,839	3,233	18,375	616,595	
Estimated FY 2011-12 Base Expenditures	\$99,728,394	\$67,780,147	\$573,777,773	\$245,506,556	\$62,553,248	\$96,602,262	\$11,398,573	\$541,133,022	\$65,168,083	\$68,893,052	\$47,344,505	\$5,693,861	\$1,885,579,476	
<i>Bottom Line Impacts</i>														
FY 2011-12 BRI-1: Client Overutilization	(\$8,168)	(\$5,118)	(\$44,376)	(\$18,289)	(\$4,706)	(\$5,174)	\$0	(\$41,702)	(\$5,266)	\$0	(\$3,801)	\$0	(\$136,600)	
FY 2011-12 BRI-5: State Allowable Cost Expansion	(\$104,327)	(\$65,385)	(\$566,912)	(\$233,649)	(\$60,115)	(\$66,104)	(\$10,517)	(\$532,745)	(\$67,276)	(\$72,316)	(\$48,560)	(\$5,428)	(\$1,833,334)	
FY 2011-12 BRI-5: Reduce Rates for Diabetes Supplies	(\$185,495)	(\$45,569)	(\$449,494)	(\$24,250)	(\$8,422)	(\$7,510)	\$0	(\$81,388)	(\$40,600)	\$0	\$0	\$0	(\$842,728)	
FY 2011-12 BRI-5: Reduce Payment for Uncomplicated C-Section	\$0	\$0	\$0	(\$2,413,945)	(\$425,178)	(\$445,374)	\$0	\$0	\$0	(\$1,319,999)	(\$1,671,508)	\$0	(\$6,276,004)	
FY 2011-12 BRI-5: Reduce Payments for Renal Dialysis	(\$57,166)	(\$59,249)	(\$452,622)	(\$230,408)	(\$40,583)	(\$42,510)	\$0	(\$349,891)	(\$26,761)	\$0	(\$159,543)	\$0	(\$1,418,733)	
FY 2011-12 BRI-5: Deny Payment of Hospital Readmissions 48 hrs	(\$91,605)	(\$94,945)	(\$725,319)	(\$369,225)	(\$65,033)	(\$68,122)	\$0	(\$560,695)	(\$42,884)	(\$201,901)	(\$255,666)	(\$23)	(\$2,475,418)	
FY 2011-12 BRI-5: Prior Authorize Certain Radiology	(\$9,852)	(\$15,120)	(\$121,550)	(\$187,817)	(\$48,364)	(\$53,201)	\$0	(\$134,658)	(\$31,037)	(\$67,627)	(\$2,896)	(\$14)	(\$672,136)	
FY 2011-12 BRI-5: Limit Acute Home Health Services	(\$160,451)	(\$48,992)	(\$812,707)	(\$2,892)	(\$858)	(\$1,060)	\$0	(\$28,023)	(\$76,572)	\$0	\$0	\$0	(\$1,131,555)	
FY 2011-12 BRI-5: HMO Impact to Rates	(\$117,223)	(\$73,468)	(\$636,993)	(\$262,533)	(\$67,546)	(\$74,275)	\$0	(\$598,602)	(\$75,593)	\$0	\$0	\$0	(\$1,906,233)	
FY 2011-12 BA-9: 0.75% Provider Rate Reduction	(\$688,146)	(\$431,285)	(\$3,739,407)	(\$1,541,174)	(\$396,524)	(\$436,025)	(\$69,368)	(\$3,514,040)	(\$443,762)	(\$477,006)	(\$320,309)	(\$35,801)	(\$12,092,847)	
FY 2011-12 BA-9: Estimated ACC Savings	\$0	(\$478,378)	(\$5,011,832)	(\$1,346,965)	(\$674,697)	(\$762,096)	\$0	(\$566,132)	(\$667,164)	(\$743,399)	\$0	\$0	(\$10,250,663)	
FY 2011-12 BA-9: Limit Fluoride Application Benefit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$30,982)	\$0	\$0	\$0	\$0	(\$30,982)	
FY 2011-12 BA-9: Limit Dental Prophylaxis Benefit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$161,936)	\$0	\$0	\$0	\$0	(\$161,936)	
FY 2011-12 BA-9: Limit Oral Hygiene Instruction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$4,241,026)	\$0	\$0	\$0	\$0	(\$4,241,026)	
FY 2011-12 BA-9: Limit Physical and Occupational Therapy	(\$54,217)	(\$16,554)	(\$274,616)	(\$977)	(\$290)	(\$358)	\$0	\$0	\$0	\$0	\$0	\$0	(\$347,012)	
FY 2011-12 BA-9: Home Health Billing Change	(\$392,385)	(\$119,810)	(\$1,987,486)	(\$7,071)	(\$2,098)	(\$2,593)	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,511,443)	
Estimated Impact of Increasing PACE Enrollment	(\$805,654)	(\$258,481)	(\$1,811,415)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,245,550)	
Eliminate Circumcision Benefit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$344,548)	(\$28,452)	\$0	\$0	\$0	(\$373,000)	
Wound Therapy DME Reduction	(\$22,011)	(\$5,407)	(\$53,338)	(\$2,878)	(\$999)	(\$891)	\$0	(\$9,658)	(\$4,818)	\$0	\$0	\$0	(\$100,000)	
Repeal of BA-9 0.75% Pharmacy Reduction (June 2011 1331 Supplemental Request	\$35,325	\$72,122	\$532,530	\$150,984	\$53,150	\$53,673	\$0	\$250,573	\$92,085	\$10,147	\$0	\$0	\$1,250,589	
SB 11-177: "Sunset of Pregnancy Prevention Program"	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$295,836	\$37,359	\$0	\$0	\$0	\$333,195	
Annualization of FY 2010-11 BRI-1: Prevention and Benefits for Enhanced Value (P-BEV) and BA#12 Evidence Guided Utilization Review (EGUR)	(\$50,500)	(\$31,650)	(\$274,417)	(\$113,099)	(\$29,099)	(\$31,998)	(\$5,091)	(\$257,879)	(\$32,566)	(\$35,005)	(\$23,506)	(\$2,627)	(\$887,437)	
Annualization of FY 2010-11 BRI-2: Coordinated Payment and Payment Reform	(\$287,988)	(\$180,492)	(\$1,564,936)	(\$644,979)	(\$165,945)	(\$182,476)	(\$29,030)	(\$1,470,620)	(\$185,714)	(\$199,626)	(\$134,049)	(\$14,983)	(\$5,060,838)	
Annualization of FY 2010-11 BRI-6: Medicaid Program Reductions DME Reductions	(\$27,534)	(\$6,765)	(\$66,725)	(\$3,600)	(\$1,250)	(\$1,115)	\$0	(\$12,082)	(\$6,027)	\$0	\$0	\$0	(\$125,098)	
Annualization of FY 2010-11 BRI-6: 1% Rate Reduction Effective July 1, 2010	(\$153,579)	(\$96,253)	(\$834,554)	(\$343,956)	(\$88,496)	(\$97,311)	(\$15,481)	(\$784,257)	(\$99,038)	(\$106,457)	(\$71,486)	(\$7,990)	(\$2,698,858)	
Annualization of FY 2010-11 S-6: Accountable Care Collaborative	\$0	(\$522,225)	(\$4,058,285)	(\$4,550,046)	(\$1,062,526)	(\$1,200,446)	\$0	(\$6,695,183)	(\$1,428,752)	(\$568,086)	\$0	\$0	(\$20,085,549)	
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Annualization of Increased Drug Rebates due to the Affordable Care Act	(\$62,881)	(\$128,385)	(\$947,963)	(\$268,768)	(\$94,614)	(\$95,545)	\$0	(\$446,048)	(\$163,922)	(\$18,064)	\$0	\$0	(\$2,226,190)	
HB 10-1005: Telemedicine Change	\$0	\$0	\$166,011	\$68,421	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$234,432	
Annualization of HB 10-1033: Add SBIRT to Optional Services	\$20,493	\$12,844	\$111,361	\$45,897	\$11,809	\$12,985	\$2,066	\$104,650	\$13,215	\$14,205	\$9,539	\$1,066	\$360,130	
Annualization of SB 10-167: NCCI	(\$11,401)	(\$7,144)	(\$61,945)	(\$25,530)	(\$6,569)	(\$7,223)	(\$1,149)	(\$58,212)	(\$7,351)	(\$7,902)	(\$5,306)	(\$593)	(\$200,325)	
Annualization of SB 10-167: HIBJ	(\$74,565)	(\$46,733)	(\$405,192)	(\$166,998)	(\$42,966)	(\$47,247)	(\$7,517)	(\$380,772)	(\$48,085)	(\$51,687)	(\$34,708)	(\$3,879)	(\$1,310,349)	
Annualization of SB 10-167: Colorado False Claims Act - PARIS	(\$12,256)	(\$7,682)	(\$66,608)	(\$27,452)	(\$7,063)	(\$7,767)	(\$1,236)	(\$62,594)	(\$7,905)	(\$8,497)	(\$5,706)	(\$638)	(\$215,404)	
Annualization of SB 10-167: Colorado False Claims Act - RX COB	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Ann. FY 2009-10 BA-33: PA of Anti-Convulsants	(\$20,337)	(\$41,523)	(\$306,593)	(\$86,926)	(\$30,600)	(\$30,901)	\$0	(\$144,262)	(\$53,016)	(\$5,842)	\$0	\$0	(\$720,000)	
Ann. FY 2009-10 BRI-1: Auto PA	(\$34,384)	(\$70,203)	(\$518,359)	(\$146,966)	(\$51,736)	(\$52,245)	\$0	(\$243,905)	(\$89,635)	(\$9,877)	\$0	\$0	(\$1,217,310)	
Ann. FY 2009-10 BRI-2: Oxygen Restrictions	(\$128,963)	(\$31,658)	(\$312,267)	(\$16,847)	(\$5,851)	(\$5,217)	\$0	(\$56,541)	(\$28,205)	(\$1,118)	\$0	\$0	(\$586,667)	
Total Bottom Line Impacts	(\$3,505,270)	(\$2,803,508)	(\$23,666,009)	(\$12,771,938)	(\$3,317,169)	(\$3,658,126)	(\$137,323)	(\$21,157,322)	(\$3,517,742)	(\$3,870,057)	(\$2,727,505)	(\$70,910)	(\$81,202,879)	
Estimated FY 2011-12 Expenditure	\$96,223,124	\$64,976,639	\$550,111,764	\$232,734,618	\$59,236,079	\$92,944,136	\$11,261,250	\$519,975,700	\$61,650,341	\$65,022,995	\$44,617,000	\$5,622,951	\$1,804,376,597	
Estimated FY 2011-12 Per Capita	\$2,431.17	\$7,688.63	\$9,230.68	\$3,224.36	\$2,694.26	\$2,735.58	\$17,595.70	\$1,564.42	\$3,357.31	\$8,294.81	\$13,800.49	\$306.01	\$2,926.36	
% Change over FY 2010-11 Per Capita	-2.84%	-2.16%	-1.83%	-9.89%	-3.24%	20.43%	-4.83%	-4.88%	-1.68%	-3.32%	-2.18%	3.22%	-4.12%	

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

ACUTE CARE	Request Year Projection												TOTAL
	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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	
Percentage Selected to Modify Per Capita ²⁾	0.70%	2.06%	2.39%	-2.47%	2.18%	2.18%	-3.65%	-1.01%	1.97%	1.22%	3.80%	4.52%	
Estimated FY 2011-12 Base Per Capita	\$2,448.18	\$7,847.02	\$9,451.30	\$3,144.72	\$2,753.00	\$2,795.22	\$16,953.25	\$1,548.61	\$3,423.28	\$8,396.00	\$14,324.91	\$319.84	\$2,919.86
Estimated FY 2012-13 Eligibles	40,347	9,101	62,224	79,578	22,413	36,083	717	360,359	18,668	8,474	3,276	19,602	660,842
Estimated FY 2011-12 Base Expenditures	\$98,776,718	\$71,415,729	\$588,097,691	\$250,250,528	\$61,702,989	\$100,859,923	\$12,155,480	\$558,055,551	\$63,905,791	\$71,147,704	\$46,928,405	\$6,269,504	\$1,929,566,013
<i>Bottom Line Impacts</i>													
Implementation of SB 10-117: Over the Counter Medications	(\$4,231)	(\$8,636)	(\$63,769)	(\$18,080)	(\$6,365)	(\$6,427)	\$0	(\$30,005)	(\$11,027)	(\$1,215)	\$0	\$0	(\$149,755)
Physician Rate Increase to 100% of Medicare (Section 1202 of Health Care and Education Reconciliation Act)	\$95,171	\$154,447	\$1,177,271	\$1,110,532	\$255,521	\$285,130	\$0	\$2,425,972	\$243,875	\$405,078	\$145,627	\$42	\$6,298,666
Annualization of FY 2010-11 S-6: Accountable Care Collaborative	\$0	(\$147,777)	(\$1,148,390)	(\$1,287,546)	(\$300,667)	(\$339,695)	\$0	(\$1,894,565)	(\$404,300)	(\$160,754)	\$0	\$0	(\$5,683,694)
Annualization of FY 2011-12 BRI-1: Client Overutilization	(\$65,654)	(\$41,148)	(\$356,766)	(\$147,039)	(\$37,831)	(\$41,600)	\$0	(\$335,264)	(\$42,338)	\$0	(\$30,560)	\$0	(\$1,098,200)
Annualization of FY 2011-12 BRI-5: State Allowable Cost Expansion	(\$9,485)	(\$5,944)	(\$51,537)	(\$21,241)	(\$5,465)	(\$6,009)	(\$956)	(\$48,431)	(\$6,116)	(\$6,574)	(\$4,415)	(\$493)	(\$166,666)
Annualization of FY 2011-12 BRI-5: Reduce Rates for Diabetes Supplies	(\$33,031)	(\$8,115)	(\$80,042)	(\$4,318)	(\$1,500)	(\$1,337)	\$0	(\$14,493)	(\$7,230)	\$0	\$0	\$0	(\$150,066)
Annualization of FY 2011-12 BRI-5: Reduce Payment for Uncomplicated C-Sector	\$0	\$0	\$0	(\$312,146)	(\$54,979)	(\$57,591)	\$0	\$0	\$0	(\$170,688)	(\$216,141)	\$0	(\$811,545)
Annualization of FY 2011-12 BRI-5: Reduce Payments for Renal Dialysis	(\$7,393)	(\$7,661)	(\$58,528)	(\$29,794)	(\$5,248)	(\$5,497)	\$0	(\$45,244)	(\$3,460)	\$0	(\$20,630)	\$0	(\$183,455)
Annualization of FY 2011-12 BRI-5: Deny Payment of Hospital Readmissions 48 hrs	(\$11,846)	(\$12,277)	(\$93,790)	(\$47,744)	(\$8,409)	(\$8,809)	\$0	(\$72,503)	(\$5,545)	(\$26,108)	(\$33,060)	(\$3)	(\$320,094)
Annualization of FY 2011-12 BRI-5: Prior Authorization Certain Radiology	(\$54,525)	(\$83,690)	(\$672,803)	(\$1,039,604)	(\$267,707)	(\$294,479)	\$0	(\$745,362)	(\$171,797)	(\$374,329)	(\$16,033)	(\$80)	(\$3,720,409)
Annualization of FY 2011-12 BRI-5: Limit Acute Home Health Services	(\$40,632)	(\$12,407)	(\$205,807)	(\$732)	(\$217)	(\$268)	\$0	(\$7,097)	(\$19,391)	\$0	\$0	\$0	(\$286,551)
Annualization of FY 2011-12 BRI-5: HMO Impact to Rates	(\$5,040)	(\$3,159)	(\$27,391)	(\$11,289)	(\$2,904)	(\$3,194)	\$0	(\$25,740)	(\$3,251)	\$0	\$0	\$0	(\$81,968)
Annualization of FY 2011-12 BA-9: 0.75% Provider Rate Reduction	(\$165,254)	(\$103,570)	(\$897,994)	(\$370,103)	(\$95,223)	(\$104,709)	(\$16,658)	(\$843,874)	(\$106,567)	(\$114,550)	(\$76,920)	(\$8,597)	(\$2,904,019)
Annualization of FY 2011-12 BA-9: Estimated ACC Savings	\$0	(\$408,350)	(\$4,231,480)	(\$1,252,535)	(\$554,336)	(\$626,143)	\$0	(\$291,964)	(\$543,012)	(\$612,733)	\$0	\$0	(\$8,520,553)
Annualization of FY 2011-12 BA-9: Limit Fluoride Application Benefit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$6,101)	\$0	\$0	\$0	\$0	(\$6,101)
Annualization of FY 2011-12 BA-9: Limit Dental Prophylaxis Benefit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$31,892)	\$0	\$0	\$0	\$0	(\$31,892)
Annualization of FY 2011-12 BA-9: Limit Oral Hygiene Instruction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$835,251)	\$0	\$0	\$0	\$0	(\$835,251)
Annualization of FY 2011-12 BA-9: Limit Physical and Occupational	(\$32,506)	(\$9,925)	(\$164,650)	(\$586)	(\$174)	(\$215)	\$0	\$0	\$0	\$0	\$0	\$0	(\$208,056)
Annualization of FY 2011-12 BA-9: Home Health Billing Changes	(\$99,495)	(\$30,379)	(\$503,953)	(\$1,793)	(\$532)	(\$657)	\$0	\$0	\$0	\$0	\$0	\$0	(\$636,809)
Estimated Impact of Increasing PACE Enrollment	(\$745,965)	(\$242,104)	(\$157,784)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,145,853)
Annualization of Wound Therapy DME Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annualization of Repeal of BA-9 0.75% Pharmacy Reduction (June 2011 1331 Supplemental Request	\$8,482	\$17,320	\$127,884	\$36,258	\$12,764	\$12,889	\$0	\$60,173	\$22,114	\$2,437	\$0	\$0	\$300,321

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

Annualization of HB 10-1005: Telemedicine Changes	\$0	\$0	\$68,185	\$9,959	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$78,144
Annualization of SB 11-177: "Sunset of Pregnancy Prevention Program"	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$481,378	\$60,790	\$0	\$0	\$0	\$542,168
Annualization of SB 10-167: Colorado False Claims Act - NCCI	(\$34,200)	(\$21,433)	(\$185,836)	(\$76,591)	(\$19,706)	(\$21,669)	(\$3,447)	(\$174,636)	(\$22,054)	(\$23,706)	(\$15,918)	(\$1,779)	(\$600,975)
Annualization of SB 10-167: Colorado False Claims Act - HIBI	(\$298,660)	(\$187,181)	(\$1,622,930)	(\$668,881)	(\$172,095)	(\$189,238)	(\$30,106)	(\$1,525,119)	(\$192,596)	(\$207,024)	(\$139,017)	(\$15,538)	(\$5,248,385)
Annualization of SB 10-167: Colorado False Claims Act - COB	(\$9,922)	(\$20,257)	(\$149,575)	(\$42,408)	(\$14,929)	(\$15,076)	\$0	(\$70,380)	(\$25,865)	(\$2,850)	\$0	\$0	(\$351,262)
Annualization of FY 2010-11 BRI-1: Prevention and Benefits for Enhanced Value (P-BEV) and BA#12 Evidence Guided Utilization Review (EGUR)	(\$14,765)	(\$9,254)	(\$80,233)	(\$33,068)	(\$8,508)	(\$9,355)	(\$1,488)	(\$75,397)	(\$9,521)	(\$10,235)	(\$6,873)	(\$768)	(\$259,465)
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,903,500	\$0	\$0	\$1,903,500
Annualization of FY 2009-10 BA-33: Prior Authorization of Anti-Convulsants	(\$6,780)	(\$13,841)	(\$102,198)	(\$28,975)	(\$10,200)	(\$10,300)	\$0	(\$48,087)	(\$17,672)	(\$1,947)	\$0	\$0	(\$240,000)
Annualization of FY 2009-10 BRI-1: Auto PA	(\$11,462)	(\$23,401)	(\$172,786)	(\$48,989)	(\$17,245)	(\$17,415)	\$0	(\$81,302)	(\$29,878)	(\$3,292)	\$0	\$0	(\$405,770)
Total Bottom Line Impacts	(\$1,547,193)	(\$1,228,742)	(\$9,654,902)	(\$4,286,713)	(\$1,315,955)	(\$1,461,664)	(\$52,655)	(\$4,235,184)	(\$1,294,841)	\$595,010	(\$413,940)	(\$27,216)	(\$24,923,995)
Estimated FY 2012-13 Total Expenditure	\$97,229,525	\$70,186,987	\$578,442,789	\$245,963,815	\$60,387,034	\$99,398,259	\$12,102,825	\$553,820,367	\$62,610,950	\$71,742,714	\$46,514,465	\$6,242,288	\$1,904,642,018
Estimated FY 2012-13 Per Capita	\$2,409.83	\$7,712.01	\$9,296.14	\$3,090.85	\$2,694.29	\$2,754.71	\$16,879.81	\$1,536.86	\$3,353.92	\$8,466.22	\$14,198.55	\$318.45	\$2,882.14
% Change over FY 2011-12 Per Capita	-0.88%	0.30%	0.71%	-4.14%	0.00%	0.70%	-4.07%	-1.76%	-0.10%	2.07%	2.88%	4.06%	-1.51%

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

ACUTE CARE	Out Year Projection													
	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 to 60%	Expansion Adults to 100%	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 ⁽³⁾	0.70%	2.06%	2.39%	-1.24%	2.18%	2.18%	-3.61%	-1.01%	1.97%	1.22%	3.80%	4.52%		
Estimated FY 2013-14 Base Per Capita	\$2,426.70	\$7,870.88	\$9,518.32	\$3,052.52	\$2,753.03	\$2,814.76	\$16,270.52	\$1,521.34	\$3,419.82	\$8,569.51	\$14,738.09	\$332.84	\$2,871.25	
Estimated FY 2013-14 Eligibles	41,118	9,735	64,396	83,692	22,692	36,539	777	391,310	19,008	9,108	3,339	20,874	702,588	
Estimated FY 2011-12 Base Expenditures	\$99,781,051	\$76,623,017	\$612,941,735	\$255,471,504	\$62,471,757	\$102,848,516	\$12,642,194	\$595,315,555	\$65,003,939	\$78,051,097	\$49,210,483	\$6,947,702	\$2,017,308,550	
<i>Bottom Line Impacts</i>														
Estimated Impact of Increasing PACE Enrollment	(\$756,931)	(\$245,663)	(\$160,105)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,162,699)	
Annualization of Physician Rate Increase to 100% of Medicare (Section 1202 of Health Care and Education Reconciliation Act)	\$148,212	\$240,525	\$1,833,398	\$1,729,464	\$397,929	\$444,041	\$0	\$3,778,035	\$379,793	\$630,840	\$226,789	\$66	\$9,809,092	
Annualization of FY 2010-11 BA-16: Implementation of Family Planning Waiver	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,303,100	\$0	\$0	\$2,303,100	
Annualization of SB 10-117: "Over the Counter Medications"	(\$975)	(\$1,991)	(\$14,702)	(\$4,168)	(\$1,467)	(\$1,482)	\$0	(\$6,918)	(\$2,542)	(\$280)	(\$0)	(\$0)	(\$34,526)	
Total Bottom Line Impacts	(\$609,694)	(\$7,129)	\$1,658,591	\$1,725,296	\$396,462	\$442,559	\$0	\$3,771,117	\$377,251	\$2,933,660	\$226,789	\$66	\$10,914,967	
Estimated FY 2013-14 Total Expenditure	\$99,171,357	\$76,615,888	\$614,600,326	\$257,196,800	\$62,868,219	\$103,291,075	\$12,642,194	\$599,086,672	\$65,381,190	\$80,984,757	\$49,437,272	\$6,947,768	\$2,028,223,517	
Estimated FY 2013-14 Per Capita	\$2,411.87	\$7,870.15	\$9,544.08	\$3,073.13	\$2,770.50	\$2,826.87	\$16,270.52	\$1,530.98	\$3,439.67	\$8,891.61	\$14,806.01	\$332.84	\$2,886.79	
% Change over FY 2012-13 Per Capita	0.08%	2.05%	2.67%	-0.57%	2.83%	2.62%	-3.61%	-0.38%	2.56%	5.02%	4.28%	4.52%	0.16%	
Footnotes														
(1) Percentage selected to modify Per Capita amounts for FY 2011-12: Where applicable, percentage selections have been bolded for clarification.	OAP-A	One half the per capita growth from FY 2009-10 to FY 2010-11				Exp. Adults to 60%	2.18% or a continuation of the forecasted growth for all expansion adults as reported in the February, 2011 forecast		Foster Care	Average per capita growth from FY 2007-08 through FY 2010-11				
	OAP-B	Average per capita growth of FY 2007-08 through FY 2009-10				Exp. Adults to 100%	25.17% or the percentage necessary to achieve convergence with the Expansion to 60% population		BC Adults	Average of FY 2006-07 through FY 2009-10				
	AND/AB	The per capita growth from FY 2009-10 to FY 2010-11				BCCP	See EF-8		Non-Citizens	One half the per capita growth from FY 2009-10 to FY 2010-11				
	AFDC-A	Average of FY 2008-09 through FY 2009-10				Elig. Children	One half the per capita growth from FY 2009-10 to FY 2010-11		Partial Dual Eligibles	4.52% or the increase in Medicare coinsurance rate from CY 2010 to CY 2011				
(2) Percentage selected to modify Per Capita amounts for FY 2012-13: Where applicable, percentage selections have been italicized for clarification.	OAP-A	One half the per capita growth from FY 2009-10 to FY 2010-11				Exp. Adults to 60%	2.18% or a continuation of the forecasted growth for all expansion adults as reported in the February, 2011 forecast		Foster Care	One half the trend selected for FY 2011-12				
	OAP-B	Average per capita growth of FY 2007-08 through FY 2009-10				Exp. Adults to 100%	2.18% or a continuation of the forecasted growth for all expansion adults as reported in the February, 2011 forecast		BC Adults	One half the trend selected for FY 2011-12				
	AND/AB	The per capita growth from FY 2009-10 to FY 2010-11				BCCP	See EF-8		Non-Citizens	One half the per capita growth from FY 2009-10 to FY 2010-11				
	AFDC-A	One half the trend selected for FY 2011-12				Elig. Children	One half the per capita growth from FY 2009-10 to FY 2010-11		Partial Dual	4.52% or the increase in Medicare coinsurance rate from CY 2010 to CY 2011				
(3) Percentage selected to modify Per Capita amounts for FY 2013-14: Where applicable, percentage selections have been italicized for clarification.	OAP-A	One half the per capita growth from FY 2009-10 to FY 2010-11				Exp. Adults to 60%	2.18% or a continuation of the forecasted growth for all expansion adults as reported in the February, 2011 forecast		Foster Care	One half the trend selected for FY 2011-12				
	OAP-B	Average per capita growth of FY 2007-08 through FY 2009-10				Exp. Adults to 100%	2.18% or a continuation of the forecasted growth for all expansion adults as reported in the February, 2011 forecast		BC Adults	One half the trend selected for FY 2011-12				
	AND/AB	The per capita growth from FY 2009-10 to FY 2010-11				BCCP	See EF-8		Non-Citizens	One half the per capita growth from FY 2009-10 to FY 2010-11				
	AFDC-A	One half the trend selected for FY 2011-12				Elig. Children	One half the per capita growth from FY 2009-10 to FY 2010-11		Partial Dual	4.52% or the increase in Medicare coinsurance rate from CY 2010 to CY 2011				
(4) Due to changes in Part D Medicare prescription coverage, historical per capita trends do not incorporate data prior to FY 2005-06 for the OAP-A and OAP-B eligibility type														

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:	
April 2010	\$746,629	452	\$1,651.83	-	-		(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. Totals for June 2010 and July 2010 include payment delay and do not match the reported expenditure for that month.
May 2010	\$798,572	455	\$1,755.10	-	-		
June 2010	\$834,898	466	\$1,791.63	\$5,198.56	-		
July 2010	\$747,420	471	\$1,586.88	\$5,133.61	-1.25%		
August 2010	\$1,026,493	493	\$2,082.14	\$5,460.65	6.37%		
September 2010	\$739,153	503	\$1,469.49	\$5,138.51	-5.90%		
October 2010	\$731,130	505	\$1,447.78	\$4,999.41	-2.71%		
November 2010	\$838,350	511	\$1,640.61	\$4,557.88	-8.83%		
December 2010	\$641,895	526	\$1,220.33	\$4,308.72	-5.47%		
January 2011	\$858,219	532	\$1,613.19	\$4,474.13	3.84%		
February 2011	\$860,735	535	\$1,608.85	\$4,442.37	-0.71%	(2) The selected trend factors were calculated using a regression model of the rolling 3-month per capita expenditures from April 2007 to June 2011. The model controls for caseload, time, and seasonality. The trend factor is the average of the rolling average percent changes of the predicted values from the regression model for each fiscal year, annualized to adjust for a full-year effect.	
March 2011	\$758,865	556	\$1,364.87	\$4,586.91	3.25%		
April 2011	\$842,553	569	\$1,480.76	\$4,454.48	-2.89%		
May 2011	\$977,078	587	\$1,664.53	\$4,510.16	1.25%		
June 2011	\$796,240	589	\$1,351.85	\$4,497.14	-0.29%		
FY 2011-12 Selected Trend Factor⁽²⁾					-3.67%		
FY 2012-13 Selected Trend Factor⁽²⁾					-3.65%		
FY 2013-14 Selected Trend Factor⁽²⁾					-3.61%		
FY 2011-12 Totals⁽³⁾	\$11,261,250	640	\$17,595.70				(3) The FY 2011-12, FY 2012-13, and FY 2013-14 totals are calculated on pages EF-4 through EF-7 and include bottom line impacts. Caseload totals are taken from Exhibit B.
FY 2012-13 Totals⁽³⁾	\$12,102,825	717	\$16,879.81				
FY 2013-14 Totals⁽³⁾	\$12,642,194	777	\$16,270.52				

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

Breast and Cervical Cancer Program Fund Splits

FY 2011-12 Fund Splits	Per Capita	Allocation	Caseload	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Medicaid Breast and Cervical Cancer Program Clients ⁽⁴⁾		70.00%	448	\$7,882,875	\$0	\$2,759,006	\$0	\$5,123,869
Health Care Expansion Breast and Cervical Cancer Program Clients ⁽⁵⁾		30.00%	192	\$3,378,375	\$0	\$0	\$1,182,431	\$2,195,944
Total	\$17,595.70	100.00%	640	\$11,261,250	\$0	\$2,759,006	\$1,182,431	\$7,319,813

FY 2012-13 Fund Splits	Per Capita	Allocation⁽⁷⁾	Caseload	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Medicaid Breast and Cervical Cancer Program Clients ⁽⁶⁾		71.31%	511	\$8,630,425	\$1,510,325	\$1,510,324	\$0	\$5,609,776
Health Care Expansion Breast and Cervical Cancer Program Clients ⁽⁵⁾		28.69%	206	\$3,472,400	\$0	\$0	\$1,215,340	\$2,257,060
Total	\$16,879.81	100.00%	717	\$12,102,825	\$1,510,325	\$1,510,324	\$1,215,340	\$7,866,836

FY 2013-14 Fund Splits	Per Capita	Allocation⁽⁷⁾	Caseload	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Medicaid Breast and Cervical Cancer Program Clients ⁽⁶⁾		72.53%	564	\$9,169,794	\$1,604,714	\$1,604,714	\$0	\$5,960,366
Health Care Expansion Breast and Cervical Cancer Program Clients ⁽⁵⁾		27.47%	213	\$3,472,400	\$0	\$0	\$1,215,340	\$2,257,060
Total	\$16,270.52	100.00%	777	\$12,642,194	\$1,604,714	\$1,604,714	\$1,215,340	\$8,217,426

(4) 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.

(5) 24-22-117 (2) (d) (II), C.R.S. (2010). 35% RF from the Prevention, Early Detection, and Treatment fund, 65% FFP.

(6) 25.5-5-308 (9) (f), C.R.S. (2010). 17.5% GF, 17.5% Cash Funds from the Breast and Cervical Cancer Prevention and Treatment Funds, 65% FFP.

(7) The fund split allocation for Health Care Expansion Breast and Cervical Cancer Program Clients is reduced to 28.69% in FY 2012-13 and 27.47% in FY 2013-14 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

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 to 60%	Expansion Adults to 100%	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	\$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	\$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	\$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	\$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	\$0	\$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	\$0	\$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	\$0	\$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	\$786,684	\$66,514	\$31,055	\$3,652,240	\$8,663,502	\$61,246	\$0	\$0	\$42,666,675
FY 2010-11 ⁽¹⁾	\$528,892	\$2,236,572	\$27,074,670	\$3,220,104	\$1,549,338	\$469,727	\$41,477	\$3,795,327	\$8,465,862	\$77,588	\$0	\$0	\$47,459,557
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	4.04%	35.53%	9.97%	30.32%	0.00%	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%	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%	0.00%	0.00%	-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%	0.00%	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%	0.00%	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%	81.90%	0.00%	129.37%	5.03%	-3.28%	21.62%	0.00%	0.00%	4.44%
FY 2010-11	-15.29%	21.17%	15.32%	-6.87%	96.95%	606.21%	33.56%	3.92%	-2.28%	26.68%	0.00%	0.00%	11.23%
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	\$185.63	\$234.07	\$545.02	\$22.23	\$0.00	\$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	\$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	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$45.80	\$20.54	\$73.07	\$13.25	\$471.33	\$7.82	\$0.00	\$0.00	\$85.54
FY 2010-11	\$13.59	\$287.96	\$481.06	\$52.82	\$76.87	\$17.29	\$78.11	\$12.55	\$460.30	\$9.86	\$0.00	\$0.00	\$84.64
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	-0.18%	23.63%	7.35%	8.50%	0.00%	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%	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%	0.00%	0.00%	-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%	0.00%	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%	0.00%	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%	34.79%	0.00%	71.08%	-10.41%	-5.11%	8.31%	0.00%	0.00%	-8.53%
FY 2010-11	-16.21%	9.97%	9.14%	-11.91%	67.84%	-15.82%	6.90%	-5.28%	-2.34%	26.09%	0.00%	0.00%	-1.05%

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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	\$5,090,144	\$1,037,288	\$20,369,563	\$844,658	\$0	\$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	\$0	\$2,722	\$1,337,375	\$4,709,421	\$17,098	\$0	\$0	\$34,232,981
FY 2005-06	\$2,687,488	\$1,123,343	\$16,110,320	\$1,088,722	\$0	\$0	\$217	\$1,289,783	\$4,790,463	\$15,081	\$0	\$0	\$27,105,417
FY 2006-07	\$331,389	\$845,022	\$13,797,610	\$1,382,161	\$76,182	\$0	\$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	\$0	\$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	\$0	\$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	\$453,505	\$38,344	\$17,902	\$2,105,432	\$4,994,309	\$35,307	\$0	\$0	\$24,596,353
FY 2010-11	\$288,997	\$1,222,105	\$14,794,110	\$1,759,526	\$846,587	\$256,668	\$22,664	\$2,073,838	\$4,625,906	\$42,396	\$0	\$0	\$25,932,797
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	-2.98%	26.40%	2.56%	21.54%	0.00%	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%	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%	0.00%	0.00%	-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%	0.00%	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%	0.00%	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%	68.12%	0.00%	112.01%	-2.93%	-10.60%	12.41%	0.00%	0.00%	-3.47%
FY 2010-11	-19.70%	14.85%	9.31%	-11.72%	86.68%	569.38%	26.60%	-1.50%	-7.38%	20.08%	0.00%	0.00%	5.43%
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	\$148.28	\$186.97	\$435.35	\$17.76	\$0.00	\$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	\$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	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$26.40	\$11.84	\$42.12	\$7.64	\$271.71	\$4.51	\$0.00	\$0.00	\$49.31
FY 2010-11	\$7.43	\$157.35	\$262.86	\$28.86	\$42.01	\$9.45	\$42.68	\$6.86	\$251.52	\$5.39	\$0.00	\$0.00	\$46.25
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	-6.91%	15.30%	0.11%	1.18%	0.00%	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%	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%	0.00%	0.00%	-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%	0.00%	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%	0.00%	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%	24.59%	0.00%	58.11%	-17.14%	-12.30%	0.22%	0.00%	0.00%	-15.46%
FY 2010-11	-20.53%	4.24%	3.45%	-16.52%	59.13%	-20.19%	1.33%	-10.21%	-7.43%	19.51%	0.00%	0.00%	-6.21%

(1) Totals for FY 2009-10 and FY 2010-11 are adjusted to account for the June 2010 payment delays.

Exhibit F - ACUTE CARE - Pharmacy Rebates

Estimated Increase in Rebates Attributable to the Affordable Care Act						
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Percentage Change⁽²⁾
FY 2010-11 ⁽¹⁾	\$3,170,128	\$3,551,490	\$3,711,664	\$3,495,596	\$13,928,878	-
FY 2011-12	\$3,676,795	\$4,119,109	\$4,304,883	\$4,054,281	\$16,155,068	15.98%
FY 2012-13	\$4,264,441	\$4,777,447	\$4,992,913	\$4,702,259	\$18,737,060	15.98%
FY 2013-14	\$4,946,007	\$5,541,005	\$5,790,907	\$5,453,800	\$21,731,720	15.98%
(1) FY 2010-11 figures based on estimates which will be reconciled in FY 2011-12.						
(2) The trend factor selected for FY 2011-12 through FY 2013-14 is equal to the percentage change in pharmacy expenditure from FY 2009-10 to FY 2010-11.						

Exhibit F - ACUTE CARE - Calculation of Enhanced Federal Match for Family Planning

Total Expenditure							
Fiscal Year	Total Reported Expenditures	General Fund	Cash Funds ⁽¹⁾	Reappropriated Funds ⁽²⁾	Federal Funds (90% FMAP)	Change	% Change
FY 2000-01	\$2,438,198	\$243,820	\$0	\$0	\$2,194,378	(\$1,518,369)	-38.38%
FY 2001-02	\$5,111,123	\$511,112	\$0	\$0	\$4,600,011	\$2,672,925	109.63%
FY 2002-03	\$6,538,073	\$653,807	\$0	\$0	\$5,884,266	\$1,426,950	27.92%
FY 2003-04	\$6,061,856	\$606,186	\$0	\$0	\$5,455,670	(\$476,217)	-7.28%
FY 2004-05	\$8,019,717	\$801,972	\$0	\$0	\$7,217,745	\$1,957,861	32.30%
FY 2005-06	\$8,260,397	\$826,040	\$0	\$0	\$7,434,357	\$240,680	3.00%
FY 2006-07	\$8,343,188	\$834,319	\$0	\$0	\$7,508,869	\$82,791	1.00%
FY 2007-08	\$9,902,250	\$990,225	\$0	\$0	\$8,912,025	\$1,559,062	18.69%
FY 2008-09	\$13,893,561	\$1,389,356	\$0	\$0	\$12,504,205	\$3,991,311	40.31%
FY 2009-10	\$12,619,883	\$1,261,988	\$0	\$0	\$11,357,895	(\$1,273,678)	-9.17%
FY 2010-11	\$13,895,800	\$1,389,580	\$0	\$0	\$12,506,220	\$1,275,917	10.11%
FY 2011-12 Estimated Total	\$15,114,951	\$1,472,830	\$38,666	\$0	\$13,603,455	\$2,495,068	8.77%
FY 2012-13 Estimated Total	\$18,447,028	\$1,561,066	\$93,288	\$190,350	\$16,602,324	\$3,332,077	22.04%
FY 2013-14 Estimated Total	\$21,992,670	\$1,654,587	\$124,020	\$420,660	\$19,793,403	\$3,545,642	19.22%
<p>To forecast expenditure, a regression of FY 2000-01 to FY 2010-11 data was constructed to model changes over time. Expenditure was then estimated forward and the percentage change between those estimates was used to calculate expenditure for FY 2011-12, FY 2012-13 and FY 2013-14, 6.00%.</p>							
<p>⁽¹⁾ SB 11-177 extended and expanded the Teen Pregnancy and Dropout Prevention program. The Department receives local funds to provide services for the program. In FY 2011-12 the Department anticipates receiving \$38,666 local funds, annualizing to \$93,288 in FY 2012-13 and \$124,020 in FY 2013-14.</p>							
<p>⁽²⁾ In addition to estimated expenditure, \$190,350 in FY 2012-13 and \$420,660 in FY 2013-14 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".</p>							

Exhibit F - ACUTE CARE - Calculation of Enhanced Federal Match for Family Planning

Breakdown of Total Expenditure Fee-for-Service and Managed Care Components						
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 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	\$111,083	1.61%	\$1,246,431	\$129,598	11.60%
FY 2006-07	\$7,431,084	\$417,118	5.95%	\$912,103	(\$334,328)	-26.82%
FY 2007-08	\$9,139,367	\$1,708,283	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%
FY 2010-11	\$12,375,827	(\$157,376)	-1.26%	\$1,519,973	\$1,433,293	1653.55%

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 - Indian Health Services

Total Expenditure for Indian Health Service			
Fiscal Year	Total Reported Expenditures: 100% FF	Change	% Change
FY 2001-02	\$100,299	\$100,299	-
FY 2002-03	\$511,451	\$411,152	409.93%
FY 2003-04	\$813,791	\$302,340	59.11%
FY 2004-05	\$922,761	\$108,970	13.39%
FY 2005-06	\$840,371	(\$82,390)	-8.93%
FY 2006-07	\$899,521	\$59,149	7.04%
FY 2007-08	\$1,061,989	\$162,469	18.06%
FY 2008-09	\$1,534,327	\$472,338	44.48%
FY 2009-10	\$1,536,532	\$2,205	0.14%
FY 2010-11	\$1,672,353	\$135,821	8.84%
FY 2011-12 Estimated Total	\$1,836,125	\$299,593	9.79%
FY 2012-13 Estimated Total	\$1,990,086	\$153,961	8.39%
FY 2013-14 Estimated Total	\$2,144,047	\$153,961	7.74%

Note: Total expenditure for Indian Health Service was estimated using a linear time trend based on FY 2001-02 through FY 2010-11 data.

Exhibit F - ACUTE CARE - Expenditure by Half-Year

FY 2010-11 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 to 60%	Expansion Adults to 100%	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	\$2,201,142	\$3,213,121	\$24,210,184	\$22,771,411	\$4,688,880	\$5,007,677	\$0	\$49,009,030	\$5,092,307	\$8,675,709	\$3,241,857	\$213	\$128,111,532
Emergency Transportation	\$69,482	\$122,010	\$984,929	\$523,478	\$103,598	\$100,195	\$0	\$733,442	\$97,942	\$96,927	\$40,776	\$0	\$2,872,778
Non-emergency Medical Transportation	\$1,151,884	\$535,672	\$2,513,958	\$249,209	\$9,011	\$18,844	\$0	\$546,724	\$74,580	\$32,339	\$1,455	\$0	\$5,133,677
Dental Services	\$403,821	\$128,848	\$2,316,446	\$1,984,150	\$509,031	\$507,166	\$0	\$42,529,664	\$2,855,961	\$183,480	\$1,924	\$0	\$51,420,491
Family Planning	\$0	\$17	\$7,438	\$62,485	\$27,343	\$65,755	\$0	\$65,755	\$20,063	\$9,341	\$0	\$0	\$220,266
Health Maintenance Organizations	\$3,121,826	\$3,055,667	\$18,357,730	\$8,071,141	\$2,094,738	\$2,805,541	\$0	\$16,867,258	\$396,837	\$547,056	\$0	\$0	\$55,317,796
Inpatient Hospitals	\$6,584,288	\$6,446,775	\$50,327,843	\$25,848,743	\$4,115,973	\$4,120,740	\$0	\$37,771,517	\$3,081,688	\$14,596,710	\$17,997,235	(\$2,247)	\$170,889,265
Outpatient Hospitals	\$1,694,791	\$2,733,778	\$24,255,415	\$21,141,483	\$6,378,731	\$6,433,220	\$0	\$33,171,999	\$2,870,670	\$3,003,439	\$715,865	\$205	\$102,399,597
Lab & X-Ray	\$297,571	\$387,414	\$3,152,996	\$4,883,815	\$1,141,258	\$1,201,145	\$0	\$3,296,935	\$804,988	\$1,778,093	\$74,583	\$286	\$17,019,083
Durable Medical Equipment	\$9,637,675	\$2,282,732	\$22,795,790	\$1,247,049	\$394,320	\$334,711	\$0	\$4,060,228	\$2,008,918	\$73,276	\$0	\$4,207	\$42,838,907
Prescription Drugs	\$4,166,517	\$7,511,760	\$54,154,072	\$15,399,437	\$4,936,611	\$4,760,621	\$223	\$23,013,935	\$9,510,912	\$1,055,780	\$0	\$0	\$124,509,867
Drug Rebate	(\$1,719,683)	(\$3,084,427)	(\$22,228,121)	(\$6,459,930)	(\$1,974,574)	(\$1,882,205)	(\$86)	(\$9,424,979)	(\$3,915,595)	(\$434,347)	\$0	\$0	(\$51,123,945)
Rural Health Centers	\$20,645	\$98,015	\$517,133	\$621,257	\$220,637	\$227,766	\$0	\$2,384,473	\$481,856	\$147,415	\$18,919	\$0	\$4,738,115
Federally Qualified Health Centers	\$438,923	\$474,985	\$3,376,358	\$5,791,521	\$1,299,990	\$1,552,184	\$0	\$24,612,436	\$1,019,239	\$2,466,914	\$192,971	\$0	\$41,225,522
Co-Insurance (Title XVIII-Medicare)	\$4,472,412	\$670,690	\$3,029,274	(\$65,619)	\$92,096	\$164,031	\$0	\$9,976	\$10,846	\$15,982	\$0	\$1,406,498	\$9,806,187
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$4,724,440	\$0	\$0	\$0	\$0	\$0	\$4,724,440
Administrative Service Organizations - Service	\$1,209,688	\$930,801	\$7,063,108	\$3,106,835	\$1,214,836	\$1,098,663	\$0	\$7,972,708	\$961,596	\$1,103,511	\$0	\$0	\$24,661,745
Other Medical Services	\$209	\$138	\$1,180	\$714	\$0	\$0	\$21	\$1,056	\$151	\$99	\$10	\$10	\$3,724
Home Health	\$11,524,658	\$3,536,182	\$57,976,707	\$185,280	\$47,265	\$56,033	\$0	\$1,955,632	\$5,744,704	\$27,017	\$0	\$91,685	\$81,145,163
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$45,278,849	\$29,044,178	\$252,812,440	\$105,362,460	\$25,299,744	\$26,534,156	\$4,724,599	\$238,577,790	\$31,117,663	\$33,378,788	\$22,285,685	\$1,500,857	\$815,914,210
Caseload	38,914	7,576	55,374	57,403	19,468	25,208	502	293,379	18,518	7,922	3,209	16,760	544,232
Half -Year Per Capita	\$1,163.49	\$3,833.88	\$4,565.54	\$1,835.48	\$1,299.54	\$1,052.62	\$9,420.94	\$813.21	\$1,680.45	\$4,213.25	\$6,945.11	\$89.55	\$1,499.20
FY 2010-11 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 to 60%	Expansion Adults to 100%	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	\$1,929,576	\$3,490,439	\$26,887,667	\$25,429,726	\$6,401,642	\$7,368,013	\$0	\$56,286,979	\$5,492,745	\$8,906,162	\$3,078,893	\$1,630	\$145,273,473
Emergency Transportation	\$62,738	\$127,118	\$996,729	\$553,727	\$127,989	\$134,335	\$0	\$881,365	\$129,817	\$94,865	\$42,664	\$5	\$3,151,352
Non-emergency Medical Transportation	\$1,077,392	\$495,038	\$2,632,742	\$214,688	\$24,368	\$53,351	\$0	\$597,548	\$117,195	\$15,165	\$1,965	\$243	\$5,229,695
Dental Services	\$552,135	\$159,001	\$2,521,184	\$2,038,571	\$630,529	\$680,901	\$0	\$43,937,804	\$2,696,550	\$178,868	\$2,913	\$30	\$53,398,486
Family Planning	\$0	(\$1)	\$4,841	\$66,987	\$28,459	\$31,565	\$0	\$52,021	\$18,573	\$5,762	\$0	\$0	\$208,208
Health Maintenance Organizations	\$3,711,169	\$3,375,511	\$20,101,747	\$8,999,860	\$2,538,327	\$3,650,641	\$0	\$18,722,703	\$426,921	\$643,748	\$0	\$0	\$62,170,628
Inpatient Hospitals	\$6,642,110	\$7,261,826	\$54,396,667	\$27,461,455	\$5,273,771	\$5,715,020	\$0	\$43,183,834	\$3,110,123	\$14,554,509	\$18,916,809	\$5,510	\$186,521,633
Outpatient Hospitals	\$1,361,929	\$2,692,342	\$23,890,834	\$20,201,472	\$7,355,038	\$8,056,668	\$0	\$37,394,038	\$2,956,499	\$2,794,481	\$688,024	\$305	\$107,391,630
Lab & X-Ray	\$238,563	\$435,471	\$3,462,378	\$5,338,152	\$1,490,989	\$1,694,341	\$0	\$4,031,879	\$884,212	\$1,902,519	\$83,058	\$498	\$19,562,061
Durable Medical Equipment	\$9,636,049	\$2,452,148	\$23,908,709	\$1,272,661	\$480,797	\$445,583	\$0	\$4,396,321	\$2,209,647	\$93,999	\$5	\$10,489	\$44,906,407
Prescription Drugs	\$3,529,679	\$8,201,677	\$61,869,897	\$17,495,913	\$6,643,429	\$6,933,363	(\$223)	\$31,579,146	\$10,552,035	\$1,155,066	\$23	\$4	\$147,960,007
Drug Rebate	(\$1,896,228)	(\$4,245,178)	(\$31,840,222)	(\$9,004,956)	(\$3,376,207)	(\$3,460,297)	\$86	(\$15,912,491)	(\$5,452,407)	(\$597,853)	(\$10)	(\$2)	(\$75,785,765)
Rural Health Centers	\$30,592	\$103,134	\$564,020	\$671,679	\$288,643	\$321,938	\$0	\$2,823,692	\$203,343	\$130,501	\$11,915	\$75	\$5,149,531
Federally Qualified Health Centers	\$438,259	\$539,358	\$3,976,703	\$6,527,803	\$1,709,633	\$2,194,208	\$0	\$27,123,562	\$1,046,199	\$2,529,791	\$219,025	\$0	\$46,304,543
Co-Insurance (Title XVIII-Medicare)	\$11,432,202	\$1,719,160	\$8,007,013	\$160,934	\$145,398	\$274,262	\$0	\$32,236	\$19,815	\$39,419	\$44	\$3,406,877	\$25,237,359
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$5,092,677	\$0	\$0	\$0	\$0	\$0	\$5,092,677
Administrative Service Organizations - Service	\$1,011,822	\$1,430,348	\$12,044,050	\$5,074,968	\$974,112	\$977,493	\$0	\$1,392,646	\$1,622,317	\$1,659,992	\$0	\$0	\$26,187,749
Other Medical Services	\$561	\$381	\$3,269	\$1,095	\$466	\$509	\$57	\$3,021	\$404	\$380	\$262	\$30	\$10,434
Home Health	\$12,354,221	\$3,754,946	\$62,973,092	\$245,058	\$80,381	\$101,753	\$0	\$2,214,919	\$5,651,069	\$21,382	\$0	\$140,137	\$87,536,957
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$52,112,771	\$31,992,719	\$276,401,320	\$112,749,794	\$30,817,764	\$35,173,648	\$5,092,597	\$258,741,222	\$31,685,054	\$34,128,755	\$23,045,590	\$3,565,831	\$895,507,065
Caseload	38,928	7,957	57,187	64,512	20,839	29,125	561	311,382	18,267	7,814	3,218	17,420	577,211
Half -Year Per Capita	\$1,338.71	\$4,020.53	\$4,833.26	\$1,747.72	\$1,478.85	\$1,207.69	\$9,072.32	\$830.94	\$1,734.57	\$4,367.64	\$7,162.21	\$204.70	\$1,551.44

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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	\$78,719,107	\$7,549,034	\$56,806,389	\$70,931	\$0	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$0	\$836,398	\$6,789,088	\$0	\$1,279	\$201,179	\$299,689,736
FY 2010-11	\$142,698,517	\$22,313,208	\$144,648,196	\$181,275	\$79,355	\$51,269	\$0	\$566,227	\$8,341,459	\$0	\$0	\$137,560	\$319,017,067
Estimated FY 2011-12	\$145,634,273	\$24,253,605	\$159,038,697	\$209,777	\$89,979	\$66,501	\$0	\$630,854	\$9,676,977	\$0	\$0	\$134,961	\$339,735,624
Estimated FY 2012-13	\$150,613,876	\$26,354,550	\$169,950,785	\$228,805	\$95,993	\$74,208	\$0	\$694,342	\$10,682,788	\$0	\$0	\$143,641	\$358,838,988
Estimated FY 2013-14	\$155,987,318	\$28,483,114	\$180,246,486	\$238,522	\$101,887	\$78,924	\$0	\$766,968	\$11,831,340	\$0	\$0	\$153,006	\$377,887,565
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	8.90%	9.93%	7.86%	136.32%	0.00%	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%	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%	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%	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%	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%	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%	0.00%	154.79%	22.27%	-100.00%	100.00%	-33.42%	6.84%
FY 2010-11	-0.90%	5.67%	14.31%	-5.80%	157.86%	100.00%	0.00%	-32.30%	22.87%	0.00%	-100.00%	-31.62%	6.45%
Estimated FY 2011-12	2.06%	8.70%	9.95%	15.72%	13.39%	29.71%	0.00%	11.41%	16.01%	0.00%	0.00%	-1.89%	6.49%
Estimated FY 2012-13	3.42%	8.66%	6.86%	9.07%	6.68%	11.59%	0.00%	10.66%	10.39%	0.00%	0.00%	6.43%	5.62%
Estimated FY 2013-14	3.57%	8.08%	6.06%	4.25%	6.14%	6.36%	0.00%	10.46%	10.75%	0.00%	0.00%	6.52%	5.31%
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	\$2,268.30	\$1,389.99	\$1,217.79	\$1.74	\$0.00	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$1.79	\$0.00	\$0.00	\$3.03	\$369.35	\$0.00	\$0.35	\$12.64	\$600.83
FY 2010-11	\$3,666.36	\$2,872.82	\$2,570.11	\$2.97	\$3.94	\$1.89	\$0.00	\$1.87	\$453.54	\$0.00	\$0.00	\$8.05	\$568.94
Estimated FY 2011-12	\$3,679.58	\$2,869.91	\$2,668.61	\$2.91	\$4.09	\$1.96	\$0.00	\$1.90	\$526.98	\$0.00	\$0.00	\$7.34	\$550.99
Estimated FY 2012-13	\$3,732.96	\$2,895.79	\$2,731.27	\$2.88	\$4.28	\$2.06	\$0.00	\$1.93	\$572.25	\$0.00	\$0.00	\$7.33	\$543.00
Estimated FY 2013-14	\$3,793.65	\$2,925.85	\$2,799.03	\$2.85	\$4.49	\$2.16	\$0.00	\$1.96	\$622.44	\$0.00	\$0.00	\$7.33	\$537.85
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	10.09%	7.61%	7.54%	102.30%	0.00%	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%	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%	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%	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%	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%	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%	155.71%	0.00%	0.00%	116.43%	19.95%	-100.00%	100.00%	-36.93%	-6.44%
FY 2010-11	-2.00%	-4.10%	8.19%	-11.08%	120.11%	100.00%	0.00%	-38.28%	22.79%	0.00%	-100.00%	-36.31%	-5.31%
Estimated FY 2011-12	0.36%	-0.10%	3.83%	-2.02%	3.81%	3.70%	0.00%	1.60%	16.19%	0.00%	0.00%	-8.82%	-3.15%
Estimated FY 2012-13	1.45%	0.90%	2.35%	-1.03%	4.65%	5.10%	0.00%	1.58%	8.59%	0.00%	0.00%	-0.14%	-1.45%
Estimated FY 2013-14	1.63%	1.04%	2.48%	-1.04%	4.91%	4.85%	0.00%	1.55%	8.77%	0.00%	0.00%	0.00%	-0.95%

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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Actual FY 2010-11 Per Capita	\$3,666.36	\$2,872.82	\$2,570.11	\$2.97	\$3.94	\$1.89	\$0.00	\$1.87	\$453.54	\$0.00	\$0.00	\$8.05	\$568.94
Average of FY 2004-05 through FY 2008-09	7.88%	15.17%	12.56%	-13.12%	13.74%	0.00%	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%	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%	0.00%	-9.43%	7.58%	33.33%	0.00%	255.39%	12.25%
Average of FY 2007-08 through FY 2008-09	7.88%	15.17%	12.56%	-13.12%	13.74%	0.00%	0.00%	27.16%	8.86%	20.00%	0.00%	3873.24%	8.73%
Average of FY 2005-06 through FY 2009-10	9.26%	16.62%	13.41%	36.12%	44.88%	0.00%	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%	56.10%	0.00%	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%	41.47%	0.00%	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%	66.75%	0.00%	0.00%	32.36%	14.32%	0.00%	50.00%	-53.00%	-1.16%
Average of FY 2006-07 through FY 2010-11	7.09%	7.69%	11.74%	30.84%	68.90%	20.00%	0.00%	9.97%	13.09%	0.00%	0.00%	138.59%	5.00%
Average of FY 2007-08 through FY 2010-11	3.97%	5.63%	11.17%	46.46%	61.13%	25.00%	0.00%	2.75%	17.54%	0.00%	0.00%	-7.75%	1.21%
Average of FY 2008-09 through FY 2010-11	2.36%	2.73%	11.02%	46.90%	84.53%	33.33%	0.00%	8.81%	17.14%	0.00%	0.00%	-47.43%	-2.54%
Average of FY 2009-10 through FY 2010-11	0.87%	-0.67%	5.02%	99.09%	137.91%	50.00%	0.00%	39.08%	21.37%	-50.00%	0.00%	-36.62%	-5.88%
Current Year Projection													
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 to 60%	Expansion Adults to 100%	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⁾	2.36%	1.37%	5.02%	-1.16%	5.00%	5.00%	0.00%	2.75%	17.54%	0.00%	0.00%	-7.75%	
Estimated FY 2011-12 Base Per Capita	\$3,752.89	\$2,912.03	\$2,699.13	\$2.94	\$4.14	\$1.98	\$0.00	\$1.92	\$533.09	\$0.00	\$0.00	\$7.43	\$559.42
Estimated FY 2011-12 Eligibles	39,579	8,451	59,596	72,180	21,986	33,976	640	332,377	18,363	7,839	3,233	18,375	616,595
Estimated FY 2011-12 Base Expenditures	\$148,535,633	\$24,609,566	\$160,857,351	\$212,209	\$91,022	\$67,272	\$0	\$638,164	\$9,789,132	\$0	\$0	\$136,526	\$344,936,875
<i>Bottom Line Impacts</i>													
BRI-5: Medicaid Reductions - Cap CDASS Wage Rates	(\$458,829)	(\$76,020)	(\$496,893)	(\$656)	(\$281)	(\$208)	\$0	(\$1,971)	(\$30,239)	\$0	\$0	(\$422)	(\$1,065,519)
BA-9: Medicaid Reductions - 0.50% Rate Reduction	(\$672,549)	(\$111,429)	(\$728,341)	(\$961)	(\$412)	(\$305)	\$0	(\$2,890)	(\$44,324)	\$0	\$0	(\$618)	(\$1,561,829)
BA-9: Medicaid Reductions - Clients Moved from Nursing Home	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated Impact of Increased PACE Enrollment	(\$1,199,570)	(\$94,723)	(\$48,694)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,342,987)
Annualization of FY 2010-11 BRI-2: "Coordinated Payment and Payment Reform"	(\$265,436)	(\$43,977)	(\$287,453)	(\$379)	(\$163)	(\$120)	\$0	(\$1,140)	(\$17,493)	\$0	\$0	(\$244)	(\$616,405)
Annualization of FY 2010-11 BRI-6: "Medicaid Program Reductions"	(\$190,027)	(\$31,484)	(\$205,789)	(\$271)	(\$116)	(\$86)	\$0	(\$816)	(\$12,523)	\$0	\$0	(\$175)	(\$441,287)
Annualization of FY 2009-10 ES-2: HCBS Waiver Transportation Limitations	(\$242,619)	(\$40,198)	(\$262,747)	(\$347)	(\$149)	(\$110)	\$0	(\$1,042)	(\$15,990)	\$0	\$0	(\$223)	(\$563,425)
Annualization of HB 10-1146 State-funded Public Assistance Programs	\$127,670	\$21,152	\$138,261	\$182	\$78	\$58	\$0	\$549	\$8,414	\$0	\$0	\$117	\$296,481
HB 09-1047 Alternative Therapies for Clients with Spinal Cord Injuries	\$0	\$20,718	\$73,002	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,720
Total Bottom Line Impacts	(\$2,901,360)	(\$355,961)	(\$1,818,654)	(\$2,432)	(\$1,043)	(\$771)	\$0	(\$7,310)	(\$112,155)	\$0	\$0	(\$1,565)	(\$5,201,251)
Estimated FY 2011-12 Expenditure	\$145,634,273	\$24,253,605	\$159,038,697	\$209,777	\$89,979	\$66,501	\$0	\$630,854	\$9,676,977	\$0	\$0	\$134,961	\$339,735,624
Estimated FY 2011-12 Per Capita	\$3,679.58	\$2,869.91	\$2,668.61	\$2.91	\$4.09	\$1.96	\$0.00	\$1.90	\$526.98	\$0.00	\$0.00	\$7.34	\$550.99
% Change over FY 2010-11 Per Capita	0.36%	-0.10%	3.83%	-2.02%	3.81%	3.70%	0.00%	1.60%	16.19%	0.00%	0.00%	-8.82%	-3.15%

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 to 60%	Expansion Adults to 100%	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⁾	2.36%	1.37%	2.51%	-1.16%	5.00%	5.00%	0.00%	1.38%	8.77%	0.00%	0.00%	0.00%	
Estimated FY 2012-13 Base Per Capita	\$3,766.42	\$2,909.08	\$2,735.59	\$2.88	\$4.29	\$2.06	\$0.00	\$1.93	\$573.20	\$0.00	\$0.00	\$7.34	\$550.99
Estimated FY 2012-13 Eligibles	40,347	9,101	62,224	79,578	22,413	36,083	717	360,359	18,668	8,474	3,276	19,602	660,842
Estimated FY 2012-13 Base Expenditures	\$151,963,748	\$26,475,537	\$170,219,352	\$229,185	\$96,152	\$74,331	\$0	\$695,493	\$10,700,498	\$0	\$0	\$143,879	\$360,598,175
<i>Bottom Line Impacts</i>													
Estimated Impact of Increased PACE Enrollment	(\$1,098,355)	(\$94,723)	(\$48,694)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,241,772)
Annualization of BRI-5: Medicaid Reductions - 0.50% Rate Reduction	(\$152,331)	(\$26,539)	(\$170,630)	(\$230)	(\$96)	(\$75)	\$0	(\$697)	(\$10,726)	\$0	\$0	(\$144)	(\$361,468)
Annualization of BA-9: Medicaid Reductions - Cap CDASS Wage Rates	(\$257,990)	(\$44,948)	(\$288,982)	(\$389)	(\$163)	(\$126)	\$0	(\$1,181)	(\$18,166)	\$0	\$0	(\$244)	(\$612,189)
Annualization of BA-9: Medicaid Reductions - Client Moved from Nursing Home	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annualization of HB 10-1146 State-funded Public Assistance Programs	\$158,804	\$27,667	\$177,880	\$239	\$100	\$78	\$0	\$727	\$11,182	\$0	\$0	\$150	\$376,827
Annualization of HB 09-1047 Alternative Therapies for Clients with Spinal Cord Injuries	\$0	\$17,556	\$61,859	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$79,415
Total Bottom Line Impacts	(\$1,349,872)	(\$120,987)	(\$268,567)	(\$380)	(\$159)	(\$123)	\$0	(\$1,151)	(\$17,710)	\$0	\$0	(\$238)	(\$1,759,187)
Estimated FY 2012-13 Total Expenditure	\$150,613,876	\$26,354,550	\$169,950,785	\$228,805	\$95,993	\$74,208	\$0	\$694,342	\$10,682,788	\$0	\$0	\$143,641	\$358,838,988
Estimated FY 2012-13 Per Capita	\$3,732.96	\$2,895.79	\$2,731.27	\$2.88	\$4.28	\$2.06	\$0.00	\$1.93	\$572.25	\$0.00	\$0.00	\$7.33	\$543.00
% Change over FY 2011-12 Per Capita	1.45%	0.90%	2.35%	-1.03%	4.65%	5.10%	0.00%	1.58%	8.59%	0.00%	0.00%	-0.14%	-1.45%
Out 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 to 60%	Expansion Adults to 100%	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⁾	2.36%	1.37%	2.51%	-1.16%	5.00%	5.00%	0.00%	1.38%	8.77%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2013-14 Base Per Capita	\$3,821.06	\$2,935.32	\$2,799.82	\$2.85	\$4.49	\$2.16	\$0.00	\$1.96	\$622.44	\$0.00	\$0.00	\$7.33	\$543.00
Estimated FY 2013-14 Eligibles	41,118	9,735	64,396	83,692	22,692	36,539	777	391,310	19,008	9,108	3,339	20,874	702,588
Estimated FY 2013-14 Base Expenditures	\$157,114,345	\$28,575,340	\$180,297,209	\$238,522	\$101,887	\$78,924	\$0	\$766,968	\$11,831,340	\$0	\$0	\$153,006	\$379,157,541
<i>Bottom Line Impacts</i>													
Annualization of HB 09-1047 Alternative Therapies for Clients with Spinal Cord Injuries	\$0	(\$2,200)	(\$7,750)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$9,950)
Estimated Impact of Increased PACE Enrollment	(\$1,127,027)	(\$90,026)	(\$42,973)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,260,026)
Total Bottom Line Impacts	(\$1,127,027)	(\$92,226)	(\$50,723)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,269,976)
Estimated FY 2013-14 Total Expenditure	\$155,987,318	\$28,483,114	\$180,246,486	\$238,522	\$101,887	\$78,924	\$0	\$766,968	\$11,831,340	\$0	\$0	\$153,006	\$377,887,565
Estimated FY 2013-14 Per Capita	\$3,793.65	\$2,925.85	\$2,799.03	\$2.85	\$4.49	\$2.16	\$0.00	\$1.96	\$622.44	\$0.00	\$0.00	\$7.33	\$537.85
% Change over FY 2012-13 Per Capita	1.63%	1.04%	2.48%	-1.04%	4.91%	4.85%	0.00%	1.55%	8.77%	0.00%	0.00%	0.00%	-0.95%
Footnotes													
(1) Percentage selected to modify Per Capita amounts for FY 2011-12: Where applicable, percentage selections have been bolded for clarification.	OAP-A	Average of FY 2008-09 through FY 2010-11			Exp. Adults		Total average of FY 2006-07 through FY 2010-11			BC Adults	0.00%		
	OAP-B	Half the average of FY 2008-09 through FY 2010-11			BCCP		0.00%			Non-Citizens	0.00%		
	AND/AB	Average of FY 2009-10 through FY 2010-11			Elig. Children		Average of FY 2007-08 through FY 2010-11			Partial Dual	Average of FY 2007-08 through FY 2010-11		
	AFDC-A	Total average of FY 2008-09 through FY 2009-10			Foster Care		Average of FY 2007-08 through FY 2010-11						
(2) Percentage selected to modify Per Capita amounts for FY 2012-13 and FY 2013-14: Where applicable, percentage selections have been italicized for clarification.	OAP-A	Average of FY 2008-09 through FY 2010-11			Exp. Adults		Total average of FY 2006-07 through FY 2010-11			BC Adults	0.00%		
	OAP-B	Half the average of FY 2008-09 through FY 2010-11			BCCP		0.00%			Non-Citizens	0.00%		
	AND/AB	Half the FY 2011-12 Trend			Elig. Children		Half of the FY 2011-12 trend			Partial Dual	0.00%		
	AFDC-A	Total average of FY 2008-09 through FY 2009-10			Foster Care		Half of the FY 2011-12 trend						

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

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 to 60%	Expansion Adults to 100%	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	\$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	\$0	\$11,904	\$0	\$0	\$21,173	\$11,550,545
HCBS - Disabled Children	\$0	\$0	\$823,157	\$0	\$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	\$0	\$25	\$282,381
HCBS - Consumer Directed Attendant Support	\$930,510	\$129,241	\$624,024	\$92	\$0	\$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	\$0	\$5,915,446
HCBS - Children with Autism	\$0	\$0	\$722,923	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$722,923
HCBS - Pediatric Hospice	\$0	\$0	\$39,527	\$0	\$0	\$0	\$0	\$0	\$341	\$0	\$0	\$0	\$39,868
Private Duty Nursing	\$514,224	\$126,297	\$7,533,650	\$0	\$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	\$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	\$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	484,510
Half -Year Per Capita	\$1,872.96	\$1,476.50	\$1,172.51	\$1.48	\$1.71	\$0.00	\$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 to 60%	Expansion Adults to 100%	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	\$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	\$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	\$0	\$1,017,385
HCBS - Persons Living with AIDS	\$9,775	\$12,071	\$294,315	\$0	\$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	\$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	\$0	\$5,680,975
HCBS - Children with Autism	\$0	\$0	\$871,812	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$871,812
HCBS - Pediatric Hospice	\$0	\$0	\$62,198	\$0	\$0	\$0	\$0	\$0	\$144	\$0	\$0	\$0	\$62,342
Private Duty Nursing	\$521,028	\$114,244	\$7,603,429	\$0	\$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	\$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	\$0	\$568,664	\$3,565,996	\$0	\$1	\$34,963	\$152,060,016
Caseload	38,644	7,169	53,791	58,514	18,404	6,477	445	283,304	18,539	7,928	3,649	16,222	513,085
Half -Year Per Capita	\$1,868.23	\$1,518.14	\$1,202.81	\$1.85	\$0.19	\$0.00	\$0.00	\$2.01	\$192.35	\$0.00	\$0.00	\$2.16	\$296.36

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

FY 2010-11 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 to 60%	Expansion Adults to 100%	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	\$53,732,719	\$8,207,658	\$42,158,348	\$15,839	\$14,614	\$0	\$0	\$0	\$28,651	\$0	\$0	\$64,424	\$104,222,253
HCBS - Mental Illness	\$1,856,638	\$1,297,696	\$9,472,703	\$2,994	\$2,848	\$0	\$0	\$0	\$8,981	\$0	\$0	\$5,532	\$12,647,393
HCBS - Disabled Children	\$0	\$0	\$932,746	\$0	\$0	\$0	\$0	\$454	\$577	\$0	\$0	\$0	\$933,778
HCBS - Persons Living with AIDS	\$15,354	\$1,909	\$284,531	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$301,794
HCBS - Consumer Directed Attendant Support	\$727,394	\$110,838	\$565,896	\$207	\$0	\$0	\$0	\$0	\$390	\$0	\$0	\$898	\$1,405,624
HCBS - Brain Injury	\$8,987	\$39,327	\$581,300	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61	\$629,675
HCBS - Children with Autism	\$0	\$0	\$800,181	\$0	\$0	\$0	\$0	\$2,504	\$0	\$0	\$0	\$0	\$802,685
HCBS - Pediatric Hospice	\$0	\$0	\$66,819	\$0	\$0	\$0	\$0	\$215	\$519	\$0	\$0	\$0	\$67,553
Private Duty Nursing	\$647,606	\$0	\$8,263,827	\$0	\$0	\$0	\$0	\$283,257	\$3,887,537	\$0	\$0	\$0	\$13,082,226
Hospice	\$15,297,600	\$1,118,966	\$3,195,289	\$147,434	\$48,919	\$0	\$0	\$40,145	\$0	\$0	\$0	(\$35,849)	\$19,812,504
Total	\$72,286,297	\$10,776,395	\$66,321,640	\$166,474	\$66,380	\$0	\$0	\$326,576	\$3,926,656	\$0	\$0	\$35,067	\$153,905,485
Caseload	38,914	7,576	55,374	57,403	19,468	25,208		502	293,379	18,518	7,922	3,209	16,760
Half -Year Per Capita	\$1,857.60	\$1,422.50	\$1,197.70	\$2.90	\$3.41	\$0.00	\$0.00	\$1.11	\$212.05	\$0.00	\$0.00	\$2.09	\$282.79
FY 2010-11 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 to 60%	Expansion Adults to 100%	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	\$52,135,435	\$8,303,517	\$43,756,129	(\$12,383)	\$1,351	\$11,962	\$0	\$0	\$42,521	\$0	\$0	\$65,531	\$104,304,063
HCBS - Mental Illness	\$1,730,729	\$1,354,314	\$8,844,340	(\$2,994)	\$6,570	\$0	\$0	\$0	\$4,617	\$0	\$0	\$2,565	\$11,940,143
HCBS - Disabled Children	\$0	\$0	\$953,306	\$0	\$0	\$0	\$0	\$117	\$0	\$0	\$0	\$0	\$953,423
HCBS - Persons Living with AIDS	\$13,692	\$1,561	\$231,668	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,682	\$248,603
HCBS - Consumer Directed Attendant Support	\$779,336	\$123,767	\$650,973	(\$207)	\$0	\$167	\$0	\$0	\$621	\$0	\$0	\$978	\$1,555,635
HCBS - Brain Injury	\$149,181	\$770,000	\$10,630,370	\$0	\$3,254	\$0	\$0	\$0	\$0	\$0	\$0	\$436	\$11,553,241
HCBS - Children with Autism	\$0	\$0	\$525,851	\$0	\$0	\$0	\$0	\$41	\$0	\$0	\$0	\$0	\$525,892
HCBS - Pediatric Hospice	\$0	\$0	\$51,848	\$0	\$0	\$0	\$0	(\$4)	(\$124)	\$0	\$0	\$0	\$51,720
Private Duty Nursing	\$672,209	\$0	\$8,988,335	\$0	\$0	\$0	\$0	\$219,535	\$4,363,651	\$0	\$0	\$0	\$14,243,730
Hospice	\$14,931,637	\$983,655	\$3,693,735	\$30,385	\$1,799	\$39,141	\$0	\$19,962	\$3,517	\$0	\$0	\$31,300	\$19,735,132
Total	\$70,412,220	\$11,536,814	\$78,326,556	\$14,801	\$12,975	\$51,269	\$0	\$239,652	\$4,414,803	\$0	\$0	\$102,493	\$165,111,583
Caseload	38,928	7,957	57,187	64,512	20,839	29,125	561	311,382	18,267	7,814	3,218	17,420	577,211
Half -Year Per Capita	\$1,808.78	\$1,449.89	\$1,369.66	\$0.23	\$0.62	\$1.76	\$0.00	\$0.77	\$241.68	\$0.00	\$0.00	\$5.88	\$286.05

Exhibit H - Long Term Care and Insurance Summary

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 to 60%	Expansion Adults to 100%	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	\$403,370,008	\$32,658,393	\$79,008,464	\$7,864	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$582,738	\$515,627,467
Class I Nursing Facility Supplemental Payments	\$65,674,782	\$5,317,284	\$12,863,781	\$1,280	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,879	\$83,952,006
Class II Nursing Facilities	\$0	\$520,906	\$1,799,166	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,320,072
Program for All-Inclusive Care for the Elderly	\$73,421,925	\$8,013,357	\$3,321,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,757,246
Subtotal Long Term Care	\$542,466,715	\$46,509,940	\$96,993,375	\$9,144	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$677,617	\$686,656,791
Supplemental Medicare Insurance Benefit	\$70,256,368	\$4,383,801	\$38,348,430	\$268,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,495,141	\$134,751,970
Health Insurance Buy-In	\$3,905	\$1,233	\$2,023,230	\$10,055	\$0	\$0	\$0	\$3,985	\$2,054	\$0	\$0	\$0	\$2,044,462
Subtotal Insurance	\$70,260,273	\$4,385,034	\$40,371,660	\$278,285	\$0	\$0	\$0	\$3,985	\$2,054	\$0	\$0	\$21,495,141	\$136,796,432
Total Long Term Care and Insurance	\$612,726,988	\$50,894,974	\$137,365,035	\$287,429	\$0	\$0	\$0	\$3,985	\$2,054	\$0	\$0	\$22,172,758	\$823,453,223
FY 2012-13 Long Term Care and Insurance Request													
FY 2012-13	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 to 60%	Expansion Adults to 100%	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	\$422,147,498	\$34,178,691	\$82,686,429	\$8,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$609,865	\$539,630,713
Class I Nursing Facility Supplemental Payments	\$66,922,603	\$5,418,312	\$13,108,193	\$1,305	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$96,681	\$85,547,094
Class II Nursing Facilities	\$0	\$531,324	\$1,835,149	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,366,473
Program for All-Inclusive Care for the Elderly	\$80,525,820	\$8,779,916	\$3,658,548	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,964,284
Subtotal Long Term Care	\$569,595,921	\$48,908,243	\$101,288,319	\$9,535	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$706,546	\$720,508,564
Supplemental Medicare Insurance Benefit	\$76,018,431	\$5,010,890	\$42,498,955	\$313,889	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,339,512	\$148,181,677
Health Insurance Buy-In	\$11,077	\$3,497	\$5,738,876	\$28,521	\$0	\$0	\$0	\$11,303	\$5,759	\$0	\$0	\$0	\$5,799,033
Subtotal Insurance	\$76,029,508	\$5,014,387	\$48,237,831	\$342,410	\$0	\$0	\$0	\$11,303	\$5,759	\$0	\$0	\$24,339,512	\$153,980,710
Total Long Term Care and Insurance	\$645,625,429	\$53,922,630	\$149,526,150	\$351,945	\$0	\$0	\$0	\$11,303	\$5,759	\$0	\$0	\$25,046,058	\$874,489,274

Exhibit H - Long Term Care and Insurance Summary

FY 2013-14 Long Term Care and Insurance Request													
FY 2013-14	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 to 60%	Expansion Adults to 100%	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	\$435,383,831	\$35,250,355	\$85,279,042	\$8,488	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$628,987	\$556,550,703
Class I Nursing Facility Supplemental Payments	\$67,964,030	\$5,588,202	\$13,519,198	\$1,346	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$99,713	\$87,172,489
Class II Nursing Facilities	\$0	\$541,950	\$1,871,852	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,413,802
Program for All-Inclusive Care for the Elderly	\$87,822,694	\$9,567,281	\$4,004,310	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,394,285
Subtotal Long Term Care	\$591,170,555	\$50,947,788	\$104,674,402	\$9,834	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$728,700	\$747,531,279
Supplemental Medicare Insurance Benefit	\$80,685,404	\$5,582,594	\$45,807,428	\$343,817	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,994,791	\$159,414,034
Health Insurance Buy-In	\$11,439	\$3,611	\$5,926,537	\$29,454	\$0	\$0	\$0	\$11,673	\$5,759	\$0	\$0	\$0	\$5,988,473
Subtotal Insurance	\$80,696,843	\$5,586,205	\$51,733,965	\$373,271	\$0	\$0	\$0	\$11,673	\$5,759	\$0	\$0	\$26,994,791	\$165,402,507
Total Long Term Care and Insurance	\$671,867,398	\$56,533,993	\$156,408,367	\$383,105	\$0	\$0	\$0	\$11,673	\$5,759	\$0	\$0	\$27,723,491	\$912,933,786

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES

Class I Nursing Home Calculations for FY 2011-12, FY 2012-13 and FY 2013-14		
FY 2011-12 Calculation		
<u>Service Expenditures:</u>	Core Components	Reference
Estimate of FY 2011-12 General Fund Portion of Per Diem Rate	\$186.15	Footnote 1
Estimate of FY 2011-12 Patient Payment (per day)	(\$35.66)	Footnote 1
Estimated FY 2011-12 Medicaid Reimbursement (per day)	\$150.49	
Estimate of Patient Days (without Hospital Back Up)	3,482,887	Footnote 2
Total Estimated Costs for FY 2011-12 Days of Service	\$524,139,665	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	92.30%	Footnote 4
Estimated Expenditures for Claims Paid in Current Year with Current Year Dates of Service	\$483,780,911	
Estimated Expenditures for FY 2010-11 Dates of Service	\$39,073,670	Footnote 5
Estimated Expenditures in FY 2011-12 Prior to Adjustments	\$522,854,581	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$4,923,096	Footnote 6
Recoveries from Department Overpayment Review	(\$1,977,766)	Footnote 7
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1324	(\$722,050)	Footnote 9
Savings from days incurred in FY 2010-11 and paid in FY 2011-12 under HB 10-1379	(\$481,367)	Footnote 9
SB 11-215 Nursing Facility Rate Reduction: 1.5% reduction Effective July 1, 2011	(\$8,969,027)	Footnote 9
Total Bottom Line Adjustments:	(\$7,227,114)	
Total Estimated FY 2011-12 General Fund Expenditures	\$515,627,467	
Percentage Change in Core Component Expenditure Over Prior Year	3.27%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$42,602,414	Page EH-10
Prior Year Rate Reconciliation	\$3,912,605	Page EH-10
Rate Cut Backfill	\$0	Page EH-10
Cognitive Performance Scale	\$807,127	Page EH-10
PASRR - Resident	\$2,686,473	Page EH-10
PASRR - Facility	\$620,967	Page EH-10
Medicaid Supplemental Payment	\$29,060,915	Page EH-10
Pay for Performance	\$4,261,505	Page EH-10
Total Estimated Supplemental Payments	\$83,952,006	
Total Estimated FY 2011-12 Expenditures	\$599,579,473	

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES

Class I Nursing Home Calculations for FY 2011-12, FY 2012-13 and FY 2013-14		
FY 2012-13 Calculation		
<u>Service Expenditures:</u>	Core Components	Reference
Estimate of FY 2012-13 General Fund Portion of Per Diem Rate	\$191.87	Footnote 1
Estimate of FY 2012-13 Patient Payment (per day)	(\$36.87)	Footnote 1
Estimated FY 2012-13 Medicaid Reimbursement (per day)	\$155.00	
Estimate of Patient Days (without Hospital Back Up)	3,473,767	Footnote 2
Total Estimated Costs for FY 2012-13 Days of Service	\$538,433,867	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	92.30%	Footnote 4
Estimated Expenditures for Claims Paid in Current Year with Current Year Dates of Service	\$496,974,459	
Estimated Expenditures for FY 2011-12 Dates of Service	\$40,358,754	Footnote 5
Estimated Expenditures in FY 2012-13 Prior to Adjustments	\$537,333,213	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$5,122,481	Footnote 6
Recoveries from Department Overpayment Review	(\$2,076,753)	Footnote 7
Savings from days incurred in FY 2011-12 and paid in FY 2012-13 under SB 11-215	(\$748,228)	Footnote 9
Total Bottom Line Adjustments:	\$2,297,500	
Total Estimated FY 2012-13 Expenditures	\$539,630,713	
Percentage Change in Core Component Expenditure Over Prior Year	4.66%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$43,411,861	Page EH-10
Prior Year Rate Reconciliation	\$3,986,944	Page EH-10
Rate Cut Backfill	\$0	Page EH-10
Cognitive Performance Scale	\$822,462	Page EH-10
PASRR - Resident	\$2,737,516	Page EH-10
PASRR - Facility	\$632,765	Page EH-10
Medicaid Supplemental Payment	\$29,613,072	Page EH-10
Pay for Performance	\$4,342,474	Page EH-10
Total Estimated Supplemental Payments	\$85,547,094	
Total Estimated FY 2012-13 Expenditures	\$625,177,807	

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES

FY 2013-14 Calculation		
<u>Service Expenditures:</u>	Core Components	Reference
Estimate of FY 2013-14 General Fund Portion of Per Diem Rate	\$197.74	Footnote 1
Estimate of FY 2013-14 Patient Payment (per day)	(\$38.09)	Footnote 1
Estimated FY 2013-14 Medicaid Reimbursement (per day)	\$159.65	
Estimate of Patient Days (without Hospital Back Up)	3,474,163	Footnote 2
Total Estimated Costs for FY 2013-14 Days of Service	\$554,650,106	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	92.30%	Footnote 4
Estimated Expenditures for Claims Paid in Current Year with Current Year Dates of Service	\$511,942,048	
Estimated Expenditures for FY 2012-13 Dates of Service	\$41,459,408	Footnote 5
Estimated Expenditures in FY 2013-14 Prior to Adjustments	\$553,401,456	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$5,329,941	Footnote 6
Recoveries from Department Overpayment Review	(\$2,180,694)	Footnote 7
Total Bottom Line Adjustments:	\$3,149,247	
Total Estimated FY 2013-14 Expenditures	\$556,550,703	
Percentage Change in Core Component Expenditure Over Prior Year	3.14%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$44,236,685	Page EH-10
Prior Year Rate Reconciliation	\$4,062,696	Page EH-10
Rate Cut Backfill	\$0	Page EH-10
Cognitive Performance Scale	\$838,089	Page EH-10
PASRR - Resident	\$2,789,529	Page EH-10
PASRR - Facility	\$644,788	Page EH-10
Medicaid Supplemental Payment	\$30,175,721	Page EH-10
Pay for Performance	\$4,424,981	Page EH-10
Total Estimated Supplemental Payments	\$87,172,489	
Total Estimated FY 2013-14 Expenditures	\$643,723,192	

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

Class I Nursing Home Calculations for FY 2011-12 , FY 2012-13 and FY 2013-14 Footnotes:

- (1) 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, supplemental payments are made for growth above the General Fund growth cap and 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 2013-14. The Core Per Diem less patient payment represents the General Fund portion of nursing facility reimbursement. It is to this figure that the General Fund Growth cap outlined in statute is applied.

Year	Core Per Diem	Patient Payment	General Fund Portion	Maximum Allowable Growth in General Fund Portion	Rate Reduction	Core Rate Less Reductions	Percentage Change in Core Rate Less Reductions
FY 2002-03	\$131.06	\$24.75					
FY 2003-04	\$143.49	\$24.93					
FY 2004-05	\$150.15	\$25.89					
FY 2005-06	\$157.34	\$27.52					
FY 2006-07	\$166.30	\$30.25					
FY 2007-08	\$169.28	\$30.94					
FY 2008-09	\$182.99	\$33.14	\$149.85	-	-	\$182.99	-
FY 2009-10	\$179.71	\$33.68	\$146.03	3.00%	0.50%	\$178.81	-2.28%
FY 2010-11	\$180.00	\$33.89	\$146.11	1.90%	2.50%	\$175.50	-1.85%
Estimated FY 2011-12	\$186.15	\$35.66	\$150.49	3.00%	1.50%	\$183.36	4.48%
Estimated FY 2012-13	\$191.87	\$36.87	\$155.00	3.00%	-	\$191.87	4.64%
Estimated FY 2013-14	\$197.74	\$38.09	\$159.65	3.00%	-	\$197.74	3.06%

- (2) 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. Additionally, historical statistics for FY 2006-07 through FY 2010-11 have been restated to reflect a change in forecast methodology. Hospital Back Up days are removed from this calculation. Because FY 2011-12 is a leap year, estimated patient days for FY 2011-12 are inflated to account for an additional calendar day; this adds approximately 9,516 days to the projection.

Fiscal Year	Patient Days	Percentage Change	FTE	Percentage Change
FY 2000-01	3,712,731	-	10,172	-
FY 2001-02	3,618,218	-2.55%	9,913	-2.55%
FY 2002-03	3,538,295	-2.21%	9,694	-2.21%
FY 2003-04	3,502,849	-1.00%	9,571	-1.27%
FY 2004-05	3,519,234	0.47%	9,642	0.74%
FY 2005-06	3,529,589	0.29%	9,670	0.29%
FY 2006-07	3,546,807	0.49%	9,717	0.49%
FY 2007-08	3,435,068	-3.15%	9,385	-3.42%
FY 2008-09	3,426,808	-0.24%	9,389	0.04%
FY 2009-10	3,453,290	0.77%	9,461	0.77%
FY 2010-11	3,473,070	0.57%	9,515	0.57%
Estimated FY 2011-12	3,482,887	0.28%	9,516	0.01%
Estimated FY 2012-13	3,473,767	-0.26%	9,517	0.01%
Estimated FY 2013-14	3,474,163	0.01%	9,518	0.01%

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

- (3) 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.
- (4) 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
July	11	99.81%
August	10	99.75%
September	9	99.64%
October	8	99.48%
November	7	99.23%
December	6	98.87%
January	5	98.31%
February	4	97.50%
March	3	96.12%
April	2	93.91%
May	1	90.05%
June	0	34.88%
Average		92.30%

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

- (5) As calculated in the table below, the estimated FY 2011-12 expenditure for core components with FY 2010-11 dates of service is the estimated FY 2010-11 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	92.30%	Footnote (4)
Estimated Patient Days from previous fiscal year	3,473,070	Footnote (2)
Estimated Per Diem Rate for Core Components for previous fiscal year	\$180.00	Footnote (1)
Less: Estimated Patient Payment Rate for previous fiscal year	\$33.89	Footnote (1)
Estimated claims expenditures for core components from previous fiscal year to be paid in the current fiscal year	\$39,073,670	As described in Footnote (5) narrative

- (6) 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. In FY 2009-10 no facilities were accepting new clients. In FY 2010-11 new clients were added to the program, and the Department anticipates growth to continue through FY 2013-14, but at a diminished pace. The growth rate selected for FY 2011-12 through FY 2013-14 is one half the growth rate from FY 2009-10 to FY 2010-11.

Fiscal Year	Hospital Back Up	Percent Difference
FY 2003-04	\$4,907,936	-
FY 2004-05	\$5,731,131	16.77%
FY 2005-06	\$5,033,659	-12.17%
FY 2006-07	\$5,615,794	11.56%
FY 2007-08	\$5,309,178	-5.46%
FY 2008-09	\$6,920,964	30.36%
FY 2009-10	\$4,376,832	-36.76%
FY 2010-11	\$4,731,471	8.10%
Estimated FY 2011-12	\$4,923,096	4.05%
Estimated FY 2012-13	\$5,122,481	4.05%
Estimated FY 2013-14	\$5,329,941	4.05%

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

- (7) 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 \$22,000.

FY 2010-11 BRI-2 "Coordinated Payment and Payment Reform" provided the Department with additional resources for performing audits of nursing facilities. The estimated impact of this initiative is an increase in recoveries totaling \$360,000 in FY 2010-11 and \$540,000 in FY 2011-12. Trends have been adjusted to reflect the impact of this initiative as appropriate.

Fiscal Year	Overpayment	Percent Difference
FY 2010-11	\$1,797,766	-
Estimated FY 2011-12	\$1,977,766	10.01%
Estimated FY 2012-13	\$2,076,753	5.01%
Estimated FY 2013-14	\$2,180,694	5.01%

- (8) Due to a change in the methodology in how the Department accounts for estate and trust recoveries, effective with the February 1, 2011 Medical Services Premiums Supplemental request, these two categories of recoveries will not be recorded as an offset to Class I nursing facility expenditure; estate and trust recoveries are shown in Exhibit L.
- (9) HB 10-1324 imposed a rate reduction of 1.5% effective March 1, 2010 and effective until June 30, 2011. HB 10-1379 imposed 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. SB 11-215 imposed a rate reduction of 1.5% effective July 1, 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 three bills. These figures may vary from previous submissions of the Department's requests due to revised forecasts for rates and patient days.

HB 10-1324	Rate Reduction	Per Diem before Reduction	Per Diem After Reduction	Per Diem Impact of Reduction
FY 2010-11 Rates	1.50%	\$180.00	\$177.30	(\$2.70)
FY 2010-11 Patient Days				3,473,070
Estimated FY 2010-11 Days Paid in FY 2011-12				267,426
Total FY 2011-12 Impact				(\$722,050)

HB 10-1379	Rate Reduction	Per Diem before Reduction	Per Diem After Reduction	Per Diem Impact of Reduction
FY 2010-11 Rates	1.00%	\$180.00	\$178.20	(\$1.80)
FY 2010-11 Patient days				3,473,070
Estimated FY 2010-11 Days Paid in FY 2011-12				267,426
Total FY 2011-12 Impact				(\$481,367)

SB 11-215	Rate Reduction	Per Diem before Reduction	Per Diem After Reduction	Per Diem Impact of Reduction
FY 2011-12 Rates	1.50%	\$186.15	\$183.36	(\$2.79)
FY 2011-12 Patient days				3,482,887
Estimated FY 2011-12 Days Paid in FY 2011-12				3,214,705
Total FY 2011-12 Impact				(\$8,969,027)
Estimated FY 2011-12 Days Paid in FY 2012-13				268,182
Total FY 2012-13 Impact				(\$748,228)

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)										
	Provider Fee Per Non Medicare Day Paid by Low Medicaid Volume Facilities	Provider Fee Per Non Medicare Day Paid by High Medicaid Volume Facilities	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
FY 2009-10	\$5.90	\$0.28	\$31,277,211	\$0	\$2,995,689	\$958,621	\$2,713,717	\$418,432	\$12,830,094	\$2,525,948	\$53,719,712
FY 2010-11	\$7.62	\$1.17	\$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	\$12.35	\$1.90	\$42,602,414	\$3,912,605	\$0	\$807,127	\$2,686,473	\$620,967	\$29,060,915	\$4,261,505	\$83,952,006
Projected FY 2012-13	\$12.58	\$1.94	\$43,411,861	\$3,986,944	\$0	\$822,462	\$2,737,516	\$632,765	\$29,613,072	\$4,342,474	\$85,547,094
Projected FY 2013-14	\$12.82	\$1.98	\$44,236,685	\$4,062,696	\$0	\$838,089	\$2,789,529	\$644,788	\$30,175,721	\$4,424,981	\$87,172,489
Percent Change	Provider Fee Per Non Medicare Day Paid by Low Medicaid Volume Facilities	Provider Fee Per Non Medicare Day Paid by High Medicaid Volume Facilities	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
FY 2010-11	29.24%	317.86%	54.17%	-	-100.00%	-91.52%	-92.67%	-88.21%	38.30%	-53.51%	37.83%
Projected FY 2011-12	61.97%	62.4%	-11.65%	-40.50%	-	893.45%	1251.47%	1158.44%	63.78%	262.86%	13.38%
Projected FY 2012-13	1.86%	2.1%	1.90%	1.90%	-	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%
Projected FY 2013-14	1.91%	2.1%	1.90%	1.90%	-	1.90%	1.90%	1.90%	1.90%	1.90%	1.90%

⁽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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	\$310,462,191	\$14,101,811	\$55,720,354	\$20,259	\$0	\$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	\$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	\$0	\$6,466	\$423,878,333
FY 2005-06	\$370,539,529	\$22,631,623	\$63,039,217	(\$10,541)	\$0	\$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	\$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	\$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	\$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	\$0	\$62,685	\$495,900,792
FY 2010-11	\$390,609,241	\$31,625,232	\$76,509,001	\$7,615	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$564,302	\$499,315,391
Estimated FY 2011-12	\$403,370,008	\$32,658,393	\$79,008,464	\$7,864	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$582,738	\$515,627,467
Estimated FY 2012-13	\$422,147,498	\$34,178,691	\$82,686,429	\$8,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$609,865	\$539,630,713
Estimated FY 2013-14	\$435,383,831	\$35,250,355	\$85,279,042	\$8,488	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$628,987	\$556,550,703
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	8.44%	18.57%	12.35%	-39.35%	0.00%	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%	0.00%	-76.07%	1.89%
FY 2005-06	8.30%	14.89%	1.72%	-118.80%	0.00%	0.00%	0.00%	0.00%	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%	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%	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%	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%	0.00%	-75.60%	-6.60%
FY 2010-11	-0.62%	9.22%	3.60%	44.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	800.21%	0.69%
Estimated FY 2011-12	3.27%	3.27%	3.27%	3.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.27%	3.27%
Estimated FY 2012-13	4.66%	4.66%	4.66%	4.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.66%	4.66%
Estimated FY 2013-14	3.14%	3.14%	3.14%	3.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.14%	3.14%
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	\$8,946.01	\$2,596.54	\$1,194.51	\$0.50	\$0.00	\$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	\$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	\$0.00	\$0.67	\$1,043.97
FY 2005-06	\$10,233.92	\$3,745.72	\$1,317.30	(\$0.18)	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$28.73	\$1,133.01
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	\$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	\$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	\$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	\$0.00	\$3.94	\$994.19
FY 2010-11	\$10,035.95	\$4,071.74	\$1,359.41	\$0.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33.02	\$890.49
Estimated FY 2011-12	\$10,191.52	\$3,864.44	\$1,325.73	\$0.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31.71	\$836.25
Estimated FY 2012-13	\$10,462.92	\$3,755.49	\$1,328.85	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31.11	\$816.58
Estimated FY 2013-14	\$10,588.64	\$3,620.99	\$1,324.29	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.13	\$792.14
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	9.62%	16.07%	12.01%	-48.00%	0.00%	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%	0.00%	-75.64%	-7.76%
FY 2005-06	7.02%	15.65%	1.88%	-118.37%	0.00%	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%	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%	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%	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%	0.00%	-76.88%	-18.20%
FY 2010-11	-1.72%	-0.88%	-1.95%	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	738.07%	-10.43%
Estimated FY 2011-12	1.55%	-5.09%	-2.48%	-8.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.97%	-6.09%
Estimated FY 2012-13	2.66%	-2.82%	0.24%	-9.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.89%	-2.35%
Estimated FY 2013-14	1.20%	-3.58%	-0.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.15%	-2.99%

Totals do not include supplemental payments funded by the Medicaid Nursing Facility Cash Fund.

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 to 60%	Expansion Adults to 100%	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	\$0	\$1,320,373	\$0	\$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	\$0	\$1,104,554
FY 2004-05	\$0	\$0	\$1,383,445	\$0	\$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	\$0	\$1,436,850
FY 2006-07	\$106,064	\$27,660	\$2,100,702	\$0	\$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	\$0	\$45,248	\$2,235,636
FY 2008-09	\$0	\$335,754	\$1,935,960	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,271,714
FY 2009-10	(\$38,446)	\$264,098	\$989,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,215,347
FY 2010-11	(\$84,407)	\$729,155	\$2,518,445	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,163,194
Estimated FY 2011-12	\$0	\$520,906	\$1,799,166	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,320,072
Estimated FY 2012-13	\$0	\$531,324	\$1,835,149	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,366,473
Estimated FY 2013-14	\$0	\$541,950	\$1,871,852	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,413,802
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	-	-	-16.35%	-	-	-	-	-	-	-	-	-	-16.35%
FY 2004-05	-	-	25.25%	-	-	-	-	-	-	-	-	-	25.25%
FY 2005-06	-	-	-1.14%	-	-	-	-	-	-	-	-	-	3.86%
FY 2006-07	53.37%	-	53.59%	-	-	-	-	-	-	-	-	-	57.99%
FY 2007-08	-29.32%	590.61%	-8.39%	-	-	-	-	-	-	-	-	26.71%	-1.52%
FY 2008-09	-100.00%	-	0.60%	-	-	-	-	-	-	-	-	-100.00%	1.61%
FY 2009-10	-	-21.34%	-48.88%	-	-	-	-	-	-	-	-	-	-46.50%
FY 2010-11	119.55%	176.09%	154.47%	-	-	-	-	-	-	-	-	-	160.27%
Estimated FY 2011-12	-100.00%	-28.56%	-28.56%	-	-	-	-	-	-	-	-	-	-26.65%
Estimated FY 2012-13	-	2.00%	2.00%	-	-	-	-	-	-	-	-	-	2.00%
Estimated FY 2013-14	-	2.00%	2.00%	-	-	-	-	-	-	-	-	-	2.00%
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 to 60%	Expansion Adults to 100%	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	\$28.31	\$0.00	\$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	\$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	\$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	\$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	\$0.00	\$0.00	\$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	\$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	\$0.00	\$5.20
FY 2009-10	(\$1.00)	\$37.47	\$18.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.44
FY 2010-11	(\$2.17)	\$93.88	\$44.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.64
Estimated FY 2011-12	\$0.00	\$61.64	\$30.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.76
Estimated FY 2012-13	\$0.00	\$58.38	\$29.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.58
Estimated FY 2013-14	\$0.00	\$55.67	\$29.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.44
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	-	-	-16.60%	-	-	-	-	-	-	-	-	-	-24.37%
FY 2004-05	-	-	22.24%	-	-	-	-	-	-	-	-	-	13.29%
FY 2005-06	-	-	-0.97%	-	-	-	-	-	-	-	-	-	4.69%
FY 2006-07	54.97%	-	50.63%	-	-	-	-	-	-	-	-	-	62.18%
FY 2007-08	-30.07%	580.09%	-10.48%	-	-	-	-	-	-	-	-	14.80%	-1.55%
FY 2008-09	-100.00%	67.57%	-2.18%	-	-	-	-	-	-	-	-	-100.00%	-8.77%
FY 2009-10	-	-28.05%	-50.72%	-	-	-	-	-	-	-	-	-	-53.08%
FY 2010-11	117.00%	150.55%	140.85%	-	-	-	-	-	-	-	-	-	131.15%
Estimated FY 2011-12	-100.00%	-34.34%	-32.54%	-	-	-	-	-	-	-	-	-	-33.33%
Estimated FY 2012-13	-	-5.29%	-2.32%	-	-	-	-	-	-	-	-	-	-4.79%
Estimated FY 2013-14	-	-4.64%	-1.42%	-	-	-	-	-	-	-	-	-	-3.91%

Exhibit II - 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 to 60%	Expansion Adults to 100%	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 Expenditure	(\$84,407)	\$729,155	\$2,518,445	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,163,194
Percentage Selected to Modify Expenditure ⁽¹⁾	-100.00%	2.00%	2.00%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.72%
Estimated FY 2011-12 Base Expenditures	\$0	\$743,739	\$2,568,814	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,312,553
Bottom Line Impacts													
Annualization of FY 2009-10 Reclassification Adjustment	\$0	(\$222,833)	(\$769,648)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$992,481)
Total Bottom Line Impacts	\$0	(\$222,833)	(\$769,648)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$992,481)
Estimated FY 2011-12 Total Expenditure	\$0	\$520,906	\$1,799,166	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,320,072
Estimated FY 2011-12 Per Capita	\$0.00	\$61.64	\$30.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.76
% Change over FY 2010-11 Per Capita	0.00%	-34.34%	-32.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-33.33%
Request Year Projection													
FY 2011-12 Expenditure	\$0	\$520,906	\$1,799,166	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,320,072
Percentage Selected to Modify Expenditure ⁽¹⁾	0.00%	2.00%	2.00%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.00%
Estimated FY 2012-13 Base Expenditures	\$0	\$531,324	\$1,835,149	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,366,473
Bottom Line Adjustments													
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2012-13 Total Expenditure	\$0	\$531,324	\$1,835,149	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,366,473
Estimated FY 2012-13 Per Capita	\$0.00	\$54.58	\$28.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.37
% Change over FY 2011-12 Per Capita	0.00%	-11.45%	-5.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-10.37%
Out Year Projection													
FY 2012-13 Expenditure	\$0	\$531,324	\$1,835,149	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,366,473
Percentage Selected to Modify Expenditure ⁽¹⁾	0.00%	2.00%	2.00%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.00%
Estimated FY 2013-14 Base Expenditures	\$0	\$541,950	\$1,871,852	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,413,802
Bottom Line Adjustments													
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2013-14 Total Expenditure	\$0	\$541,950	\$1,871,852	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,413,802
Estimated FY 2013-14 Per Capita	\$0.00	\$55.67	\$29.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.44
% Change over FY 2012-13 Per Capita	0.00%	2.00%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.08%

Footnotes

(1) The percentage selected to trend expenditure for FY 2011-12 through FY 2012-13 is 2% percent. This estimated is based on monthly expenditure trends in FY 2010-11.

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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	\$18,818,222	\$943,551	\$604,368	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,366,142
FY 2003-04	\$24,097,092	\$1,864,579	\$1,067,498	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,029,169
FY 2004-05	\$31,140,652	\$2,557,598	\$1,461,755	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,160,005
FY 2005-06	\$35,666,638	\$2,962,484	\$1,841,368	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,470,490
FY 2006-07	\$37,878,793	\$3,182,900	\$1,810,588	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,872,281
FY 2007-08	\$44,272,143	\$3,549,809	\$1,596,904	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$49,418,855
FY 2008-09	\$54,470,714	\$4,395,937	\$2,183,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,049,836
FY 2009-10	\$61,924,560	\$4,986,130	\$2,345,339	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,256,028
FY 2010-11	\$73,232,307	\$7,892,082	\$3,289,888	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,414,277
Estimated FY 2011-12	\$73,421,925	\$8,013,357	\$3,321,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,757,246
Estimated FY 2012-13	\$80,525,820	\$8,779,916	\$3,658,548	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,964,284
Estimated FY 2013-14	\$87,822,694	\$9,567,281	\$4,004,310	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,394,285
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	28.05%	97.61%	76.63%	-	-	-	-	-	-	-	-	-	32.72%
FY 2004-05	29.23%	37.17%	36.93%	-	-	-	-	-	-	-	-	-	30.08%
FY 2005-06	14.53%	15.83%	25.97%	-	-	-	-	-	-	-	-	-	15.10%
FY 2006-07	6.20%	7.44%	-1.67%	-	-	-	-	-	-	-	-	-	5.93%
FY 2007-08	16.88%	11.53%	-11.80%	-	-	-	-	-	-	-	-	-	15.27%
FY 2008-09	23.04%	23.84%	36.71%	-	-	-	-	-	-	-	-	-	23.54%
FY 2009-10	13.68%	13.43%	7.43%	-	-	-	-	-	-	-	-	-	13.44%
FY 2010-11	18.26%	58.28%	40.27%	-	-	-	-	-	-	-	-	-	21.89%
Estimated FY 2011-12	0.26%	1.54%	0.97%	-	-	-	-	-	-	-	-	-	0.41%
Estimated FY 2012-13	9.68%	9.57%	10.13%	-	-	-	-	-	-	-	-	-	9.68%
Estimated FY 2013-14	9.06%	8.97%	9.45%	-	-	-	-	-	-	-	-	-	9.07%
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
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	\$0.00	\$61.38
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	\$0.00	\$73.54
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	\$0.00	\$86.60
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	\$0.00	\$100.62
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	\$0.00	\$109.30
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	\$0.00	\$126.08
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	\$0.00	\$139.76
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	\$0.00	\$138.85
FY 2010-11 ⁽⁴⁾	\$1,747.51	\$943.71	\$54.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.55
Estimated FY 2011-12	\$1,855.07	\$948.21	\$55.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$137.46
Estimated FY 2012-13	\$1,995.83	\$964.72	\$58.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.68
Estimated FY 2013-14	\$2,135.87	\$982.77	\$62.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$144.32
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	29.45%	93.45%	76.08%	-	-	-	-	-	-	-	-	-	19.81%
FY 2004-05	23.99%	25.12%	33.65%	-	-	-	-	-	-	-	-	-	17.76%
FY 2005-06	13.18%	16.60%	26.16%	-	-	-	-	-	-	-	-	-	16.19%
FY 2006-07	7.15%	7.14%	-3.59%	-	-	-	-	-	-	-	-	-	8.63%
FY 2007-08	15.60%	9.95%	-13.80%	-	-	-	-	-	-	-	-	-	15.35%
FY 2008-09	18.67%	18.05%	32.93%	-	-	-	-	-	-	-	-	-	10.85%
FY 2009-10	11.12%	3.74%	3.58%	-	-	-	-	-	-	-	-	-	-0.65%
FY 2010-11	8.61%	33.41%	23.30%	-	-	-	-	-	-	-	-	-	8.43%
Estimated FY 2011-12	6.16%	0.48%	2.67%	-	-	-	-	-	-	-	-	-	-8.69%
Estimated FY 2012-13	7.59%	1.74%	5.49%	-	-	-	-	-	-	-	-	-	2.34%
Estimated FY 2013-14	7.02%	1.87%	5.75%	-	-	-	-	-	-	-	-	-	2.59%

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 to 60%	Expansion Adults to 100%	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 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
FY 2010-11	1,600	171	75	-	-	-	-	-	-	-	-	-	1,846
Estimated FY 2011-12	1,756	188	82	-	-	-	-	-	-	-	-	-	2,026
Estimated FY 2012-13	1,898	203	89	-	-	-	-	-	-	-	-	-	2,190
Estimated FY 2013-14	2,040	218	96	-	-	-	-	-	-	-	-	-	2,354
Percent Changes in Enrollment													
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%	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%	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%	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%	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%	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%	0.00%	13.93%
FY 2010-11	11.19%	42.50%	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.02%
Estimated FY 2011-12	9.75%	9.94%	9.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.75%
Estimated FY 2012-13	8.09%	7.98%	8.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.09%
Estimated FY 2013-14	7.48%	7.39%	7.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.49%
Average Cost Per Enrollee													
FY 2003-04	\$33,608.22	\$39,671.89	\$42,699.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34,257.50
FY 2004-05	\$36,852.84	\$41,251.59	\$47,153.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37,484.01
FY 2005-06	\$37,822.52	\$46,288.81	\$46,034.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38,653.76
FY 2006-07	\$37,136.07	\$46,128.99	\$45,264.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37,973.68
FY 2007-08	\$39,493.44	\$43,290.35	\$43,159.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,853.92
FY 2008-09	\$42,789.25	\$43,959.37	\$45,483.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,962.59
FY 2009-10	\$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	\$0.00	\$42,777.04
FY 2010-11 ⁽⁴⁾	\$42,509.18	\$42,864.28	\$40,739.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,470.19
Estimated FY 2011-12	\$41,812.03	\$42,624.24	\$40,511.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41,834.77
Estimated FY 2012-13	\$42,426.67	\$43,250.82	\$41,107.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,449.44
Estimated FY 2013-14	\$43,050.34	\$43,886.61	\$41,711.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,073.19
Percent Changes in Cost Per Enrollee													
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%	0.00%	9.42%
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%	0.00%	3.12%
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%	0.00%	-1.76%
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%	0.00%	4.95%
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%	0.00%	7.80%
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%	0.00%	-0.43%
FY 2010-11	-1.22%	3.16%	4.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.72%
Estimated FY 2011-12	-1.64%	-0.56%	-0.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.50%
Estimated FY 2012-13	1.47%	1.47%	1.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.47%
Estimated FY 2013-14	1.47%	1.47%	1.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.47%

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 to 60%	Expansion Adults to 100%	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	1,600	171	75	-	-	-	-	-	-	-	-	-	1,846
Estimated Increase in Average Monthly Paid Enrollment Due to Additional Providers	156	17	7	-	-	-	-	-	-	-	-	-	180
FY 2011-12 Estimated Monthly Paid Enrollment	1,756	188	82	-	-	-	-	-	-	-	-	-	2,026
FY 2010-11 Cost Per Enrollee	\$42,509.18	\$42,864.28	\$40,739.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,470.19
Estimated Increase in Cost Per Enrollee ⁽³⁾	-1.64%	-0.56%	-0.56%	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	\$41,812.03	\$42,624.24	\$40,511.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41,834.77
Estimated FY 2011-12 Base Expenditure	\$73,421,925	\$8,013,357	\$3,321,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,757,246
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2011-12 Total Expenditure	\$73,421,925	\$8,013,357	\$3,321,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,757,246
Estimated FY 2011-12 Per Capita	\$1,855.07	\$948.21	\$55.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$137.46
% Change over FY 2010-11 Per Capita	6.16%	0.48%	2.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-8.69%
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2011-12 Average Monthly Paid Enrollment (Base Enrollment Only)	1,756	188	82	-	-	-	-	-	-	-	-	-	2,026
Estimated Increase in Average Monthly Paid Enrollment Due to Additional Providers	142	15	7	-	-	-	-	-	-	-	-	-	164
FY 2012-13 Estimated Monthly Paid Enrollment	1,898	203	89	-	-	-	-	-	-	-	-	-	2,190
FY 2011-12 Cost Per Enrollee	\$41,812.03	\$42,624.24	\$40,511.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41,834.77
Estimated Increase in Cost Per Enrollee ⁽³⁾	1.47%	1.47%	1.47%	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	\$42,426.67	\$43,250.82	\$41,107.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,449.44
Estimated FY 2012-13 Base Expenditure	\$80,525,820	\$8,779,916	\$3,658,548	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,964,284
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2012-13 Total Expenditure	\$80,525,820	\$8,779,916	\$3,658,548	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,964,284
Estimated FY 2012-13 Per Capita	\$1,995.83	\$964.72	\$58.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.68
% Change over FY 2011-12 Per Capita	7.59%	1.74%	5.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.34%
Out 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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2012-13 Average Monthly Paid Enrollment (Base Enrollment Only)	1,898	203	89	-	-	-	-	-	-	-	-	-	2,190
Estimated Increase in Average Monthly Paid Enrollment Due to Additional Providers	142	15	7	-	-	-	-	-	-	-	-	-	164
FY 2013-14 Estimated Monthly Paid Enrollment	2,040	218	96	-	-	-	-	-	-	-	-	-	2,354
FY 2012-13 Cost Per Enrollee	\$42,426.67	\$43,250.82	\$41,107.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,449.44
Estimated Increase in Cost Per Enrollee ⁽³⁾	1.47%	1.47%	1.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-
FY 2013-14 Estimated Base Cost Per Enrollee	\$43,050.34	\$43,886.61	\$41,711.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,073.19
Estimated FY 2013-14 Base Expenditure	\$87,822,694	\$9,567,281	\$4,004,310	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,394,285
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2013-14 Total Expenditure	\$87,822,694	\$9,567,281	\$4,004,310	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,394,285
Estimated FY 2013-14 Per Capita	\$2,135.87	\$982.77	\$62.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$144.32
% Change over FY 2012-13 Per Capita	7.02%	1.87%	5.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.59%
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 Line Item Description.													
Cost Per Enrollee Growth													
(2) Percentage selected to modify Per Capita amounts for FY 2011-12: Where applicable, percentage selections have been bolded for clarification.	OAP-A	The growth rate in OAP-A rates from FY 2010-11 to FY 2011-12											
	OAP-B	The growth rate in OAP-B/AND/AB rates from FY 2010-11 to FY 2011-13											
	AND/AB	The growth rate in OAP-B/AND/AB rates from FY 2010-11 to FY 2011-14											
Cost Per Enrollee Growth													
(3) Percentage selected to modify Per Capita amounts for FY 2012-13 and FY 2013-14: Where applicable, percentage selections have been bolded for clarification.	OAP-A	Average of FY 2008-09 to FY 2010-11 OAP-A yearly rate growth											
	OAP-B	Average of FY 2008-09 to FY 2010-11 OAP-A yearly rate growth											
	AND/AB	Average of FY 2008-09 to FY 2010-11 OAP-A yearly rate growth											
(4) The FY 2010-11 Per Capita and Per Enrollee costs are adjusted for the PACE reconciliation with providers from FY 2009-10. These figures subtract out the reconciliation to keep trends consistent historically.													

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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	\$20,688,182	\$1,206,415	\$10,844,450	\$67,832	\$0	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$0	\$15,905,077	\$103,068,590
FY 2010-11	\$63,751,826	\$3,717,638	\$33,417,798	\$209,027	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,447,446	\$119,543,734
Estimated FY 2011-12	\$70,256,368	\$4,383,801	\$38,348,430	\$268,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,495,141	\$134,751,970
Estimated FY 2012-13	\$76,018,431	\$5,010,890	\$42,498,955	\$313,889	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,339,512	\$148,181,677
Estimated FY 2013-14	\$80,685,404	\$5,582,594	\$45,807,428	\$343,817	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,994,791	\$159,414,034
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	22.74%	22.74%	22.74%	22.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	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%	0.00%	0.00%	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%	0.00%	0.00%	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%	0.00%	0.00%	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%	0.00%	0.00%	-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%	0.00%	0.00%	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%	0.00%	0.00%	9.95%
FY 2010-11	15.98%	15.98%	15.98%	15.98%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.98%
Estimated FY 2011-12	10.20%	17.92%	14.75%	28.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.72%
Estimated FY 2012-13	8.20%	14.30%	10.82%	17.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.97%
Estimated FY 2013-14	6.14%	11.41%	7.78%	9.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.58%
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	\$596.13	\$222.13	\$232.48	\$1.66	\$0.00	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$0.00	\$999.13	\$206.63
FY 2010-11	\$1,637.98	\$478.65	\$593.77	\$3.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,079.43	\$213.20
Estimated FY 2011-12	\$1,775.09	\$518.73	\$643.47	\$3.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,169.80	\$218.54
Estimated FY 2012-13	\$1,884.12	\$550.59	\$683.00	\$3.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,241.69	\$224.23
Estimated FY 2013-14	\$1,962.29	\$573.46	\$711.34	\$4.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,293.23	\$226.90
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	24.08%	20.15%	22.36%	5.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.09%
FY 2004-05	17.78%	11.98%	19.84%	2.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	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%	0.00%	0.00%	4.85%
FY 2006-07	17.90%	16.53%	14.60%	35.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	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%	0.00%	0.00%	-9.45%
FY 2008-09	9.64%	8.37%	10.53%	3.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.18%
FY 2009-10	7.47%	0.56%	6.01%	-6.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.72%
FY 2010-11	14.69%	5.26%	9.77%	9.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.18%
Estimated FY 2011-12	8.37%	8.37%	8.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.50%
Estimated FY 2012-13	6.14%	6.14%	6.14%	5.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.60%
Estimated FY 2013-14	4.15%	4.15%	4.15%	4.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.19%

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 to 60%	Expansion Adults to 100%	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 Expenditure	\$63,751,826	\$3,717,638	\$33,417,798	\$209,027	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,447,446	\$119,543,734
FY 2010-11 First Half Expenditure	\$30,583,911	\$1,783,477	\$16,031,650	\$100,277	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,849,865	\$57,349,180
FY 2010-11 Second Half Expenditure	\$33,167,915	\$1,934,161	\$17,386,148	\$108,750	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,597,581	\$62,194,555
Estimated FY 2011-12 Caseload Trend	1.69%	8.81%	5.89%	18.41%	9.09%	25.07%	20.53%	9.92%	-0.16%	-0.37%	0.62%	7.52%	
Estimated FY 2011-12 First Half Expenditure	\$33,728,453	\$2,104,561	\$18,410,192	\$128,771	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,319,319	\$64,691,296
Estimated Increase in Medicare Part B Premium (Effective January 1, 2012) ¹⁾	8.30%	8.30%	8.30%	8.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.30%	
Estimated FY 2010-11 Second Half Expenditure	\$36,527,915	\$2,279,240	\$19,938,238	\$139,459	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,175,822	\$70,060,674
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2010-11 Total Expenditure²⁾	\$70,256,368	\$4,383,801	\$38,348,430	\$268,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,495,141	\$134,751,970
Estimated FY 2011-12 Per Capita	\$1,775.09	\$518.73	\$643.47	\$3.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,169.80	\$218.54
% Change over FY 2010-11 Per Capita	8.37%	8.37%	8.37%	8.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.37%	2.50%
Request Year Projection													
Estimated FY 2011-12 Expenditure	\$70,256,368	\$4,383,801	\$38,348,430	\$268,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,495,141	\$134,751,970
Estimated FY 2011-12 First Half Expenditure	\$33,728,453	\$2,104,561	\$18,410,192	\$128,771	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,319,319	\$64,691,296
Estimated FY 2011-12 Second Half Expenditure	\$36,527,915	\$2,279,240	\$19,938,238	\$139,459	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,175,822	\$70,060,674
Estimated FY 2012-13 Caseload Trend	1.94%	7.69%	4.41%	10.25%	1.94%	6.20%	12.03%	8.42%	1.66%	8.10%	1.33%	6.68%	7.18%
Estimated FY 2012-13 First Half Expenditure	\$37,236,557	\$2,454,514	\$20,817,514	\$153,754	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,922,367	\$72,584,706
Estimated Increase in Medicare Part B Premium (Effective January 1, 2013) ¹⁾	4.15%	4.15%	4.15%	4.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.15%	
Estimated FY 2012-13 Second Half Expenditure	\$38,781,874	\$2,556,376	\$21,681,441	\$160,135	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,417,145	\$75,596,971
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2012-13 Total Expenditure²⁾	\$76,018,431	\$5,010,890	\$42,498,955	\$313,889	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,339,512	\$148,181,677
Estimated FY 2012-13 Per Capita	\$1,884.12	\$550.59	\$683.00	\$3.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,241.69	\$224.23
% Change over FY 2011-12 Per Capita	6.14%	6.14%	6.14%	5.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.15%	2.60%
Out Year Projection													
Estimated FY 2012-13 Expenditure	\$76,018,431	\$5,010,890	\$42,498,955	\$313,889	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,339,512	\$148,181,677
Estimated FY 2012-13 First Half Expenditure	\$37,236,557	\$2,454,514	\$20,817,514	\$153,754	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,922,367	\$72,584,706
Estimated FY 2012-13 Second Half Expenditure	\$38,781,874	\$2,556,376	\$21,681,441	\$160,135	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,417,145	\$75,596,971
Estimated FY 2013-14 Caseload Trend	1.91%	6.97%	3.49%	5.17%	1.24%	1.26%	8.37%	8.59%	1.82%	7.48%	1.92%	6.49%	6.32%
Estimated FY 2013-14 First Half Expenditure	\$39,522,608	\$2,734,555	\$22,438,123	\$168,414	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,223,018	\$78,086,718
Estimated Increase in Medicare Part B Premium (Effective January 1, 2014) ¹⁾	4.15%	4.15%	4.15%	4.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.15%	
Estimated FY 2013-14 Second Half Expenditure	\$41,162,796	\$2,848,039	\$23,369,305	\$175,403	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,771,773	\$81,327,316
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2013-14 Total Expenditure²⁾	\$80,685,404	\$5,582,594	\$45,807,428	\$343,817	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,994,791	\$159,414,034
Estimated FY 2013-14 Per Capita	\$1,962.29	\$573.46	\$711.34	\$4.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,293.23	\$226.90
% Change over FY 2012-13 Per Capita	4.15%	4.15%	4.15%	4.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.15%	1.19%

Footnotes
¹⁾The Part B premium increased to \$115.40 from \$110.50 effective January 1, 2011. The estimated increase in the Medicare Part B Premium for CY 2012 is 8.3%, 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 2005 to calendar year 2011.
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	\$179,279	\$15,633	\$132,420	\$31,836	\$0	\$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	\$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	\$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	\$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	\$0	\$9,795	\$651	\$3,133	\$0	\$0	\$742,352
FY 2007-08	\$3,274	\$1,762	\$877,995	\$1,605	\$0	\$0	\$0	\$16,916	\$1,188	\$2,208	\$0	\$0	\$904,947
FY 2008-09	(\$177)	\$3,200	\$917,027	\$5,034	\$0	\$0	\$0	\$16,561	\$0	\$500	\$0	\$0	\$942,145
FY 2009-10	\$3,552	\$8,332	\$993,385	\$3,197	\$0	\$0	\$0	\$11,314	\$210	\$0	\$0	\$0	\$1,019,989
FY 2010-11	\$1,979	\$625	\$1,025,861	\$5,099	\$0	\$0	\$0	\$2,021	\$1,059	\$0	\$0	\$0	\$1,036,644
Estimated FY 2011-12	\$3,905	\$1,233	\$2,023,230	\$10,055	\$0	\$0	\$0	\$3,985	\$2,054	\$0	\$0	\$0	\$2,044,462
Estimated FY 2012-13	\$11,077	\$3,497	\$5,738,876	\$28,521	\$0	\$0	\$0	\$11,303	\$5,759	\$0	\$0	\$0	\$5,799,033
Estimated FY 2013-14	\$11,439	\$3,611	\$5,926,537	\$29,454	\$0	\$0	\$0	\$11,673	\$5,759	\$0	\$0	\$0	\$5,988,473
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	56.20%	56.20%	56.20%	56.20%	0.00%	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%	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%	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%	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%	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%	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%	0.00%	-31.69%	0.00%	-100.00%	0.00%	0.00%	8.26%
FY 2010-11	-44.28%	-92.50%	3.27%	59.49%	0.00%	0.00%	0.00%	-82.14%	404.09%	0.00%	0.00%	0.00%	1.63%
Estimated FY 2011-12	97.34%	97.20%	97.22%	97.21%	0.00%	0.00%	0.00%	97.17%	93.93%	0.00%	0.00%	0.00%	97.22%
Estimated FY 2012-13	183.66%	183.62%	183.65%	183.65%	0.00%	0.00%	0.00%	183.64%	180.38%	0.00%	0.00%	0.00%	183.65%
Estimated FY 2013-14	3.27%	3.26%	3.27%	3.27%	0.00%	0.00%	0.00%	3.27%	0.00%	0.00%	0.00%	0.00%	3.27%
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	\$5.17	\$2.88	\$2.84	\$0.78	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$0.04	\$0.01	\$0.00	\$0.00	\$0.00	\$2.04
FY 2010-11	\$0.05	\$0.08	\$18.23	\$0.08	\$0.00	\$0.00	\$0.00	\$0.01	\$0.06	\$0.00	\$0.00	\$0.00	\$1.85
Estimated FY 2011-12	\$0.10	\$0.15	\$33.95	\$0.14	\$0.00	\$0.00	\$0.00	\$0.01	\$0.11	\$0.00	\$0.00	\$0.00	\$3.32
Estimated FY 2012-13	\$0.27	\$0.38	\$92.23	\$0.36	\$0.00	\$0.00	\$0.00	\$0.03	\$0.31	\$0.00	\$0.00	\$0.00	\$8.78
Estimated FY 2013-14	\$0.28	\$0.37	\$92.03	\$0.35	\$0.00	\$0.00	\$0.00	\$0.03	\$0.30	\$0.00	\$0.00	\$0.00	\$8.52
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	57.83%	52.78%	55.63%	34.62%	0.00%	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%	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%	0.00%	-12.12%	-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%	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%	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%	0.00%	-12.50%	-100.00%	-80.00%	0.00%	0.00%	-6.49%
FY 2009-10	0.00%	136.00%	4.42%	-40.00%	0.00%	0.00%	0.00%	-42.86%	0.00%	-100.00%	0.00%	0.00%	-5.56%
FY 2010-11	-44.44%	-93.22%	-2.25%	33.33%	0.00%	0.00%	0.00%	-75.00%	500.00%	0.00%	0.00%	0.00%	-9.31%
Estimated FY 2011-12	100.00%	87.50%	86.23%	75.00%	0.00%	0.00%	0.00%	0.00%	83.33%	0.00%	0.00%	0.00%	79.46%
Estimated FY 2012-13	170.00%	153.33%	171.66%	157.14%	0.00%	0.00%	0.00%	200.00%	181.82%	0.00%	0.00%	0.00%	164.46%
Estimated FY 2013-14	3.70%	-2.63%	-0.22%	-2.78%	0.00%	0.00%	0.00%	0.00%	-3.23%	0.00%	0.00%	0.00%	-2.96%

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

Expenditure Trends														
Expenditure 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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	
Actual FY 2010-11 Expenditure	\$0.05	\$0.08	\$18.23	\$0.08	\$0.00	\$0.00	\$0.00	\$0.01	\$0.06	\$0.00	\$0.00	\$0.00	\$1.85	
Average of FY 2004-05 through FY 2008-09	-29.61%	-5.11%	70.37%	14.66%	0.00%	0.00%	0.00%	-7.91%	-27.42%	-41.78%	-25.14%	-25.14%	8.39%	
Average of FY 2005-06 through FY 2008-09	-34.02%	-3.39%	90.97%	21.32%	0.00%	0.00%	0.00%	-6.89%	-31.28%	-49.22%	-28.42%	-28.42%	13.49%	
Average of FY 2006-07 through FY 2008-09	-40.79%	0.05%	125.85%	32.99%	0.00%	0.00%	0.00%	-4.62%	-37.14%	-61.07%	-33.33%	-33.33%	22.54%	
Average of FY 2007-08 through FY 2008-09	-11.61%	-4.89%	14.53%	96.83%	0.00%	0.00%	0.00%	35.30%	-8.79%	-53.44%	0.00%	0.00%	13.01%	
Average of FY 2005-06 through FY 2009-10	-448.93%	29.37%	74.44%	9.76%	0.00%	0.00%	0.00%	-11.85%	-25.02%	-59.38%	-22.74%	-22.74%	12.44%	
Average of FY 2006-07 through FY 2009-10	-557.75%	40.14%	96.47%	15.62%	0.00%	0.00%	0.00%	-11.39%	-27.86%	-70.80%	-25.00%	-25.00%	18.97%	
Average of FY 2007-08 through FY 2009-10	-710.61%	50.21%	12.46%	52.38%	0.00%	0.00%	0.00%	12.97%	-5.86%	-68.96%	0.00%	0.00%	11.42%	
Average of FY 2008-09 through FY 2009-10	-1107.00%	121.00%	6.39%	88.62%	0.00%	0.00%	0.00%	-16.90%	-50.00%	-88.68%	0.00%	0.00%	6.19%	
Average of FY 2006-07 through FY 2010-11	-455.05%	13.61%	77.83%	24.39%	0.00%	0.00%	0.00%	-25.54%	58.53%	-56.64%	-20.00%	-20.00%	15.50%	
Average of FY 2007-08 through FY 2010-11	-544.03%	14.53%	10.17%	54.16%	0.00%	0.00%	0.00%	-10.81%	96.63%	-51.72%	0.00%	0.00%	8.98%	
Average of FY 2008-09 through FY 2010-11	-752.76%	49.83%	5.35%	78.91%	0.00%	0.00%	0.00%	-38.64%	101.36%	-59.12%	0.00%	0.00%	4.67%	
Average of FY 2009-10 through FY 2010-11	-1076.44%	33.96%	5.80%	11.50%	0.00%	0.00%	0.00%	-56.92%	202.05%	-50.00%	0.00%	0.00%	4.95%	
Current Year Projection														
FY 2010-11 Expenditure	\$1,979	\$625	\$1,025,861	\$5,099	\$0	\$0	\$0	\$2,021	\$1,059	\$0	\$0	\$0	\$1,036,644	
Percentage Selected to Modify Expenditure ⁽¹⁾	3.27%	3.27%	3.27%	3.27%	0.00%	0.00%	0.00%	3.27%	0.00%	3.27%	0.00%	0.00%	0.00%	
Estimated FY 2011-12 Base Expenditure	\$2,044	\$646	\$1,059,407	\$5,265	\$0	\$0	\$0	\$2,087	\$1,059	\$0	\$0	\$0	\$1,070,508	
<i>Bottom Line Impacts</i>														
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$333	\$105	\$172,264	\$856	\$0	\$0	\$0	\$339	\$178	\$0	\$0	\$0	\$174,075	
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$1,528	\$482	\$791,559	\$3,934	\$0	\$0	\$0	\$1,559	\$817	\$0	\$0	\$0	\$799,879	
Total Bottom Line Impacts	\$1,861	\$587	\$963,823	\$4,790	\$0	\$0	\$0	\$1,898	\$995	\$0	\$0	\$0	\$973,954	
Estimated FY 2011-12 Total Expenditure	\$3,905	\$1,233	\$2,023,230	\$10,055	\$0	\$0	\$0	\$3,985	\$2,054	\$0	\$0	\$0	\$2,044,462	
Estimated FY 2011-12 Per Capita	\$0.10	\$0.15	\$33.95	\$0.14	\$0.00	\$0.00	\$0.00	\$0.01	\$0.11	\$0.00	\$0.00	\$0.00	\$3.32	
% Change over FY 2010-11 Per Capita	100.00%	87.50%	86.23%	75.00%	0.00%	0.00%	0.00%	0.00%	83.33%	0.00%	0.00%	0.00%	79.46%	
Request Year Projection														
Estimated FY 2011-12 Expenditure	\$3,905	\$1,233	\$2,023,230	\$10,055	\$0	\$0	\$0	\$3,985	\$2,054	\$0	\$0	\$0	\$2,044,462	
Percentage Selected to Modify Expenditure ⁽¹⁾	3.27%	3.27%	3.27%	3.27%	0.00%	0.00%	0.00%	3.27%	0.00%	3.27%	0.00%	0.00%	0.00%	
Estimated FY 2012-13 Base Expenditures	\$4,033	\$1,273	\$2,089,390	\$10,384	\$0	\$0	\$0	\$4,115	\$2,054	\$0	\$0	\$0	\$2,111,249	
<i>Bottom Line Impacts</i>														
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$925	\$292	\$478,974	\$2,380	\$0	\$0	\$0	\$943	\$486	\$0	\$0	\$0	\$484,000	
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$6,119	\$1,932	\$3,170,512	\$15,757	\$0	\$0	\$0	\$6,245	\$3,219	\$0	\$0	\$0	\$3,203,784	
Total Bottom Line Impacts	\$7,044	\$2,224	\$3,649,486	\$18,137	\$0	\$0	\$0	\$7,188	\$3,705	\$0	\$0	\$0	\$3,687,784	
Estimated FY 2012-13 Total Expenditure	\$11,077	\$3,497	\$5,738,876	\$28,521	\$0	\$0	\$0	\$11,303	\$5,759	\$0	\$0	\$0	\$5,799,033	
Estimated FY 2012-13 Per Capita	\$0.27	\$0.38	\$92.23	\$0.36	\$0.00	\$0.00	\$0.00	\$0.03	\$0.31	\$0.00	\$0.00	\$0.00	\$8.78	
% Change over FY 2011-12 Per Capita	170.00%	153.33%	171.66%	157.14%	0.00%	0.00%	0.00%	200.00%	181.82%	0.00%	0.00%	0.00%	164.46%	
Out Year Projection														
Estimated FY 2012-12 Expenditure	\$11,077	\$3,497	\$5,738,876	\$28,521	\$0	\$0	\$0	\$11,303	\$5,759	\$0	\$0	\$0	\$5,799,033	
Percentage Selected to Modify Expenditure ⁽¹⁾	3.27%	3.27%	3.27%	3.27%	0.00%	0.00%	0.00%	3.27%	0.00%	3.27%	0.00%	0.00%	0.00%	
Estimated FY 2013-14 Base Expenditures	\$11,439	\$3,611	\$5,926,537	\$29,454	\$0	\$0	\$0	\$11,673	\$5,759	\$0	\$0	\$0	\$5,988,473	
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Estimated FY 2013-14 Total Expenditure	\$11,439	\$3,611	\$5,926,537	\$29,454	\$0	\$0	\$0	\$11,673	\$5,759	\$0	\$0	\$0	\$5,988,473	
Estimated FY 2013-14 Per Capita	\$0.28	\$0.37	\$92.03	\$0.35	\$0.00	\$0.00	\$0.00	\$0.03	\$0.30	\$0.00	\$0.00	\$0.00	\$8.52	
% Change over FY 2012-13 Per Capita	3.70%	-2.63%	-0.22%	-2.78%	0.00%	0.00%	0.00%	0.00%	-3.23%	0.00%	0.00%	0.00%	-2.96%	
Footnotes														
(1) Percentage selected to modify expenditure for FY 2011-12:	OAP-A	FY 2010-11 expenditure growth rate for AND/AB clients				Exp. Adults	0.00%				BC Adults	FY 2010-11 expenditure growth rate for AND/AB clients		
Where applicable, percentage selections have been bolded for clarification.	OAP-B	FY 2010-11 expenditure growth rate for AND/AB clients				BCCP	0.00%				Non-Citizens	0.00%		
	AND/AB	FY 2010-11 expenditure growth rate for AND/AB clients				Elig. Children	FY 2010-11 expenditure growth rate for AND/AB clients				Partial Dual	0.00%		
	AFDC-A	FY 2010-11 expenditure growth rate for AND/AB clients				Foster Care	0.00%							
(2) Percentage selected to modify expenditure for FY 2012-13 and FY 2013-14:	OAP-A	FY 2010-11 expenditure growth rate for AND/AB clients				Exp. Adults	0.00%				BC Adults	FY 2010-11 expenditure growth rate for AND/AB clients		
Where applicable, percentage selections have been italicized for clarification.	OAP-B	FY 2010-11 expenditure growth rate for AND/AB clients				BCCP	0.00%				Non-Citizens	0.00%		
	AND/AB	FY 2010-11 expenditure growth rate for AND/AB clients				Elig. Children	FY 2010-11 expenditure growth rate for AND/AB clients				Partial Dual	0.00%		
	AFDC-A	FY 2010-11 expenditure growth rate for AND/AB clients				Foster Care	0.00%							

Exhibit I - Service Management - Summary

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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Single Entry Points	\$12,336,806	\$2,195,204	\$10,783,329	\$4,271	\$0	\$0	\$0	\$1,424	\$8,541	\$0	\$62,626	\$7,118	\$25,399,319
Disease Management	\$31,907	\$18,534	\$164,310	\$87,891	\$0	\$0	\$2,854	\$152,096	\$21,274	\$21,134	\$0	\$0	\$500,000
Prepaid Inpatient Health Plan	\$885,641	\$657,878	\$5,239,186	\$5,480,325	\$2,183,343	\$2,479,416	\$0	\$9,461,690	\$2,072,908	\$863,150	\$0	\$0	\$29,323,537
Total Service Management	\$13,254,354	\$2,871,616	\$16,186,825	\$5,572,487	\$2,183,343	\$2,479,416	\$2,854	\$9,615,210	\$2,102,723	\$884,284	\$62,626	\$7,118	\$55,222,856
FY 2012-13 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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Single Entry Points	\$12,833,979	\$2,413,407	\$11,526,300	\$4,514	\$0	\$0	\$0	\$1,505	\$9,026	\$0	\$66,183	\$7,522	\$26,862,436
Disease Management	\$31,907	\$18,534	\$164,310	\$87,891	\$0	\$0	\$2,854	\$152,096	\$21,274	\$21,134	\$0	\$0	\$500,000
Prepaid Inpatient Health Plan	\$989,110	\$798,166	\$6,395,012	\$6,941,162	\$2,785,920	\$3,158,508	\$0	\$10,695,739	\$2,629,857	\$1,096,261	\$0	\$0	\$35,489,735
Total Service Management	\$13,854,996	\$3,230,107	\$18,085,622	\$7,033,567	\$2,785,920	\$3,158,508	\$2,854	\$10,849,340	\$2,660,157	\$1,117,395	\$66,183	\$7,522	\$62,852,171
FY 2013-14 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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Single Entry Points	\$13,351,188	\$2,653,300	\$12,320,462	\$4,770	\$0	\$0	\$0	\$1,590	\$9,539	\$0	\$69,942	\$7,949	\$28,418,740
Disease Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan	\$988,509	\$796,112	\$6,381,587	\$6,941,162	\$2,785,920	\$3,158,508	\$0	\$10,695,739	\$2,629,857	\$1,096,261	\$0	\$0	\$35,473,655
Total Service Management	\$14,339,697	\$3,449,412	\$18,702,049	\$6,945,932	\$2,785,920	\$3,158,508	\$0	\$10,697,329	\$2,639,396	\$1,096,261	\$69,942	\$7,949	\$63,892,395

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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	
FY 2002-03	\$7,791,287	\$1,050,130	\$5,784,183	\$1,059	\$0	\$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	\$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	\$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	\$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	\$0	\$1,132	\$0	\$0	\$0	\$56,594	\$18,002,536
FY 2007-08	\$10,894,815	\$1,743,587	\$8,992,484	\$2,602	\$0	\$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	\$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	\$0	\$1,458	\$8,329	\$0	\$41,435	\$5,414	\$23,707,551	
FY 2010-11	\$11,482,516	\$2,211,295	\$10,261,280	\$4,841	\$1,210	\$0	\$0	\$4,841	\$9,683	\$0	\$38,731	\$7,262	\$24,021,660	
Estimated FY 2011-12	\$12,336,806	\$2,195,204	\$10,783,329	\$4,271	\$0	\$0	\$0	\$1,424	\$8,541	\$0	\$62,626	\$7,118	\$25,399,319	
Estimated FY 2012-13	\$12,833,979	\$2,413,407	\$11,526,300	\$4,514	\$0	\$0	\$0	\$1,505	\$9,026	\$0	\$66,183	\$7,522	\$26,862,436	
Estimated FY 2013-14	\$13,351,188	\$2,653,300	\$12,320,462	\$4,770	\$0	\$0	\$0	\$1,590	\$9,539	\$0	\$69,942	\$7,949	\$28,418,740	
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	
FY 2003-04	0.25%	-1.86%	-1.86%	3.34%	0.00%	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%	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%	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%	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%	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%	0.00%	15.78%	172.91%	0.00%	100.00%	-94.34%	6.02%	
FY 2009-10	2.35%	7.36%	2.55%	-18.30%	0.00%	0.00%	0.00%	-3.25%	-17.27%	0.00%	-27.07%	-20.15%	2.78%	
FY 2010-11	-1.21%	6.88%	3.06%	83.56%	100.00%	0.00%	0.00%	232.16%	16.26%	0.00%	-6.53%	34.14%	1.32%	
Estimated FY 2011-12	7.44%	-0.73%	5.09%	-11.78%	-100.00%	0.00%	0.00%	-70.59%	-11.79%	0.00%	61.69%	-1.98%	5.74%	
Estimated FY 2012-13	4.03%	9.94%	6.89%	5.69%	0.00%	0.00%	0.00%	5.69%	5.68%	0.00%	5.68%	5.68%	5.76%	
Estimated FY 2013-14	4.03%	9.94%	6.89%	5.67%	0.00%	0.00%	0.00%	5.65%	5.68%	0.00%	5.68%	5.68%	5.79%	
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	
FY 2002-03	\$224.51	\$193.36	\$124.00	\$0.03	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$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	\$0.00	\$0.01	\$0.45	\$0.00	\$11.22	\$0.34	\$47.53	
FY 2010-11	\$295.02	\$284.70	\$182.32	\$0.08	\$0.06	\$0.00	\$0.00	\$0.02	\$0.53	\$0.00	\$12.05	\$0.42	\$42.84	
Estimated FY 2011-12	\$311.70	\$259.76	\$180.94	\$0.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.47	\$0.00	\$19.37	\$0.39	\$41.19	
Estimated FY 2012-13	\$318.09	\$265.18	\$185.24	\$0.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.48	\$0.00	\$20.20	\$0.38	\$40.65	
Estimated FY 2013-14	\$324.70	\$272.55	\$191.32	\$0.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.50	\$0.00	\$20.95	\$0.38	\$40.45	
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	
FY 2003-04	1.34%	-2.92%	-2.16%	-33.33%	0.00%	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%	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%	0.00%	12.70%	-3.20%	
FY 2006-07	6.71%	9.05%	9.78%	125.00%	0.00%	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%	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%	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%	0.00%	15.38%	0.00%	-21.26%	-24.44%	-10.00%	
FY 2010-11	-2.31%	-3.00%	-2.47%	60.00%	100.00%	0.00%	0.00%	100.00%	17.78%	0.00%	7.40%	23.53%	-9.87%	
Estimated FY 2011-12	5.65%	-8.76%	-0.76%	-25.00%	-100.00%	0.00%	0.00%	-100.00%	-11.32%	0.00%	60.75%	-7.14%	-3.85%	
Estimated FY 2012-13	2.05%	2.09%	2.38%	0.00%	0.00%	0.00%	0.00%	0.00%	2.13%	0.00%	4.28%	-2.56%	-1.31%	
Estimated FY 2013-14	2.08%	2.78%	3.28%	0.00%	0.00%	0.00%	0.00%	0.00%	4.17%	0.00%	3.71%	0.00%	-0.49%	

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

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 to 60%	Expansion Adults to 100%	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	-	9	13,830
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	18,977
FY 2010-11	9,487	1,827	8,478	4	1	-	-	4	8	-	32	6	19,847
Estimated FY 2011-12	9,869	2,009	9,062	4	1	-	-	4	8	-	34	6	20,997
Estimated FY 2012-13	10,267	2,209	9,686	4	1	-	-	4	8	-	36	6	22,221
Estimated FY 2013-14	10,681	2,429	10,353	4	1	-	-	4	8	-	38	6	23,524
Percent Changes in Utilization													
FY 2002-03 to FY 2003-04	-2.99%	-4.03%	-5.03%	-50.00%	0.00%	0.00%	0.00%	0.00%	-50.00%	-100.00%	0.00%	-11.11%	-3.88%
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%	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%	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%	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%	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%	0.00%	-66.67%	200.00%	0.00%	-52.17%	-37.50%	6.77%
FY 2008-09 to FY 2009-10	5.80%	10.99%	6.01%	-33.33%	0.00%	0.00%	0.00%	0.00%	16.67%	0.00%	-25.00%	-20.00%	6.24%
FY 2009-10 to FY 2010-11	1.97%	10.33%	6.37%	100.00%	0.00%	0.00%	0.00%	300.00%	14.29%	0.00%	-3.03%	50.00%	4.58%
Cost per Enrollee													
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	\$1,058.60	\$1,058.60	\$1,058.60	\$529.30	\$0.00	\$0.00	\$0.00	\$0.00	\$1,058.60	\$0.00	\$0.00	\$0.00	\$1,057.76
FY 2003-04	\$1,093.92	\$1,093.92	\$1,093.92	\$1,093.92	\$0.00	\$0.00	\$0.00	\$0.00	\$1,093.92	\$0.00	\$0.00	\$0.00	\$1,093.10
FY 2004-05	\$1,216.13	\$1,216.13	\$1,216.13	\$1,216.13	\$0.00	\$0.00	\$0.00	\$1,216.13	\$0.00	\$0.00	\$0.00	\$760.08	\$1,215.36
FY 2005-06	\$1,130.88	\$1,130.88	\$1,130.88	\$1,131.00	\$0.00	\$0.00	\$0.00	\$1,131.00	\$0.00	\$0.00	\$0.00	\$1,583.20	\$1,130.26
FY 2006-07	\$1,131.88	\$1,131.88	\$1,131.88	\$1,132.00	\$0.00	\$0.00	\$0.00	\$0.00	\$566.00	\$0.00	\$0.00	\$9,432.33	\$1,131.24
FY 2007-08	\$1,301.18	\$1,301.18	\$1,301.18	\$1,301.18	\$0.00	\$0.00	\$0.00	\$433.73	\$1,301.18	\$0.00	\$0.00	\$14,963.62	\$1,300.41
FY 2008-09	\$1,291.34	\$1,291.67	\$1,291.37	\$1,076.09	\$0.00	\$0.00	\$0.00	\$1,506.53	\$1,183.70	\$0.00	\$1,291.31	\$1,355.87	\$1,291.34
FY 2009-10	\$1,249.24	\$1,249.37	\$1,249.24	\$1,318.71	\$0.00	\$0.00	\$0.00	\$1,457.52	\$1,189.81	\$0.00	\$1,255.61	\$1,353.41	\$1,249.28
FY 2010-11	\$1,210.34	\$1,210.34	\$1,210.34	\$1,210.34	\$1,210.34	\$0.00	\$0.00	\$1,210.34	\$1,210.34	\$0.00	\$1,210.34	\$1,210.34	\$1,210.34
Estimated FY 2011-12	\$1,250.06	\$1,092.68	\$1,189.95	\$1,067.75	\$0.00	\$0.00	\$0.00	\$356.00	\$1,067.63	\$0.00	\$1,841.94	\$1,186.33	\$1,209.66
Estimated FY 2012-13	\$1,250.02	\$1,092.53	\$1,190.00	\$1,128.50	\$0.00	\$0.00	\$0.00	\$376.25	\$1,128.25	\$0.00	\$1,838.42	\$1,253.67	\$1,208.88
Estimated FY 2013-14	\$1,249.99	\$1,092.34	\$1,190.04	\$1,192.50	\$0.00	\$0.00	\$0.00	\$397.50	\$1,192.38	\$0.00	\$1,840.58	\$1,324.83	\$1,208.07
Percentage Change in Cost per Enrollee													
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	0.51%	-3.70%	-2.88%	-48.14%	0.00%	0.00%	0.00%	0.00%	55.59%	0.00%	0.00%	0.00%	-1.06%
FY 2003-04	3.34%	3.34%	3.34%	106.67%	0.00%	0.00%	0.00%	0.00%	3.34%	0.00%	0.00%	0.00%	3.34%
FY 2004-05	11.17%	11.17%	11.17%	11.17%	0.00%	0.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	11.18%
FY 2005-06	-7.01%	-7.01%	-7.01%	-7.00%	0.00%	0.00%	0.00%	-7.00%	0.00%	0.00%	0.00%	108.29%	-7.00%
FY 2006-07	0.09%	0.09%	0.09%	0.09%	0.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	495.78%	0.09%
FY 2007-08	14.96%	14.96%	14.96%	14.95%	0.00%	0.00%	0.00%	0.00%	129.89%	0.00%	0.00%	58.64%	14.95%
FY 2008-09	-0.76%	-0.73%	-0.75%	-17.30%	0.00%	0.00%	0.00%	247.34%	-9.03%	0.00%	0.00%	-90.94%	-0.70%
FY 2009-10	-3.26%	-3.27%	-3.26%	22.55%	0.00%	0.00%	0.00%	-3.25%	0.52%	0.00%	-2.76%	-0.18%	-3.26%
FY 2010-11	-3.11%	-3.12%	-3.11%	-8.22%	0.00%	0.00%	0.00%	-16.96%	1.73%	0.00%	-3.61%	-10.57%	-3.12%
Estimated FY 2011-12	3.28%	-9.72%	-1.68%	-11.78%	0.00%	0.00%	0.00%	-70.59%	-11.79%	0.00%	52.18%	-1.98%	-0.06%
Estimated FY 2012-13	0.00%	-0.01%	0.00%	5.69%	0.00%	0.00%	0.00%	5.69%	5.68%	0.00%	-0.19%	5.68%	-0.07%
Estimated FY 2013-14	0.00%	-0.02%	0.00%	5.67%	0.00%	0.00%	0.00%	5.65%	5.68%	0.00%	0.12%	5.68%	-0.07%

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

Current Year Projection													
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2011-12 Base Contracts	\$12,336,806	\$2,195,204	\$10,783,329	\$4,271	\$0	\$0	\$0	\$1,424	\$8,541	\$0	\$62,626	\$7,118	\$25,399,319
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2011-12 Total Expenditure	\$12,336,806	\$2,195,204	\$10,783,329	\$4,271	\$0	\$0	\$0	\$1,424	\$8,541	\$0	\$62,626	\$7,118	\$25,399,319
Estimated FY 2011-12 Per Capita	\$311.70	\$259.76	\$180.94	\$0.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.47	\$0.00	\$19.37	\$0.39	\$41.19
% Change over FY 2010-11 Per Capita	3.21%	-11.50%	-3.20%	20.00%	0.00%	0.00%	0.00%	0.00%	4.44%	0.00%	72.64%	14.71%	-13.34%
Request Year Projection													
FY 2012-13 Base Contracts	\$12,336,806	\$2,195,204	\$10,783,329	\$4,271	\$0	\$0	\$0	\$1,424	\$8,541	\$0	\$62,626	\$7,118	\$25,399,319
Estimated Increase in HCBS Utilization ⁽³⁾	4.03%	9.94%	6.89%	5.68%	0.00%	0.00%	0.00%	5.68%	5.68%	0.00%	5.68%	5.68%	
Estimated FY 2012-13 Base Expenditure	\$12,833,979	\$2,413,407	\$11,526,300	\$4,514	\$0	\$0	\$0	\$1,505	\$9,026	\$0	\$66,183	\$7,522	\$26,862,436
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2012-13 Total Expenditure	\$12,833,979	\$2,413,407	\$11,526,300	\$4,514	\$0	\$0	\$0	\$1,505	\$9,026	\$0	\$66,183	\$7,522	\$26,862,436
Estimated FY 2012-13 Per Capita	\$312.13	\$247.91	\$178.99	\$0.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.47	\$0.00	\$19.82	\$0.36	\$38.23
% Change over FY 2011-12 Per Capita	0.14%	-4.56%	-1.08%	-16.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.32%	-7.69%	-7.19%
Out Year Projection													
FY 2013-14 Base Contracts	\$12,833,979	\$2,413,407	\$11,526,300	\$4,514	\$0	\$0	\$0	\$1,505	\$9,026	\$0	\$66,183	\$7,522	\$26,862,436
Estimated Increase in HCBS Utilization ⁽³⁾	4.03%	9.94%	6.89%	5.68%	0.00%	0.00%	0.00%	5.68%	5.68%	0.00%	5.68%	5.68%	
Estimated FY 2013-14 Base Expenditure	\$13,351,188	\$2,653,300	\$12,320,462	\$4,770	\$0	\$0	\$0	\$1,590	\$9,539	\$0	\$69,942	\$7,949	\$28,418,740
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2013-14 Total Expenditure	\$13,351,188	\$2,653,300	\$12,320,462	\$4,770	\$0	\$0	\$0	\$1,590	\$9,539	\$0	\$69,942	\$7,949	\$28,418,740
Estimated FY 2013-14 Per Capita	\$324.70	\$272.55	\$191.32	\$0.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.50	\$0.00	\$20.95	\$0.38	\$40.45
% Change over FY 2012-13 Per Capita	4.03%	9.94%	6.89%	20.00%	0.00%	0.00%	0.00%	0.00%	6.38%	0.00%	5.70%	5.56%	5.81%

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 Line Item Description.
- (3) The Department selected the three-year average of the percent changes from FY 2006-07 through FY 2010-11 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 2006-07 to FY 2010-11 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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	\$26,163	\$8,253	\$73,925	\$30,257	\$0	\$0	\$420	\$38,813	\$7,351	\$9,889	\$9,202	\$408	\$204,682
FY 2005-06	\$38,074	\$13,320	\$114,902	\$52,228	\$0	\$0	\$637	\$80,668	\$12,989	\$9,537	\$0	\$0	\$322,355
FY 2006-07	\$31,652	\$16,971	\$146,541	\$76,859	\$0	\$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	\$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	\$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	\$0	\$409	\$21,785	\$3,027	\$3,027	\$0	\$0	\$71,616
FY 2010-11	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2011-12	\$31,907	\$18,534	\$164,310	\$87,891	\$0	\$0	\$2,854	\$152,096	\$21,274	\$21,134	\$0	\$0	\$500,000
Estimated FY 2012-13	\$31,907	\$18,534	\$164,310	\$87,891	\$0	\$0	\$2,854	\$152,096	\$21,274	\$21,134	\$0	\$0	\$500,000
Estimated FY 2013-14	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2005-06	45.53%	61.39%	55.43%	72.62%	0.00%	0.00%	51.58%	107.83%	76.70%	-3.56%	-100.00%	-100.00%	57.49%
FY 2006-07	-16.87%	27.41%	27.54%	47.16%	0.00%	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%	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%	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%	0.00%	-96.99%	-97.39%	-97.69%	-97.35%	0.00%	0.00%	-97.52%
FY 2010-11	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	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%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%
Estimated FY 2012-13	0.00%	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 2013-14	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	\$0.72	\$1.37	\$1.54	\$0.51	\$0.00	\$0.00	\$2.24	\$0.18	\$0.45	\$1.93	\$1.48	\$0.04	\$0.51
FY 2005-06	\$1.06	\$2.20	\$2.35	\$1.03	\$0.00	\$0.00	\$2.79	\$0.39	\$0.78	\$1.84	\$0.00	\$0.00	\$0.82
FY 2006-07	\$0.87	\$2.76	\$2.93	\$1.73	\$0.00	\$0.00	\$7.60	\$0.59	\$1.16	\$2.29	\$0.00	\$0.00	\$1.09
FY 2007-08	\$4.41	\$14.41	\$16.22	\$7.70	\$0.00	\$0.00	\$40.42	\$2.75	\$6.31	\$12.61	\$0.00	\$0.00	\$5.34
FY 2008-09	\$5.23	\$15.98	\$18.70	\$8.27	\$0.00	\$0.00	\$31.93	\$3.03	\$7.17	\$14.58	\$0.00	\$0.00	\$5.78
FY 2009-10	\$0.12	\$0.34	\$0.42	\$0.21	\$0.00	\$0.00	\$0.77	\$0.07	\$0.17	\$0.38	\$0.00	\$0.00	\$0.13
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	\$0.00
Estimated FY 2011-12	\$0.79	\$2.04	\$2.64	\$1.10	\$0.00	\$0.00	\$0.01	\$8.15	\$2.51	\$6.45	\$0.00	\$0.00	\$0.00
Estimated FY 2012-13	\$0.78	\$1.90	\$2.55	\$1.05	\$0.00	\$0.00	\$0.01	\$8.00	\$2.34	\$6.33	\$0.00	\$0.00	\$0.00
Estimated FY 2013-14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2005-06	47.22%	60.58%	52.60%	101.96%	0.00%	0.00%	24.55%	116.67%	73.33%	-4.66%	-100.00%	-100.00%	60.78%
FY 2006-07	-17.92%	25.45%	24.68%	67.96%	0.00%	0.00%	172.40%	51.28%	48.72%	24.46%	0.00%	0.00%	32.93%
FY 2007-08	406.90%	422.10%	453.58%	345.09%	0.00%	0.00%	431.84%	366.10%	443.97%	450.66%	0.00%	0.00%	389.91%
FY 2008-09	18.59%	10.90%	15.29%	7.40%	0.00%	0.00%	21.00%	10.18%	13.63%	15.62%	0.00%	0.00%	8.24%
FY 2009-10	-97.71%	-97.71%	-97.75%	-97.46%	0.00%	0.00%	-97.59%	-97.69%	-97.63%	-97.39%	0.00%	0.00%	-97.75%
FY 2010-11	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	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%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%
Estimated FY 2012-13	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%
Estimated FY 2013-14	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Exhibit I - SERVICE MANAGEMENT - 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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	\$373,290	\$76,345	\$697,995	\$487,706	\$0	\$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	\$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	\$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	\$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	\$0	\$2,101,664	\$184,279	\$74,059	\$0	\$0	\$3,935,134
FY 2009-10	\$331,989	\$116,999	\$938,116	\$543,252	\$170,250	\$0	\$0	\$2,715,378	\$208,304	\$87,465	\$0	\$0	\$5,111,753
FY 2010-11	\$423,286	\$228,214	\$1,552,759	\$773,206	\$267,440	\$311,525	\$0	\$3,471,301	\$230,751	\$104,173	\$0	\$0	\$7,362,655
Estimated FY 2011-12	\$885,641	\$657,878	\$5,239,186	\$5,480,325	\$2,183,343	\$2,479,416	\$0	\$9,461,690	\$2,072,908	\$863,150	\$0	\$0	\$29,323,537
Estimated FY 2012-13	\$989,110	\$798,166	\$6,395,012	\$6,941,162	\$2,785,920	\$3,158,508	\$0	\$10,695,739	\$2,629,857	\$1,096,261	\$0	\$0	\$35,489,735
Estimated FY 2013-14	\$988,509	\$796,112	\$6,381,587	\$6,941,162	\$2,785,920	\$3,158,508	\$0	\$10,695,739	\$2,629,857	\$1,096,261	\$0	\$0	\$35,473,655
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2005-06	38.77%	48.27%	28.29%	26.61%	0.00%	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%	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%	0.00%	-22.33%	-21.10%	-0.23%	0.00%	0.00%	-21.88%
FY 2008-09	-3.64%	0.88%	-3.01%	23.25%	44.80%	0.00%	0.00%	12.17%	4.55%	-13.18%	0.00%	0.00%	9.02%
FY 2009-10	-5.91%	55.67%	80.18%	2.34%	77.95%	0.00%	0.00%	29.20%	13.04%	18.10%	0.00%	0.00%	29.90%
FY 2010-11	27.50%	95.06%	65.52%	42.33%	57.09%	100.00%	0.00%	27.84%	10.78%	19.10%	0.00%	0.00%	44.03%
Estimated FY 2011-12	109.23%	188.27%	237.41%	608.78%	716.39%	695.90%	0.00%	172.57%	798.33%	728.58%	0.00%	0.00%	298.27%
Estimated FY 2012-13	11.68%	21.32%	22.06%	26.66%	27.60%	27.39%	0.00%	13.04%	26.87%	27.01%	0.00%	0.00%	21.03%
Estimated FY 2013-14	-0.06%	-0.26%	-0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.05%
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	\$10.87	\$13.76	\$14.92	\$10.25	\$0.00	\$0.00	\$0.00	\$12.59	\$7.67	\$9.24	\$0.00	\$0.01	\$11.66
FY 2005-06	\$14.48	\$18.61	\$18.68	\$10.81	\$0.00	\$0.00	\$0.00	\$13.09	\$12.80	\$13.63	\$0.00	\$0.00	\$13.15
FY 2006-07	\$13.95	\$16.15	\$16.15	\$8.80	\$0.00	\$0.00	\$0.00	\$11.26	\$13.57	\$16.70	\$0.00	\$0.00	\$11.49
FY 2007-08	\$10.20	\$12.30	\$11.00	\$8.50	\$12.80	\$0.00	\$0.00	\$9.12	\$10.54	\$16.46	\$0.00	\$0.00	\$9.20
FY 2008-09	\$9.72	\$12.23	\$10.43	\$11.91	\$10.73	\$0.00	\$0.00	\$10.30	\$10.75	\$11.78	\$0.00	\$0.00	\$10.04
FY 2009-10	\$8.83	\$18.15	\$18.27	\$11.05	\$13.38	\$0.00	\$0.00	\$11.55	\$11.55	\$12.54	\$0.00	\$0.00	\$11.70
FY 2010-11	\$11.00	\$32.38	\$29.15	\$13.41	\$15.57	\$96.21	\$0.00	\$12.59	\$12.55	\$13.30	\$0.00	\$0.00	\$14.76
Estimated FY 2011-12	\$22.75	\$84.70	\$93.09	\$89.90	\$108.33	\$91.27	\$0.00	\$31.29	\$112.71	\$109.70	\$0.00	\$0.00	\$52.30
Estimated FY 2012-13	\$24.99	\$94.45	\$107.31	\$96.16	\$126.71	\$92.96	\$0.00	\$32.18	\$143.21	\$139.85	\$0.00	\$0.00	\$57.56
Estimated FY 2013-14	\$24.50	\$87.48	\$102.56	\$87.22	\$124.30	\$87.53	\$0.00	\$29.68	\$140.88	\$129.37	\$0.00	\$0.00	\$53.68
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2005-06	33.21%	35.25%	25.20%	5.46%	0.00%	0.00%	0.00%	3.97%	66.88%	47.51%	0.00%	-100.00%	12.78%
FY 2006-07	-3.66%	-9.19%	-13.54%	-18.59%	0.00%	0.00%	0.00%	-13.98%	6.02%	22.52%	0.00%	0.00%	-12.62%
FY 2007-08	-26.88%	-27.22%	-31.89%	-3.41%	100.00%	0.00%	0.00%	-19.01%	-22.33%	-1.44%	0.00%	0.00%	-19.93%
FY 2008-09	-4.71%	-0.57%	-5.18%	-4.12%	-16.17%	0.00%	0.00%	12.94%	1.99%	-28.43%	0.00%	0.00%	9.13%
FY 2009-10	-9.16%	48.41%	75.17%	-7.22%	24.70%	0.00%	0.00%	12.14%	7.44%	6.45%	0.00%	0.00%	16.53%
FY 2010-11	24.58%	78.40%	59.55%	21.36%	16.37%	100.00%	0.00%	9.00%	8.66%	6.06%	0.00%	0.00%	26.15%
Estimated FY 2011-12	106.82%	161.58%	219.35%	570.40%	595.76%	-5.13%	0.00%	148.53%	798.09%	724.81%	0.00%	0.00%	254.34%
Estimated FY 2012-13	9.85%	11.51%	15.28%	6.96%	16.97%	1.85%	0.00%	2.84%	27.06%	27.48%	0.00%	0.00%	10.06%
Estimated FY 2013-14	-1.96%	-7.38%	-4.43%	-9.30%	-1.90%	-5.84%	0.00%	-7.77%	-1.63%	-7.49%	0.00%	0.00%	-6.74%

Exhibit I - SERVICE MANAGEMENT - Prepaid Inpatient Health Plan Administration

Current Year Projection													
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 to 60%	Expansion Adults to 100%	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	\$444,857	\$119,371	\$921,687	\$834,778	\$286,447	\$336,937	\$0	\$4,327,542	\$305,906	\$124,688	\$0	\$0	\$7,702,213
Estimated Expenditure for Colorado Access	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated Expenditure for Kaiser Foundation Health	\$8,236	\$28,141	\$183,943	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$220,320
Estimated Expenditure for CAHI	\$78,975	\$44,015	\$228,010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$351,000
Estimated Expenditure for RCCOs in the ACC	\$235,700	\$310,879	\$2,603,515	\$3,096,815	\$1,264,509	\$1,428,220	\$0	\$3,422,526	\$1,177,919	\$492,273	\$0	\$0	\$14,032,356
Estimated Expenditure for PCMPs in the ACC	\$72,522	\$95,655	\$801,082	\$952,866	\$389,080	\$439,452	\$0	\$1,053,085	\$362,437	\$151,469	\$0	\$0	\$4,317,648
Estimated Expenditure for SDAC in the ACC	\$45,351	\$59,817	\$500,949	\$595,866	\$243,307	\$274,807	\$0	\$658,537	\$226,646	\$94,720	\$0	\$0	\$2,700,000
Estimated FY 2011-12 Total Expenditure	\$885,641	\$657,878	\$5,239,186	\$5,480,325	\$2,183,343	\$2,479,416	\$0	\$9,461,690	\$2,072,908	\$863,150	\$0	\$0	\$29,323,537
Estimated FY 2011-12 Per Capita Cost	\$22.75	\$84.70	\$93.09	\$89.90	\$108.33	\$91.27	\$0.00	\$31.29	\$112.71	\$109.70	\$0.00	\$0.00	\$52.30
Request Year Projection													
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 to 60%	Expansion Adults to 100%	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	\$395,153	\$106,034	\$818,708	\$741,509	\$254,443	\$299,291	\$0	\$3,844,032	\$271,728	\$110,757	\$0	\$0	\$6,841,655
Estimated Expenditure for Colorado Access	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated Expenditure for Kaiser Foundation Health	\$601	\$2,054	\$13,425	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,080
Estimated Expenditure for CAHI	\$121,500	\$67,715	\$350,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$540,000
Estimated Expenditure for RCCOs in the ACC	\$322,296	\$425,100	\$3,560,076	\$4,234,620	\$1,729,104	\$1,952,964	\$0	\$4,680,000	\$1,610,700	\$673,140	\$0	\$0	\$19,188,000
Estimated Expenditure for PCMPs in the ACC	\$99,168	\$130,800	\$1,095,408	\$1,302,960	\$532,032	\$600,912	\$0	\$1,440,000	\$495,600	\$207,120	\$0	\$0	\$5,904,000
Estimated Expenditure for SDAC in the ACC	\$50,392	\$66,463	\$556,610	\$662,073	\$270,341	\$305,341	\$0	\$731,707	\$251,829	\$105,244	\$0	\$0	\$3,000,000
Estimated FY 2012-13 Total Expenditure	\$989,110	\$798,166	\$6,395,012	\$6,941,162	\$2,785,920	\$3,158,508	\$0	\$10,695,739	\$2,629,857	\$1,096,261	\$0	\$0	\$35,489,735
Estimated FY 2012-13 Per Capita Cost	\$24.99	\$94.45	\$107.31	\$96.16	\$126.71	\$92.96	\$0.00	\$32.18	\$143.21	\$139.85	\$0.00	\$0.00	\$57.56
Out Year Projection													
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 to 60%	Expansion Adults to 100%	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	\$395,153	\$106,034	\$818,708	\$741,509	\$254,443	\$299,291	\$0	\$3,844,032	\$271,728	\$110,757	\$0	\$0	\$6,841,655
Estimated Expenditure for Colorado Access	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated Expenditure for Kaiser Foundation Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated Expenditure for CAHI	\$121,500	\$67,715	\$350,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$540,000
Estimated Expenditure for RCCOs in the ACC	\$322,296	\$425,100	\$3,560,076	\$4,234,620	\$1,729,104	\$1,952,964	\$0	\$4,680,000	\$1,610,700	\$673,140	\$0	\$0	\$19,188,000
Estimated Expenditure for PCMPs in the ACC	\$99,168	\$130,800	\$1,095,408	\$1,302,960	\$532,032	\$600,912	\$0	\$1,440,000	\$495,600	\$207,120	\$0	\$0	\$5,904,000
Estimated Expenditure for SDAC in the ACC	\$50,392	\$66,463	\$556,610	\$662,073	\$270,341	\$305,341	\$0	\$731,707	\$251,829	\$105,244	\$0	\$0	\$3,000,000
Estimated FY 2013-14 Total Expenditure	\$988,509	\$796,112	\$6,381,587	\$6,941,162	\$2,785,920	\$3,158,508	\$0	\$10,695,739	\$2,629,857	\$1,096,261	\$0	\$0	\$35,473,655
Estimated FY 2013-14 Per Capita Cost	\$24.50	\$87.48	\$102.56	\$87.22	\$124.30	\$87.53	\$0.00	\$29.68	\$140.88	\$129.37	\$0.00	\$0.00	\$53.68

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

Exhibit I - SERVICE MANAGEMENT - Prepaid Inpatient Health Plan Administration

Cash Based Actuals by Provider								
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	ACC: Regional Care Collaboration Organizations (RCCOs)	ACC: Primary Care Medical Providers (PCMPs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2002-03	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2003-04	\$3,308,119	\$0	\$0	\$0	\$0	\$0	\$0	\$3,308,119
FY 2004-05	\$4,285,446	\$0	\$0	\$0	\$0	\$0	\$0	\$4,285,446
FY 2005-06	\$5,340,741	\$0	\$0	\$0	\$0	\$0	\$0	\$5,340,741
FY 2006-07	\$4,620,417	\$0	\$0	\$0	\$0	\$0	\$0	\$4,620,417
FY 2007-08	\$3,609,472	\$0	\$0	\$0	\$0	\$0	\$0	\$3,609,472
FY 2008-09	\$3,935,134	\$0	\$0	\$0	\$0	\$0	\$0	\$3,935,134
FY 2009-10	\$4,744,734	\$258,779	\$65,940	\$42,300	\$0	\$0	\$0	\$5,111,753
FY 2010-11	\$5,437,512	\$705,541	\$130,440	\$201,750	\$182,819	\$54,592	\$650,000	\$7,362,655
Estimated FY 2011-12	\$7,702,213	\$0	\$220,320	\$351,000	\$14,032,356	\$4,317,648	\$2,700,000	\$29,323,537
Estimated FY 2012-13	\$6,841,655	\$0	\$16,080	\$540,000	\$19,188,000	\$5,904,000	\$3,000,000	\$35,489,735
Estimated FY 2013-14	\$6,841,655	\$0	\$0	\$540,000	\$19,188,000	\$5,904,000	\$3,000,000	\$35,473,655
Percent Change in Cash Based Actuals								
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	ACC: Regional Care Collaboration Organizations (RCCOs)	ACC: Primary Care Medical Providers (PCMPs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2003-04	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2004-05	29.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	29.54%
FY 2005-06	24.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	24.63%
FY 2006-07	-13.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-13.49%
FY 2007-08	-21.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-21.88%
FY 2008-09	9.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.02%
FY 2009-10	20.57%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	29.90%
FY 2010-11	14.60%	172.64%	97.82%	376.95%	100.00%	100.00%	100.00%	44.03%
Estimated FY 2011-12	41.65%	-100.00%	68.91%	73.98%	7575.55%	7808.94%	315.38%	298.27%
Estimated FY 2012-13	-11.17%	0.00%	-92.70%	53.85%	36.74%	36.74%	11.11%	21.03%
Estimated FY 2013-14	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	-0.05%
Prepaid Inpatient Health Plan Enrollment								
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	ACC: Regional Care Collaboration Organizations (RCCOs)	ACC: Primary Care Medical Providers (PCMPs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL ⁽¹⁾
Enrollment in Current Prepaid Inpatient Health Plan								
FY 2003-04	11,681	-	-	-	-	-	-	11,681
FY 2004-05	13,086	-	-	-	-	-	-	13,086
FY 2005-06	13,025	-	-	-	-	-	-	13,025
FY 2006-07	11,794	-	-	-	-	-	-	11,794
FY 2007-08	11,955	-	-	-	-	-	-	11,955
FY 2008-09	13,051	-	-	-	-	-	-	13,051
FY 2009-10	16,123	2,186	275	24	-	-	-	18,608
FY 2010-11	19,045	1,826	544	112	1,172	1,172	1,172	22,699
Estimated FY 2011-12	20,444	-	918	195	89,951	89,951	89,951	111,508
Estimated FY 2012-13	20,444	-	67	300	123,000	123,000	123,000	143,811
Estimated FY 2013-14	20,444	-	-	300	123,000	123,000	123,000	143,744
Annual Percent Change in Enrollment								
FY 2004-05	12.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.03%
FY 2005-06	-0.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.47%
FY 2006-07	-9.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.45%
FY 2007-08	1.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.37%
FY 2008-09	9.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.17%
FY 2009-10	23.54%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	42.58%
FY 2010-11	18.12%	-16.47%	97.82%	366.67%	100.00%	100.00%	100.00%	21.99%
Estimated FY 2011-12 ⁽²⁾	7.35%	-100.00%	68.75%	74.11%	7575.00%	7575.00%	7575.00%	391.25%
Estimated FY 2012-13 ⁽²⁾	0.00%	0.00%	-92.74%	53.85%	36.74%	36.74%	36.74%	28.97%
Estimated FY 2013-14 ⁽²⁾	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	-0.05%

Exhibit I - SERVICE MANAGEMENT - Prepaid Inpatient Health Plan Administration

Cost Per Enrollee								
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	ACC: Regional Care Collaboration Organizations (RCCOs)	ACC: Primary Care Medical Providers (PCMPs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2002-03	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$283.21
FY 2004-05	\$327.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$327.48
FY 2005-06	\$410.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$410.04
FY 2006-07	\$391.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$391.76
FY 2007-08	\$301.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$301.92
FY 2008-09	\$301.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$301.52
FY 2009-10	\$294.28	\$118.38	\$239.78	\$1,762.50	\$0.00	\$0.00	\$0.00	\$274.71
FY 2010-11	\$285.51	\$386.39	\$239.78	\$1,801.34	\$155.99	\$46.58	\$554.61	\$324.36
Estimated FY 2011-12	\$376.75	\$0.00	\$240.00	\$1,800.00	\$156.00	\$48.00	\$30.02	\$262.97
Estimated FY 2012-13	\$334.65	\$0.00	\$240.00	\$1,800.00	\$156.00	\$48.00	\$24.39	\$246.78
Estimated FY 2013-14	\$334.65	\$0.00	\$0.00	\$1,800.00	\$156.00	\$48.00	\$24.39	\$246.78
Percent Change in Cost Per Enrollee								
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	ACC: Regional Care Collaboration Organizations (RCCOs)	ACC: Primary Care Medical Providers (PCMPs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2003-04	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2004-05	15.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.63%
FY 2005-06	25.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.21%
FY 2006-07	-4.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.46%
FY 2007-08	-22.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-22.93%
FY 2008-09	-0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.13%
FY 2009-10	-2.40%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	-8.89%
FY 2010-11	-2.98%	226.40%	0.00%	2.20%	100.00%	100.00%	100.00%	18.07%
Estimated FY 2011-12	31.96%	-100.00%	0.09%	-0.07%	0.01%	3.05%	-94.59%	-18.93%
Estimated FY 2012-13	-11.17%	0.00%	0.00%	0.00%	0.00%	0.00%	-18.75%	-6.16%
Estimated FY 2013-14	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Current Year Projection								
Estimated FY 2011-12 Enrollment	20,444	0	918	195	89,951	89,951	N/A	111,508
FY 2011-12 PMPM Administration Fee	\$24.38	\$32.40	\$20.00	\$150.00	\$4.00	\$13.00	N/A	
Number of Months Paid	12	12	12	12	12	12	N/A	
Estimated FY 2011-12 Base Expenditures	\$5,981,097	\$0	\$220,320	\$351,000	\$14,032,356	\$4,317,648	\$2,700,000	\$27,602,421
Estimated Contract Payment to PIHP for Cost Avoidance	\$1,721,116	\$0	\$0	\$0	\$0	\$0	\$0	\$1,721,116
Estimated FY 2011-12 Total Expenditure	\$7,702,213	\$0	\$220,320	\$351,000	\$14,032,356	\$4,317,648	\$2,700,000	\$29,323,537
Estimated FY 2011-12 Cost Per Enrollee	\$376.75	\$0.00	\$240.00	\$1,800.00	\$156.00	\$48.00	\$30.02	\$262.97
% Change over FY 2010-11 Cost Per Enrollee	31.96%	-100.00%	0.09%	-0.07%	0.01%	3.05%	-94.59%	-18.93%
Request Year Projection								
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	ACC: Regional Care Collaboration Organizations (RCCOs)	ACC: Primary Care Medical Providers (PCMPs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
Estimated 2012-13 Enrollment	20,444	0	67	300	123,000	123,000	N/A	143,811
FY 2012-13 PMPM Administration Fee	\$24.38	\$32.40	\$20.00	\$150.00	\$13.00	\$4.00	N/A	
Number of Months Paid	12	12	12	12	12	12	N/A	
Estimated FY 2012-13 Base Expenditures	\$5,981,097	\$0	\$16,080	\$540,000	\$19,188,000	\$5,904,000	\$3,000,000	\$34,629,177
Estimated Contract Payment to PIHP for Cost Avoidance	\$860,558	\$0	\$0	\$0	\$0	\$0	\$0	\$860,558
Estimated FY 2012-13 Total Expenditure	\$6,841,655	\$0	\$16,080	\$540,000	\$19,188,000	\$5,904,000	\$3,000,000	\$35,489,735
Estimated FY 2012-13 Cost Per Enrollee	\$334.65	-	\$0.00	\$1,800.00	\$156.00	\$48.00	\$24.39	\$246.78
% Change over FY 2011-12 Cost Per Enrollee	-11.17%	-	-100.00%	0.00%	0.00%	0.00%	-18.75%	-6.16%
Out Year Projection								
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Rocky Mountain Health Plans (RMHP)	Colorado Access	Kaiser Foundation Health Plan	Colorado Alliance Health & Independence (CAHI)	ACC: Regional Care Collaboration Organizations (RCCOs)	ACC: Primary Care Medical Providers (PCMPs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
Estimated 2013-14 Enrollment	20,444	0	-	300	123,000	123,000	N/A	143,744
FY 2013-14 PMPM Administration Fee	\$24.38	\$32.40	\$20.00	\$150.00	\$13.00	\$4.00	N/A	
Number of Months Paid	12	12	12	12	12	12	N/A	
Estimated FY 2013-14 Base Expenditures	\$5,981,097	\$0	\$0	\$540,000	\$19,188,000	\$5,904,000	\$3,000,000	\$34,613,097
Estimated Contract Payment to PIHP for Cost Avoidance	\$860,558	\$0	\$0	\$0	\$0	\$0	\$0	\$860,558
Estimated FY 2013-14 Total Expenditure	\$6,841,655	\$0	\$0	\$540,000	\$19,188,000	\$5,904,000	\$3,000,000	\$35,473,655
Estimated FY 2013-14 Cost Per Enrollee	\$334.65	-	-	\$1,800.00	\$156.00	\$48.00	\$24.39	\$246.78
% Change over FY 2012-13 Cost Per Enrollee	0.00%	-	-	0.00%	0.00%	0.00%	0.00%	0.00%

(1) Total enrollment only counts ACC enrollment once and therefore does not equal the sum of the columns.

RMHP: FY 2011-12: Base trend from June 2011 level. FY 2012-13 and FY 2013-14: No growth is assumed.

Colorado Access: Program ended June 30, 2011, at which time all clients were disenrolled from the program. Please see narrative for more information.

Kaiser Foundation Health Plan: FY 2011-12: Current projections for capped enrollment and lag in time for invoice payments. FY 2012-13 and FY 2013-14: Program ends June 30, 2012, at which time all clients will be disenrolled from program.

Colorado Alliance Health & Independence: Current projections for capped enrollment.

Accountable Care Collaborative: Estimates for enrollment are based on Department's implementation plan. SDAC is paid on a fixed-price contract and is not a function of enrollment.

Exhibit J - Health Care Affordability Act of 2009 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	Federal Funds	FMAP
HB 09-1293 Medicaid Expansion Clients							
Expansion Adults to 100%	33,976	\$95,490,227	\$0	\$47,745,114	\$0	\$47,745,113	50.00%
Buy-in for Individuals with Disabilities	57	\$525,479	\$0	\$239,856	\$45,766	\$239,857	50.00%
Adults Without Dependent Children	3,333	\$29,439,789	\$0	\$14,719,894	\$0	\$14,719,895	50.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$125,455,495	\$0	\$62,704,864	\$45,766	\$62,704,865	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$120,689,761	\$0	\$60,344,881	\$0	\$60,344,881	50.00%
Outpatient Hospital Rates		\$129,822,673	\$0	\$64,911,337	\$0	\$64,911,337	50.00%
Supplemental Hospital Payments (Upper Payment Limit)		\$40,901,350	\$0	\$20,450,675	\$0	\$20,450,675	50.00%
Supplemental Hospital Payments (DSH)		\$247,368,728	\$0	\$123,684,364	\$0	\$123,684,364	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$538,782,512	\$0	\$269,391,256	\$0	\$269,391,256	
HB 09-1293 Total		\$664,238,007	\$0	\$332,096,120	\$45,766	\$332,096,121	
FY 2012-13 Summary							
Eligibility Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Hospital Provider Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
HB 09-1293 Medicaid Expansion Clients							
Expansion Adults to 100%	36,083	\$102,630,877	\$0	\$51,315,440	\$0	\$51,315,437	50.00%
Buy-in for Individuals with Disabilities	2,126	\$22,542,913	\$0	\$10,417,952	\$1,707,008	\$10,417,953	50.00%
Adults Without Dependent Children	10,000	\$114,135,800	\$0	\$57,067,900	\$0	\$57,067,900	50.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$239,309,590	\$0	\$118,801,292	\$1,707,008	\$118,801,290	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$120,689,761	\$0	\$60,344,881	\$0	\$60,344,881	50.00%
Outpatient Hospital Rates		\$129,822,673	\$0	\$64,911,336	\$0	\$64,911,337	50.00%
Supplemental Hospital Payments (Upper Payment Limit)		\$40,901,350	\$0	\$20,450,675	\$0	\$20,450,675	50.00%
Supplemental Hospital Payments (DSH)		\$247,368,728	\$0	\$123,684,364	\$0	\$123,684,364	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$538,782,512	\$0	\$269,391,256	\$0	\$269,391,257	
HB 09-1293 Total		\$778,092,102	\$0	\$388,192,548	\$1,707,008	\$388,192,547	
FY 2013-14 Summary							
Eligibility Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Hospital Provider Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
HB 09-1293 Medicaid Expansion Clients							
Expansion Adults to 100%	36,539	\$106,528,358	\$0	\$53,264,180	\$0	\$53,264,178	50.00%
Buy-in for Individuals with Disabilities	5,413	\$61,487,458	\$0	\$28,571,817	\$4,343,824	\$28,571,817	50.00%
Adults Without Dependent Children	10,000	\$119,842,600	\$0	\$29,960,650	\$0	\$89,881,950	50.00%
Subtotal from HB 09-1293 Medicaid Expansion Clients		\$287,858,416	\$0	\$111,796,647	\$4,343,824	\$171,717,945	
HB 09-1293 Supplemental Payments							
Inpatient Hospital Rates		\$120,689,761	\$0	\$60,344,881	\$0	\$60,344,881	50.00%
Outpatient Hospital Rates		\$129,822,673	\$0	\$64,911,337	\$0	\$64,911,337	50.00%
Supplemental Hospital Payments (Upper Payment Limit)		\$40,901,350	\$0	\$20,450,675	\$0	\$20,450,675	50.00%
Supplemental Hospital Payments (DSH)		\$247,368,728	\$0	\$123,684,364	\$0	\$123,684,364	50.00%
Subtotal from HB 09-1293 Supplemental Payments		\$538,782,512	\$0	\$269,391,256	\$0	\$269,391,256	
HB 09-1293 Total		\$826,640,928	\$0	\$381,187,903	\$4,343,824	\$441,109,201	

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		\$2,735.58	\$92,944,066	\$0	\$46,472,033	\$0	\$46,472,033
Community Based Long Term Care		\$1.96	\$66,593	\$0	\$33,297	\$0	\$33,296
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$72.98	\$2,479,568	\$0	\$1,239,784	\$0	\$1,239,784
Total	33,976	\$2,810.52	\$95,490,227	\$0	\$47,745,114	\$0	\$47,745,113
Buy-in for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	57	\$9,218.93	\$525,479	\$0	\$239,856	\$45,766	\$239,857
<i>Notes</i>	See HB 09-1293 Colorado Health Care Affordability Act Update for derivation of these estimates.						
Adults Without Dependent Children							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	3,333	\$8,832.82	\$29,439,789	\$0	\$14,719,894	\$0	\$14,719,895
<i>Notes</i>	Expansion of eligibility to this population is scheduled for implementation in March 2012.						
FY 2011-12 Summary							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	37,366	\$3,357.48	\$125,455,495	\$0	\$62,704,864	\$45,766	\$62,704,865

Exhibit J - Health Care Affordability Act of 2009 Expansion Populations

**Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population
FY 2012-13**

Expansion Adults to 100%							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,754.71	\$99,398,201	\$0	\$49,699,101	\$0	\$49,699,100
Community Based Long Term Care		\$2.06	\$74,331	\$0	\$37,166	\$0	\$37,165
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$87.53	\$3,158,345	\$0	\$1,579,173	\$0	\$1,579,172
Total	36,083	\$2,844.30	\$102,630,877	\$0	\$51,315,440	\$0	\$51,315,437
Buy-in for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	2,126	\$10,603.44	\$22,542,913	\$0	\$10,417,952	\$1,707,008	\$10,417,953
<i>Notes</i>	See HB 09-1293 Colorado Health Care Affordability Act Update for derivation of these estimates.						
Adults Without Dependent Children							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	10,000	\$11,413.58	\$114,135,800	\$0	\$57,067,900	\$0	\$57,067,900
See HB 09-1293 Colorado Health Care Affordability Act Update for derivation of these estimates.							
FY 2012-13 Summary							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	48,209	\$4,964.00	\$239,309,590	\$0	\$118,801,292	\$1,707,008	\$118,801,290

Exhibit J - Health Care Affordability Act of 2009 Expansion Populations

**Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population
FY 2013-14**

Expansion Adults to 100%							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,826.87	\$103,291,003	\$0	\$51,645,502	\$0	\$51,645,501
Community Based Long Term Care		\$2.16	\$78,924	\$0	\$39,462	\$0	\$39,462
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$86.44	\$3,158,431	\$0	\$1,579,216	\$0	\$1,579,215
Total	36,539	\$2,915.47	\$106,528,358	\$0	\$53,264,180	\$0	\$53,264,178
Buy-in for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	5,413	\$11,359.22	\$61,487,458	\$0	\$28,571,817	\$4,343,824	\$28,571,817
<i>Notes</i>	See HB 09-1293 Colorado Health Care Affordability Act Update for derivation of these estimates.						
Adults Without Dependent Children							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	10,000	\$11,984.26	\$119,842,600	\$0	\$29,960,650	\$0	\$89,881,950
See HB 09-1293 Colorado Health Care Affordability Act Update for derivation of these estimates.							
FY 2011-12 Summary							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Total	51,952	\$5,540.85	\$287,858,416	\$0	\$111,796,647	\$4,343,824	\$171,717,945

Exhibit K - Upper Payment Limit Financing

Summary of Upper Payment Limit Financing

Nursing Facilities UPL	FY 2011-12	FY 2012-13	FY 2013-14
Total Funds	\$3,900,129	\$3,055,293	\$3,439,778
General Fund	(\$5,874,483)	(\$3,574,038)	(\$3,439,778)
Cash Funds	\$3,900,129	\$3,055,293	\$3,439,778
Federal Funds	\$5,874,483	\$3,574,038	\$3,439,778
Home Health UPL			
Total Funds	\$1,235,754	\$1,538,727	\$1,732,364
General Fund	(\$1,981,518)	(\$1,799,981)	(\$1,732,364)
Cash Funds	\$1,235,754	\$1,538,727	\$1,732,364
Federal Funds	\$1,981,518	\$1,799,981	\$1,732,364
Total Upper Payment Limit Financing			
Total Funds	\$5,135,883	\$4,594,020	\$5,172,142
General Fund	(\$7,856,001)	(\$5,374,019)	(\$5,172,142)
Cash Funds	\$5,135,883	\$4,594,020	\$5,172,142
Federal Funds	\$7,856,001	\$5,374,019	\$5,172,142

Exhibit K - Upper Payment Limit Financing

Nursing Facilities Upper Payment Limit Calculation Estimate Based on Calendar Year 2010 Actual Upper Payment Limit

Provider Name	Upper Payment Limit (Amount Remaining after Medicaid Payment)	Certified Uncompensated Cost
Colorado St. Veterans - Fitzsimmons	\$2,035,940	\$1,208,732
Colorado St. Veterans - Florence	\$1,256,006	\$745,687
Colorado St. Veterans - Homelake	(\$66,511)	(\$39,487)
Colorado St. Veterans - Rifle	\$2,437,463	\$1,447,115
Colorado St. Veterans - Walsenburg	\$484,841	\$287,849
Trinidad State Nursing Home	\$222,199	\$131,919
State Nursing Facilities Total	\$6,369,939	\$3,781,814

Bent County Healthcare Center	(\$160,651)	(\$136,892)
Cheyenne Manor	\$420,353	\$358,187
Cripple Creek Rehabilitation & Wellness Center	\$242,783	\$206,878
E. Dene Moore Care Center	\$633,442	\$539,762
Gunnison Health Care	\$49,463	\$42,148
Lincoln Community Nursing Home	\$264,774	\$225,616
Prospect Park Living Center	\$346,516	\$295,270
Sedgwick County Memorial Nursing Home	(\$75,660)	(\$64,470)
Southeast Colorado Hospital-LTC	\$258,254	\$220,060
Walbridge Memorial Convalescent	\$699,390	\$595,957
Walsh Healthcare Center	\$211,853	\$180,522
Washington County Nursing	(\$46,548)	(\$39,664)
Weisbrod Memorial County Nursing Home	\$214,783	\$183,019
Government Nursing Facilities Total	\$3,058,754	\$2,606,394

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Nursing Facilities Payment	
Estimated CY 2010 Upper Payment Limit	\$6,388,208
Estimated CY 2011 Upper Payment Limit	\$6,629,331
Estimated CY 2012 Upper Payment Limit	\$6,879,555

Supplemental Medicaid Nursing Facility Payment FY 2011-12⁽¹⁾	
Total Funds	\$3,900,129
General Fund (offset by Federal Funds)	(\$5,874,483)
Cash Funds	\$3,900,129
Federal Funds	\$5,874,483

(1) Totals include adjustments for FY 2010-11 totaling \$1,939,986 federal funds and \$1,446,418 cash funds.

Supplemental Medicaid Nursing Facility Payment FY 2012-13	
Total Funds	\$3,055,293
General Fund (offset by Federal Funds)	(\$3,574,038)
Cash Funds	\$3,055,293
Federal Funds	\$3,574,038

Supplemental Medicaid Nursing Facility Payment FY 2013-14	
Total Funds	\$3,439,778
General Fund (offset by Federal Funds)	(\$3,439,778)
Cash Funds	\$3,439,778
Federal Funds	\$3,439,778

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 2010 Actual Upper Payment Limit**

Provider Name	TOTAL COMPUTABLE CY 2010 Uncompensated Medicaid Costs Based on Filed Cost Report for Interim Payment
Alamosa County Nursing Service	\$37,168
Bent County Nursing Service	(\$2,946)
Delta Montrose Home Health Services	\$119,184
Estes Park Home Health	\$57,259
Fremont County Nursing Service	\$160,530
Grand County Nursing Service	\$53,614
Kiowa Home Health Services	\$80,930
Kit Carson County Home Health	\$77,193
Lincoln Community Home Health	\$40,329
Mountain Home Health (Gunnison)	\$47,529
Pioneers Hospital Home Health	\$15,463
Prowers Home Health	\$75,657
Rangely District Home Health	\$2,079
Southeast Colorado Hospital HHA	\$3,525
Southwest Memorial Hospital HHA	\$117,206
St Vincent Home Health Care	\$2,244,490
Yuma District Home Health Care	\$88,062
Home Health Total	\$3,217,272

⁽¹⁾ Based on CY 2010 certification of public expenditure.

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Home Health Payment	
CY 2010 Upper Payment Limit	\$3,217,272
CY 2011 Upper Payment Limit	\$3,338,708
CY 2012 Upper Payment Limit	\$3,464,728

Supplemental Medicaid Home Health Payment FY 2011-12	
Total Funds	\$1,235,754
General Fund	(\$1,981,518)
Cash Funds	\$1,235,754
Federal Funds	\$1,981,518

Supplemental Medicaid Home Health Payment FY 2012-13	
Total Funds	\$1,538,727
General Fund	(\$1,799,981)
Cash Funds	\$1,538,727
Federal Funds	\$1,799,981

Supplemental Medicaid Home Health Payment FY 2013-14	
Total Funds	\$1,732,364
General Fund	(\$1,732,364)
Cash Funds	\$1,732,364
Federal Funds	\$1,732,364

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 2011-12 Participating Colorado Indigent Care Program Providers per HB 04-1438⁽¹⁾

Hospitals	Medicaid Eligible Inpatient Days	Total Inpatient Days	Percent of Medicaid Eligible Inpatient Days
State Owned			
University of Colorado Hospital	38,289	119,879	31.94%
Non State Owned Public			
Arkansas Valley Regional Medical Center	4,111	8,187	50.21%
Aspen Valley Hospital	402	3,992	10.07%
Delta County Memorial Hospital	2,746	11,146	24.64%
Denver Health Medical Center	60,730	108,664	55.89%
East Morgan County Hospital	232	920	25.22%
Estes Park Medical Center	278	2,521	11.03%
Grand River Medical Center	366	1,695	21.59%
Gunnison Valley Hospital	229	1,288	17.78%
Heart of the Rockies Regional Medical Center	594	3,598	16.51%
Kremmling Memorial Hospital	16	214	7.48%
Melissa Memorial Hospital	432	526	82.13%
The Memorial Hospital	3,076	2,994	102.74%
Memorial Hospital	38,387	147,811	25.97%
Montrose Memorial Hospital	3,735	12,579	29.69%
North Colorado Medical Center	17,087	62,549	27.32%
Poudre Valley Hospital	12,779	64,486	19.82%
Prowers Medical Center	880	4,559	19.30%
Sedgwick County Memorial Hospital	175	526	33.27%
Southeast Colorado Hospital	165	835	19.76%
Southwest Memorial Hospital	1,794	5,831	30.77%
Spanish Peaks Regional Health Center	576	1,386	41.56%
St. Vincent General Hospital District	148	755	19.60%
Wray Community District Hospital	244	1,509	16.17%
Yuma District Hospital	96	1,319	7.28%

Exhibit K - Upper Payment Limit Financing

Medicaid Eligible Inpatient Days for Calendar Year 2008 for FY 2011-12 Participating Colorado Indigent Care Program Providers per HB 04-1438⁽¹⁾

Hospitals	Medicaid Eligible Inpatient Days	Total Inpatient Days	Percent of Medicaid Eligible Inpatient Days
Private			
Boulder Community Hospital	7,017	45,154	15.54%
Centura Health - Penrose -St. Francis Health Services	14,121	93,926	15.03%
Centura Health - St. Mary-Corwin Medical Center	10,302	37,381	27.56%
Centura Health - St. Thomas More Hospital	2,877	9,568	30.07%
Colorado Plains Medical Center	1,573	6,653	23.64%
Community Hospital	1,319	7,667	17.20%
Conejos County Hospital	392	1,053	37.23%
Longmont United Hospital	8,794	41,121	21.39%
McKee Medical Center	4,165	19,606	21.24%
Medical Center of the Rockies	1,460	21,261	6.87%
Mercy Medical Center	3,662	16,241	22.55%
Mount San Rafael Hospital	1,239	3,641	34.03%
National Jewish Health	174	343	50.73%
Parkview Medical Center	22,838	70,921	32.20%
Pikes Peak Regional Hospital	86	800	10.75%
Platte Valley Medical Center	5,972	14,662	40.73%
Rio Grande Hospital	481	1,261	38.14%
San Luis Valley Regional Medical Center	3,847	9,973	38.57%
St. Mary's Hospital and Medical Center	17,385	66,840	26.01%
Sterling Regional MedCenter	1,259	6,331	19.89%
The Children's Hospital	41,928	73,755	56.85%
Valley View Hospital	5,804	12,017	48.30%
Yampa Valley Medical Center	1,100	5,962	18.45%

(1) Values will be updated to reflect CY 2009 in the Department's February, 2012 Medical Services Premiums Request.

Exhibit L - Recoveries

Department Recovery Revenue

Recovery Category	FY 2008-09	FY 2009-10	FY 2010-11	Estimated FY 2011-12	Estimated FY 2012-13	Estimated FY 2013-14
Estate Recoveries ⁽¹⁾	\$3,168,376	\$3,682,865	\$3,006,302	\$3,224,860	\$3,342,084	\$3,463,569
Income Trust and Repayments ⁽¹⁾	\$3,242,100	\$3,217,373	\$4,021,065	\$4,313,396	\$4,470,188	\$4,632,680
Third Party Casualty	\$8,705,554	\$14,857,476	\$17,714,457	\$19,002,298	\$19,693,031	\$20,408,873
Third Party Health Insurance	\$3,812,718	\$3,917,944	\$4,664,590	\$5,003,706	\$5,185,590	\$5,374,087
Subtotal	\$18,928,748	\$25,675,658	\$29,406,414	\$31,544,260	\$32,690,894	\$33,879,208
<i>Bottom Line Impacts</i>						
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0
Total Recoveries Including Bottom Line Impacts⁽²⁾	\$18,928,748	\$25,675,658	\$29,406,414	\$31,544,260	\$32,690,894	\$33,879,208

(1) Historical Estate and Income Trust recoveries have been restated to reflect changes in accounting classifications.

(2) Figures represent only recovery types classified as revenue by the Department. Additionally, figures are adjusted for cash flow. As a result, differences may exist between historical recovery totals reported here and totals reported elsewhere by the Department.

Contingency and Contractor Payments

Recovery Category	Contingency Amount	FY 2009-10	FY 2010-11	Estimated FY 2011-12	Estimated FY 2012-13	Estimated FY 2013-14
Estate Recoveries	10.90%	\$401,432	\$327,687	\$351,510	\$364,287	\$377,529
Income Trust and Repayments ⁽³⁾	0.00%	\$0	\$0	\$0	\$0	\$0
Third Party Casualty	8.50%	\$1,262,885	\$1,505,729	\$1,615,195	\$1,673,908	\$1,734,754
Third Party Health Insurance	6.30%	\$246,830	\$293,869	\$315,233	\$326,692	\$338,567
Total		\$1,911,147	\$2,127,285	\$2,281,938	\$2,364,887	\$2,450,850

(3) Income Trust and Repayments are processed by Department staff. No contingency fee is paid.

Net Medical Services Premiums Fiscal Impact

Total Medical Services Premiums Impact	Total Funds	General Fund	Cash Funds	Federal Funds	FFP
FY 2011-12	\$0	(\$12,933,946)	\$29,262,322	(\$16,328,376)	55.80%
FY 2012-13	\$0	(\$14,283,549)	\$30,326,007	(\$16,042,458)	52.90%
FY 2013-14	\$0	(\$15,714,179)	\$31,428,358	(\$15,714,179)	50.00%

Exhibit M

Cash-based Actuals														
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL	
Acute Care														
Physician Services & EPSDT	\$4,269,992	\$6,951,129	\$52,819,492	\$50,085,655	\$11,308,835	\$12,531,062	\$0	\$108,898,551	\$10,934,900	\$18,198,453	\$6,592,130	\$1,842	\$282,592,042	
Emergency Transportation	\$138,881	\$262,494	\$2,067,025	\$1,113,009	\$234,561	\$236,352	\$0	\$1,165,110	\$236,484	\$196,837	\$88,493	\$5	\$6,236,250	
Non-emergency Medical Transportation	\$2,248,809	\$1,043,480	\$5,199,711	\$467,146	\$33,609	\$72,340	\$0	\$1,156,790	\$195,450	\$48,109	\$3,420	\$243	\$10,469,107	
Dental Services	\$980,947	\$296,165	\$5,001,214	\$4,174,547	\$1,157,479	\$1,211,640	\$0	\$89,583,233	\$5,780,945	\$379,656	\$4,838	\$30	\$108,570,692	
Family Planning	\$0	\$16	\$12,731	\$135,883	\$57,487	\$60,160	\$0	\$120,830	\$38,845	\$15,461	\$0	\$0	\$441,414	
Health Maintenance Organizations	\$6,832,995	\$6,431,178	\$38,459,466	\$17,071,028	\$4,633,065	\$6,456,182	\$0	\$35,589,978	\$823,759	\$1,190,805	\$0	\$0	\$117,488,456	
Inpatient Hospitals	\$13,928,315	\$14,401,355	\$109,555,355	\$55,493,112	\$9,468,394	\$10,000,540	\$0	\$83,895,044	\$6,584,854	\$30,244,597	\$38,292,048	(\$1,668)	\$371,861,948	
Outpatient Hospitals	\$3,159,881	\$5,575,085	\$50,038,984	\$43,305,503	\$13,993,351	\$14,717,844	\$0	\$73,155,361	\$6,071,798	\$6,013,521	\$1,460,551	\$1,031	\$217,492,911	
Lab & X-Ray	\$558,717	\$853,427	\$6,862,072	\$10,646,487	\$2,686,262	\$2,936,506	\$0	\$7,589,083	\$1,757,292	\$3,807,140	\$164,351	\$784	\$37,862,120	
Durable Medical Equipment	\$19,960,510	\$4,911,081	\$48,169,450	\$2,614,617	\$891,190	\$797,869	\$0	\$8,735,552	\$4,353,214	\$180,213	\$5	\$14,245	\$90,627,945	
Prescription Drugs	\$8,014,198	\$16,245,119	\$119,835,487	\$34,341,854	\$11,793,377	\$11,840,965	\$0	\$56,157,222	\$20,762,963	\$2,287,737	\$23	\$4	\$281,278,949	
Drug Rebate	(\$3,615,910)	(\$7,329,604)	(\$54,068,344)	(\$15,464,886)	(\$5,350,781)	(\$5,342,502)	\$0	(\$25,337,470)	(\$9,368,002)	(\$1,032,200)	(\$10)	(\$2)	(\$126,909,710)	
Rural Health Centers	\$53,270	\$206,418	\$1,122,812	\$1,353,631	\$518,031	\$557,927	\$0	\$5,357,537	\$698,495	\$285,879	\$33,931	\$75	\$10,188,005	
Federally Qualified Health Centers	\$916,375	\$1,051,613	\$7,588,335	\$12,816,739	\$3,068,899	\$3,802,322	\$0	\$53,308,981	\$2,132,545	\$5,192,824	\$427,890	\$0	\$90,306,523	
Co-Insurance (Title XVIII-Medicare)	\$16,505,219	\$2,494,667	\$11,474,583	\$105,696	\$243,827	\$446,438	\$0	\$43,461	\$31,683	\$56,279	\$44	\$4,985,517	\$36,387,414	
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$10,106,643	\$0	\$0	\$0	\$0	\$0	\$10,106,643	
Prepaid Inpatient Health Plan Services	\$2,221,510	\$2,361,149	\$19,107,158	\$8,181,803	\$2,188,948	\$2,076,156	\$0	\$9,365,354	\$2,583,913	\$2,763,503	\$0	\$0	\$50,849,494	
Other Medical Services	\$770	\$518	\$4,450	\$1,809	\$466	\$4,077	\$78	\$509	\$555	\$525	\$361	\$40	\$14,158	
Home Health	\$24,477,150	\$7,498,890	\$123,874,168	\$438,181	\$129,783	\$159,040	\$0	\$4,219,760	\$11,551,887	\$48,684	\$0	\$236,226	\$172,633,768	
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Subtotal of Acute Care	\$100,648,630	\$63,254,181	\$547,124,148	\$226,881,815	\$57,056,782	\$62,561,349	\$10,106,721	\$513,508,455	\$65,171,579	\$69,878,023	\$47,068,074	\$5,238,372	\$1,768,498,130	
Community Based Long Term Care														
HCBS - Elderly, Blind, and Disabled	\$107,968,359	\$16,811,191	\$87,178,265	\$3,498	\$15,966	\$11,962	\$0	\$0	\$72,439	\$0	\$0	\$134,462	\$212,196,143	
HCBS - Mental Illness	\$3,642,260	\$2,685,012	\$18,587,746	\$1	\$9,418	\$0	\$0	\$0	\$14,257	\$0	\$0	\$8,097	\$24,946,790	
HCBS - Disabled Children	\$0	\$0	\$1,963,855	\$0	\$0	\$0	\$0	\$572	\$577	\$0	\$0	\$0	\$1,965,004	
HCBS - Persons Living with AIDS	\$29,837	\$3,598	\$532,418	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,682	\$567,535	
HCBS - Consumer Directed Attendant Support	\$1,506,730	\$234,605	\$1,216,870	\$0	\$0	\$167	\$0	\$0	\$1,011	\$0	\$0	\$1,876	\$2,961,259	
HCBS - Brain Injury	\$158,989	\$815,885	\$11,318,639	\$0	\$3,254	\$0	\$0	\$0	\$0	\$0	\$0	\$497	\$12,297,265	
HCBS - Children with Autism	\$0	\$0	\$1,355,067	\$0	\$0	\$0	\$0	\$2,545	\$0	\$0	\$0	\$0	\$1,357,612	
HCBS - Pediatric Hospice	\$0	\$0	\$126,097	\$0	\$0	\$0	\$0	\$211	\$395	\$0	\$0	\$0	\$126,702	
Private Duty Nursing	\$1,328,952	\$0	\$17,573,121	\$0	\$0	\$0	\$0	\$521,410	\$8,338,212	\$0	\$0	\$0	\$27,761,694	
Hospice	\$30,470,765	\$2,124,046	\$6,934,493	\$184,727	\$50,718	\$39,141	\$0	\$60,107	\$3,517	\$0	\$0	(\$4,548)	\$39,862,966	
Subtotal Community Based Long Term Care	\$145,105,892	\$22,674,337	\$146,786,571	\$188,226	\$79,355	\$51,269	\$0	\$584,845	\$8,430,408	\$0	\$0	\$142,067	\$324,042,970	
Long Term Care														
Class I Nursing Facilities	\$397,056,172	\$32,228,696	\$78,280,022	\$7,615	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$569,344	\$508,141,849	
Class II Nursing Facilities	(\$200,939)	\$647,887	\$1,915,758	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,362,706	
Program of All-Inclusive Care for the Elderly	\$73,242,922	\$7,896,872	\$3,289,888	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,429,683	
Subtotal Long Term Care	\$470,098,154	\$40,773,456	\$83,485,668	\$7,615	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$569,344	\$594,934,237	
Insurance														
Supplemental Medicare Insurance Benefits	\$63,751,826	\$3,717,638	\$33,417,798	\$209,027	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,447,446	\$119,543,734	
Health Insurance Buy-In Program	\$2,287	\$1,347	\$1,111,909	\$5,375	\$0	\$0	\$0	\$3,001	\$1,077	\$0	\$0	\$0	\$1,124,996	
Subtotal Insurance	\$63,754,113	\$3,718,985	\$34,529,707	\$214,402	\$0	\$0	\$0	\$3,001	\$1,077	\$0	\$0	\$18,447,446	\$120,668,731	
Service Management														
Single Entry Points	\$11,482,516	\$2,211,295	\$10,261,280	\$4,841	\$1,210	\$0	\$0	\$4,841	\$9,683	\$0	\$38,731	\$7,262	\$24,021,660	
Disease Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Prepaid Inpatient Health Plan Administration	\$411,355	\$211,517	\$1,451,791	\$590,948	\$202,779	\$238,521	\$0	\$3,063,511	\$216,554	\$88,268	\$0	\$0	\$6,475,244	
Accountable Care Collaborative	\$11,931	\$16,697	\$100,967	\$182,258	\$64,661	\$73,004	\$0	\$407,790	\$14,196	\$15,905	\$0	\$0	\$887,411	
Subtotal Service Management	\$11,905,802	\$2,439,509	\$11,814,039	\$778,047	\$268,650	\$311,525	\$0	\$3,476,143	\$240,433	\$104,173	\$38,731	\$7,262	\$31,384,315	
Total Services	\$791,512,591	\$132,860,467	\$823,740,133	\$228,070,105	\$57,404,788	\$62,924,144	\$10,106,721	\$517,572,443	\$73,843,497	\$69,982,196	\$47,106,805	\$24,404,491	\$2,839,528,383	
Financing & Supplemental Payments														
Upper Payment Limit Financing	\$7,676,810	\$823,929	\$4,599,470	\$849,050	\$256,470	\$284,166	\$0	\$1,474,141	\$323,850	\$115,813	\$27,916	\$14,559	\$16,446,173	
Hospital Supplemental Payments	\$13,043,327	\$15,343,201	\$122,857,357	\$77,168,595	\$17,909,429	\$19,381,431	\$0	\$122,110,435	\$9,849,776	\$27,640,610	\$30,044,552	(\$428)	\$455,348,284	
Nursing Facility Supplemental Payments	\$59,632,155	\$4,840,289	\$11,756,539	\$1,144	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,507	\$76,315,634	
Physician Supplemental Payments	\$41,037	\$66,804	\$507,620	\$480,219	\$109,810	\$120,429	\$0	\$1,046,566	\$105,090	\$174,896	\$63,353	\$18	\$2,715,842	
Outstanding Payments	\$76,764	\$135,437	\$1,215,606	\$1,068,961	\$323,010	\$357,543	\$0	\$1,777,176	\$147,503	\$146,088	\$35,481	\$25	\$5,283,594	
Accounting Adjustments	(\$2,643)	(\$483)	(\$3,002)	(\$876)	(\$247)	(\$247)	(\$38)	(\$1,975)	(\$254)	(\$254)	(\$175)	(\$22)	(\$10,239)	
Subtotal Financing & Supplemental Payments	\$80,467,449	\$21,209,175	\$140,933,589	\$79,567,093	\$18,598,494	\$20,143,323	(\$38)	\$126,406,344	\$10,425,920	\$28,077,153	\$30,171,128	\$99,658	\$556,099,288	
Grand Total	\$871,980,040	\$154,069,643	\$964,673,722	\$307,637,198	\$76,003,282	\$83,067,467	\$10,106,683	\$643,978,787	\$84,269,417	\$98,059,349	\$77,277,933	\$24,504,150	\$3,395,627,671	

Exhibit M

Cash-based Actuals													Partial Dual Eligibles	COFRS TOTAL
FY 2010-11 Adjusted Totals for June 2010 Payment Delay	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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens			
Acute Care														
Physician Services & EPSDT	\$4,130,719	\$6,703,561	\$51,097,852	\$48,201,137	\$11,090,522	\$12,375,689	\$0	\$105,296,010	\$10,585,051	\$17,581,872	\$6,320,750	\$1,842	\$273,385,005	
Emergency Transportator	\$1,312,219	\$249,128	\$1,981,658	\$1,077,205	\$231,588	\$234,510	\$0	\$1,644,807	\$227,759	\$191,791	\$83,441	\$5	\$6,024,130	
Non-emergency Medical Transportation	\$2,229,276	\$1,030,710	\$5,146,701	\$463,897	\$33,379	\$27,195	\$0	\$1,144,273	\$191,774	\$47,504	\$3,420	\$243	\$10,363,372	
Dental Services	\$955,956	\$287,848	\$4,837,631	\$4,022,721	\$1,139,559	\$1,188,067	\$0	\$86,467,469	\$5,552,512	\$362,347	\$4,838	\$30	\$104,818,977	
Family Planning	\$0	\$16	\$12,280	\$129,473	\$55,802	\$59,388	\$0	\$117,776	\$38,636	\$15,103	\$0	\$0	\$428,473	
Health Maintenance Organizations	\$6,832,995	\$6,431,178	\$38,459,477	\$17,071,001	\$4,633,065	\$6,456,182	\$0	\$35,589,962	\$823,759	\$1,190,805	\$0	\$0	\$117,488,424	
Inpatient Hospitals	\$13,226,398	\$13,708,601	\$104,724,509	\$53,310,198	\$9,389,744	\$9,835,760	\$0	\$80,955,351	\$6,191,811	\$29,151,219	\$36,914,044	\$3,263	\$357,410,898	
Outpatient Hospitals	\$3,056,720	\$5,426,119	\$48,146,249	\$41,342,955	\$13,733,770	\$14,489,889	\$0	\$70,566,037	\$5,827,169	\$5,797,920	\$1,403,889	\$510	\$209,791,226	
Lab & X-Ray	\$536,134	\$822,885	\$6,615,374	\$10,221,967	\$2,632,247	\$2,895,486	\$0	\$7,328,814	\$1,689,199	\$3,680,612	\$157,642	\$784	\$36,581,144	
Durable Medical Equipment	\$19,273,724	\$4,734,880	\$46,704,499	\$2,519,710	\$875,117	\$780,295	\$0	\$8,456,549	\$4,218,565	\$167,275	\$5	\$14,696	\$87,745,314	
Prescription Drugs	\$7,696,196	\$15,713,437	\$116,023,969	\$32,895,349	\$11,580,039	\$11,693,984	\$0	\$54,593,081	\$20,062,946	\$2,210,846	\$23	\$4	\$272,469,874	
Drug Rebate	(\$3,615,910)	(\$7,329,604)	(\$54,068,344)	(\$15,464,886)	(\$5,350,781)	(\$5,342,502)	\$0	(\$25,337,470)	(\$9,368,002)	(\$1,032,200)	(\$10)	(\$2)	(\$126,909,710)	
Rural Health Centers	\$51,237	\$201,149	\$1,081,153	\$1,292,935	\$509,279	\$549,705	\$0	\$5,208,165	\$685,199	\$277,916	\$30,833	\$75	\$9,887,646	
Federally Qualified Health Centers	\$877,182	\$1,014,344	\$7,353,061	\$12,319,325	\$3,009,623	\$3,746,392	\$0	\$51,735,998	\$2,065,438	\$4,996,706	\$411,996	\$0	\$87,530,065	
Co-Insurance (Title XVIII-Medicare)	\$15,904,615	\$2,389,850	\$11,036,287	\$95,315	\$237,494	\$438,293	\$0	\$42,212	\$30,660	\$55,401	\$44	\$4,813,375	\$35,043,547	
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,817,118	\$0	\$0	\$0	\$0	\$9,817,118	
Prepaid Inpatient Health Plan Services	\$2,221,510	\$2,361,149	\$19,107,158	\$8,181,803	\$2,188,948	\$2,076,156	\$0	\$9,365,354	\$2,583,913	\$2,763,503	\$0	\$0	\$50,849,494	
Other Medical Services	\$770	\$518	\$4,450	\$1,809	\$466	\$509	\$78	\$4,077	\$555	\$525	\$361	\$40	\$14,158	
Home Health	\$23,878,879	\$7,291,128	\$120,949,799	\$430,338	\$127,646	\$157,786	\$0	\$4,170,550	\$11,395,772	\$48,399	\$0	\$231,822	\$168,682,120	
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Subtotal of Acute Care	\$97,388,620	\$61,036,898	\$529,213,760	\$218,112,253	\$56,117,509	\$61,707,804	\$9,817,196	\$497,319,012	\$62,802,717	\$67,507,543	\$45,331,275	\$5,066,688	\$1,711,421,275	
Community Based Long Term Care														
HCBS - Elderly, Blind, and Disabled	\$105,868,153	\$16,511,174	\$85,914,477	\$3,456	\$15,966	\$11,962	\$0	\$0	\$71,172	\$0	\$0	\$129,956	\$208,526,316	
HCBS - Mental Illness	\$3,587,367	\$2,652,010	\$18,317,043	\$1	\$9,418	\$0	\$0	\$0	\$13,599	\$0	\$0	\$8,097	\$24,587,535	
HCBS - Disabled Children	\$0	\$0	\$1,886,052	\$0	\$0	\$0	\$0	\$572	\$577	\$0	\$0	\$0	\$1,887,201	
HCBS - Persons Living with AIDS	\$29,046	\$3,470	\$516,199	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,682	\$550,397	
HCBS - Consumer Directed Attendant Support	\$1,506,730	\$234,605	\$1,216,870	\$0	\$0	\$167	\$0	\$0	\$1,011	\$0	\$0	\$1,876	\$2,961,259	
HCBS - Brain Injury	\$158,168	\$809,327	\$11,211,671	\$0	\$3,254	\$0	\$0	\$0	\$0	\$0	\$0	\$497	\$12,182,916	
HCBS - Children with Autism	\$0	\$0	\$1,326,032	\$0	\$0	\$0	\$0	\$2,545	\$4,077	\$0	\$0	\$0	\$1,328,577	
HCBS - Pediatric Hospice	\$0	\$0	\$118,667	\$0	\$0	\$0	\$0	\$211	\$395	\$0	\$0	\$0	\$119,273	
Private Duty Nursing	\$1,319,815	\$0	\$17,252,161	\$0	\$0	\$0	\$0	\$502,792	\$8,251,188	\$0	\$0	\$0	\$27,325,957	
Hospice	\$30,229,237	\$2,102,622	\$6,889,023	\$177,819	\$50,718	\$39,141	\$0	\$60,107	\$3,517	\$0	\$0	(\$4,548)	\$39,547,635	
Subtotal Community Based Long Term Care	\$142,698,517	\$22,313,208	\$144,648,196	\$181,275	\$79,355	\$51,269	\$0	\$566,227	\$8,341,459	\$0	\$0	\$137,560	\$319,017,067	
Long Term Care														
Class I Nursing Facilities	\$390,609,241	\$31,625,232	\$76,509,001	\$7,615	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$564,302	\$499,315,391	
Class II Nursing Facilities	(\$84,407)	\$729,155	\$2,518,445	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,163,194	
Program of All-Inclusive Care for the Elderly	\$73,232,307	\$7,892,082	\$3,289,888	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$84,414,277	
Subtotal Long Term Care	\$463,757,141	\$40,246,469	\$82,317,334	\$7,615	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$564,302	\$586,892,862	
Insurance														
Supplemental Medicare Insurance Benefit	\$63,751,826	\$3,717,638	\$33,417,798	\$209,027	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,447,446	\$119,543,734	
Health Insurance Buy-In Program	\$1,979	\$625	\$1,025,861	\$5,099	\$0	\$0	\$0	\$2,021	\$1,059	\$0	\$0	\$0	\$1,036,644	
Subtotal Insurance	\$63,753,805	\$3,718,263	\$34,443,659	\$214,125	\$0	\$0	\$0	\$2,021	\$1,059	\$0	\$0	\$18,447,446	\$120,580,378	
Service Management														
Single Entry Points	\$11,482,516	\$2,211,295	\$10,261,280	\$4,841	\$1,210	\$0	\$0	\$4,841	\$9,683	\$0	\$38,731	\$7,262	\$24,021,660	
Disease Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Prepaid Inpatient Health Plan Administration	\$411,355	\$211,517	\$1,451,791	\$590,948	\$202,779	\$238,521	\$0	\$3,063,511	\$216,554	\$88,268	\$0	\$0	\$6,475,244	
Accountable Care Collaborative	\$11,931	\$16,697	\$100,967	\$64,661	\$73,004	\$73,004	\$0	\$407,790	\$14,196	\$15,905	\$0	\$0	\$887,411	
Subtotal Service Management	\$11,905,802	\$2,439,509	\$11,814,039	\$778,047	\$268,650	\$311,525	\$0	\$3,476,143	\$240,433	\$104,173	\$38,731	\$7,262	\$31,384,315	
Total Services	\$779,503,885	\$129,754,347	\$802,436,988	\$219,293,316	\$56,465,514	\$62,070,599	\$9,817,196	\$501,363,403	\$71,385,668	\$67,611,716	\$45,370,006	\$24,223,258	\$2,769,295,897	
Financing & Supplemental Payments														
Upper Payment Limit Financing	\$7,676,810	\$823,929	\$4,599,470	\$849,050	\$256,470	\$284,166	\$0	\$1,474,141	\$323,850	\$115,813	\$27,916	\$14,559	\$16,446,173	
Hospital Supplemental Payments	\$13,043,327	\$15,343,201	\$122,857,357	\$77,168,595	\$17,909,429	\$19,381,431	\$0	\$122,110,435	\$9,849,776	\$27,640,610	\$30,044,552	(\$428)	\$455,348,284	
Nursing Facility Supplemental Payments	\$59,632,155	\$4,840,289	\$11,756,539	\$1,144	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$85,507	\$76,315,634	
Physician Supplemental Payments	\$41,037	\$66,804	\$507,620	\$480,219	\$109,810	\$120,429	\$0	\$1,046,566	\$105,090	\$174,896	\$63,353	\$18	\$2,715,842	
Outstanding Payments	\$76,764	\$135,437	\$1,215,606	\$1,068,961	\$323,010	\$357,543	\$0	\$1,777,176	\$147,503	\$146,088	\$35,481	\$25	\$5,283,594	
Accounting Adjustments	(\$2,643)	(\$483)	(\$3,002)	(\$876)	(\$247)	(\$247)	(\$38)	(\$1,975)	(\$229)	(\$254)	(\$175)	(\$22)	(\$10,239)	
Subtotal Financing & Supplemental Payments	\$80,467,449	\$21,209,175	\$140,933,589	\$79,567,093	\$18,598,494	\$20,143,323	(\$38)	\$126,406,344	\$10,425,920	\$28,077,153	\$30,171,128	\$99,658	\$556,099,288	
Grand Total	\$859,971,334	\$150,963,522	\$943,370,577	\$298,860,409	\$75,064,008	\$82,213,922	\$9,817,158	\$627,769,747	\$81,811,588	\$95,688,869	\$75,541,134	\$24,322,917	\$3,325,395,185	

Exhibit M

Cash-based Actuals													
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program- Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Acute Care													
Physician Services & EPSDT	\$4,504,959	\$5,841,290	\$45,027,403	\$49,005,879	\$8,242,831	\$379,950	\$0	\$97,071,331	\$9,752,159	\$16,382,526	\$6,720,532	\$553	\$242,929,414
Emergency Transportation	\$13,210	\$206,450	\$1,629,961	\$1,035,662	\$179,937	\$5,733	\$0	\$1,553,739	\$202,199	\$184,865	\$87,075	\$0	\$5,217,633
Non-emergency Medical Transportation	\$2,230,609	\$868,873	\$4,556,037	\$344,058	\$21,112	\$463	\$0	\$964,382	\$100,146	\$44,731	\$1,244	\$0	\$9,131,655
Dental Services	\$790,484	\$236,617	\$4,188,551	\$3,595,409	\$769,005	\$54,703	\$0	\$73,534,295	\$5,281,907	\$353,118	\$2,724	\$43	\$88,806,857
Family Planning	\$0	\$0	\$11,970	\$107,725	\$41,710	\$1,828	\$0	\$110,955	\$30,688	\$17,076	\$0	\$0	\$321,975
Health Maintenance Organizations	\$6,690,235	\$6,808,868	\$45,687,858	\$17,679,228	\$3,528,957	\$149,518	\$0	\$35,072,614	\$902,745	\$1,131,694	\$0	\$0	\$117,651,717
Inpatient Hospitals	\$15,121,066	\$10,933,612	\$94,203,357	\$54,090,071	\$6,226,870	\$225,968	\$0	\$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	\$9,830,617	\$591,764	\$0	\$51,528,633	\$4,616,132	\$4,813,849	\$1,009,919	\$0	\$144,956,141
Lab & X-Ray	\$542,175	\$702,690	\$5,366,358	\$9,847,442	\$1,749,800	\$113,194	\$0	\$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	\$678,683	\$21,565	\$0	\$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	\$7,733,934	\$524,963	\$618	\$44,622,098	\$18,661,722	\$2,189,164	\$0	\$462	\$226,114,086
Drug Rebate	(\$3,418,708)	(\$5,981,643)	(\$43,107,160)	(\$14,786,250)	(\$3,415,420)	(\$231,831)	(\$273)	(\$19,705,779)	(\$8,241,293)	(\$966,767)	\$0	(\$204)	(\$99,855,328)
Rural Health Centers	\$40,614	\$147,085	\$904,243	\$1,253,860	\$331,301	\$22,504	\$0	\$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	\$2,165,229	\$182,692	\$0	\$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)	\$339,111	\$4,014	\$0	\$21,034	\$17,428	\$24,075	\$32	\$2,934,912	\$20,852,175
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$8,716,269	\$0	\$0	\$0	\$0	\$0	\$8,716,269
Prepaid Inpatient Health Plan Services	\$2,375,072	\$2,021,423	\$17,073,019	\$7,910,314	\$1,445,249	\$183,288	\$0	\$8,648,317	\$2,128,848	\$2,918,289	\$0	\$0	\$44,703,819
Other Medical Services	\$3,033	\$1,762	\$15,618	\$8,354	\$0	\$271	\$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	\$90,617	\$1,616	\$0	\$3,749,623	\$10,908,657	\$50,128	\$0	\$212,833	\$156,448,421
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$91,718,875	\$51,980,694	\$471,262,390	\$209,998,614	\$39,959,544	\$2,231,930	\$8,716,886	\$446,572,005	\$58,075,438	\$65,696,077	\$46,692,284	\$3,157,147	\$1,496,061,883
Community Based Long Term Care													
HCBS - Elderly, Blind, and Disabled	\$101,286,005	\$14,326,522	\$70,577,472	\$8,512	\$4,831	\$0	\$0	\$0	\$77,881	\$0	\$0	\$144,853	\$186,426,075
HCBS - Mental Illness	\$3,418,565	\$2,358,037	\$16,839,277	\$80	\$0	\$0	\$0	\$0	\$22,942	\$0	\$0	\$42,459	\$22,681,360
HCBS - Disabled Children	\$0	\$0	\$1,762,739	\$0	\$0	\$0	\$0	\$0	\$471	\$0	\$0	\$0	\$1,763,210
HCBS - Persons Living with AIDS	\$19,745	\$28,343	\$533,292	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$581,405
HCBS - Consumer Directed Attendant Support	\$1,910,755	\$270,269	\$1,331,531	\$161	\$0	\$0	\$0	\$0	\$1,469	\$0	\$0	\$2,733	\$3,516,917
HCBS - Brain Injury	\$143,522	\$526,310	\$10,806,523	\$2,859	\$2,859	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,482,073
HCBS - Children with Autism	\$0	\$0	\$1,565,700	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,565,700
HCBS - Pediatric Hospice	\$0	\$0	\$94,295	\$0	\$0	\$0	\$0	\$0	\$485	\$0	\$0	\$0	\$94,781
Private Duty Nursing	\$1,026,115	\$240,541	\$14,816,119	\$0	\$0	\$0	\$586,102	\$6,561,939	\$0	\$0	\$0	\$0	\$23,230,817
Hospice	\$33,775,857	\$3,004,027	\$6,070,145	\$173,870	\$23,084	\$0	\$231,678	\$34,952	\$0	\$1,279	\$6,603	\$43,321,496	
Subtotal Community Based Long Term Care	\$141,580,564	\$20,754,049	\$124,397,093	\$185,482	\$30,774	\$0	\$0	\$817,780	\$6,700,139	\$0	\$1,279	\$196,672	\$294,663,833
Long Term Care													
Class I Nursing Facilities	\$386,581,897	\$28,352,812	\$72,076,695	\$5,285	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$57,644	\$487,074,333
Class II Nursing Facilities	\$78,087	\$345,366	\$1,592,381	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,015,835
Program of All-Inclusive Care for the Elderly	\$61,913,944	\$4,981,340	\$2,345,339	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,240,623
Subtotal Long Term Care	\$448,573,929	\$33,679,519	\$76,014,415	\$5,285	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$57,644	\$558,330,791
Insurance													
Supplemental Medicare Insurance Benefit	\$54,965,748	\$3,205,285	\$28,812,261	\$180,219	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,905,077	\$103,068,590
Health Insurance Buy-In Program	\$3,244	\$7,611	\$907,337	\$2,920	\$0	\$0	\$0	\$10,334	\$192	\$0	\$0	\$0	\$931,637
Subtotal Insurance	\$54,968,992	\$3,212,895	\$29,719,598	\$183,139	\$0	\$0	\$0	\$10,334	\$192	\$0	\$0	\$15,905,077	\$104,000,227
Service Management													
Single Entry Points	\$11,622,897	\$2,068,951	\$9,956,430	\$2,637	\$0	\$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	\$0	\$409	\$21,785	\$3,047	\$3,027	\$0	\$0	\$71,616
Prepaid Inpatient Health Plan Administration	\$331,989	\$116,999	\$938,116	\$543,252	\$170,250	\$0	\$0	\$2,715,378	\$208,304	\$87,465	\$0	\$0	\$5,111,753
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Service Management	\$11,959,457	\$2,188,605	\$10,918,080	\$558,478	\$170,250	\$0	\$409	\$2,738,620	\$219,680	\$90,492	\$41,435	\$5,414	\$28,890,920
Total Services	\$748,801,817	\$111,815,763	\$712,311,577	\$210,930,998	\$40,160,568	\$2,231,930	\$8,717,294	\$450,138,739	\$64,995,449	\$65,786,568	\$46,734,999	\$19,321,953	\$2,481,947,656
Financing & Supplemental Payments													
Upper Payment Limit Financing	\$11,041,603	\$915,688	\$3,009,973	\$913,585	\$278,991	\$16,794	\$0	\$1,462,375	\$131,005	\$136,616	\$28,661	\$1,636	\$17,936,927
Hospital Supplemental Payments	\$11,404,874	\$9,618,163	\$83,046,197	\$55,894,199	\$10,402,884	\$529,770	\$0	\$87,130,848	\$6,757,128	\$22,253,436	\$25,428,584	\$2,655	\$312,468,739
Nursing Facility Supplemental Payments	\$37,661,309	\$2,762,168	\$7,021,805	\$515	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,616	\$47,451,412
Physician Supplemental Payments	\$268,976	\$348,764	\$2,688,435	\$2,925,976	\$492,152	\$22,686	\$0	\$5,795,803	\$582,269	\$978,146	\$401,260	\$33	\$14,504,498
Outstanding Payments	\$60,301	\$95,018	\$825,288	\$781,637	\$238,736	\$14,371	\$0	\$1,251,371	\$112,103	\$116,904	\$24,526	\$0	\$3,520,254
Accounting Adjustments	(\$5,210)	(\$778)	(\$4,956)	(\$1,468)	(\$279)	(\$16)	(\$61)	(\$3,132)	(\$452)	(\$458)	(\$325)	(\$134)	(\$17,268)
Subtotal Financing & Supplemental Payments	\$60,431,853	\$13,739,022	\$96,586,742	\$60,514,444	\$11,412,484	\$583,605	(\$61)	\$95,637,265	\$7,582,053	\$23,484,644	\$25,882,706	\$9,805	\$395,864,563
Grand Total	\$809,233,671	\$125,554,785	\$808,898,319	\$271,445,443	\$51,573,052	\$2,815,535	\$8,717,234	\$545,776,004	\$72,577,502	\$89,271,212	\$72,617,705	\$19,331,759	\$2,877,812,218

Exhibit M

Cash-based Actuals

FY 2009-10 Adjusted Totals for June 2010 Payment Delay	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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program- Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Acute Care													
Physician Services & EPSDT	\$4,644,233	\$6,088,859	\$46,749,044	\$50,890,397	\$8,461,144	\$535,323	\$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	\$182,910	\$7,555	\$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	\$21,342	\$608	\$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	\$786,925	\$78,276	\$0	\$76,650,059	\$5,510,341	\$370,427	\$2,724	\$43	\$92,558,572
Family Planning	\$0	\$24	\$12,420	\$114,135	\$43,996	\$2,601	\$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	\$3,528,957	\$149,518	\$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	\$6,305,520	\$390,748	\$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	\$10,090,199	\$819,270	\$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	\$1,803,815	\$154,214	\$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	\$694,756	\$39,139	\$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	\$7,947,272	\$671,944	\$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)	(\$3,415,420)	(\$231,831)	(\$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	\$340,052	\$30,726	\$0	\$4,711,474	\$418,503	\$308,458	\$29,366	\$142	\$8,294,180
Federally Qualified Health Centers	\$945,051	\$829,861	\$6,305,622	\$12,037,090	\$2,224,505	\$238,621	\$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)	\$345,444	\$12,158	\$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	\$0	\$9,005,795	\$0	\$0	\$0	\$0	\$0	\$9,005,795
Prepaid Inpatient Health Plan Services	\$2,375,072	\$2,021,423	\$17,073,019	\$7,910,314	\$1,445,249	\$183,288	\$0	\$8,648,317	\$2,128,848	\$2,918,289	\$0	\$0	\$44,703,819
Other Medical Services	\$3,033	\$1,762	\$15,618	\$8,354	\$0	\$271	\$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	\$92,754	\$2,869	\$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	\$0
Subtotal of Acute Care	\$94,978,885	\$54,197,977	\$489,172,778	\$218,768,176	\$40,898,817	\$3,085,476	\$9,006,411	\$462,761,448	\$60,444,300	\$68,066,557	\$48,429,084	\$3,328,831	\$1,553,138,739
Community Based Long Term Care													
HCBS - Elderly, Blind, and Disabled	\$103,386,211	\$14,626,539	\$71,841,260	\$8,554	\$4,831	\$0	\$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	\$0	\$23,600	\$0	\$0	\$42,459	\$23,040,614
HCBS - Disabled Children	\$0	\$0	\$1,840,542	\$0	\$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	\$0	\$25	\$598,542
HCBS - Consumer Directed Attendant Support	\$1,910,755	\$270,269	\$1,331,531	\$161	\$0	\$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	\$0	\$11,596,421
HCBS - Children with Autism	\$0	\$0	\$1,594,735	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,594,735
HCBS - Pediatric Hospice	\$0	\$0	\$101,725	\$0	\$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	\$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	\$6,603	\$43,636,826
Subtotal Community Based Long Term Care	\$143,987,940	\$21,115,178	\$126,535,468	\$192,432	\$30,774	\$0	\$0	\$836,398	\$6,789,088	\$0	\$1,279	\$201,179	\$299,689,736
Long Term Care													
Class I Nursing Facilities	\$393,028,828	\$28,956,277	\$73,847,716	\$5,285	\$0	\$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	\$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	\$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	\$0	\$62,685	\$566,372,167
Insurance													
Supplemental Medicare Insurance Benefits	\$54,965,748	\$3,205,285	\$28,812,261	\$180,219	\$0	\$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	\$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	\$0	\$11,314	\$210	\$0	\$0	\$15,905,077	\$104,088,580
Service Management													
Single Entry Points	\$11,622,897	\$2,068,951	\$9,956,430	\$2,637	\$0	\$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	\$0	\$409	\$21,785	\$3,047	\$3,027	\$0	\$0	\$71,616
Prepaid Inpatient Health Plan Administration	\$331,989	\$116,999	\$938,116	\$543,252	\$170,250	\$0	\$0	\$2,715,378	\$208,304	\$87,465	\$0	\$0	\$5,111,753
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Service Management	\$11,959,457	\$2,188,605	\$10,918,080	\$558,478	\$170,250	\$0	\$409	\$2,738,620	\$219,680	\$90,492	\$41,435	\$5,414	\$28,890,920
Total Services	\$760,810,523	\$114,921,883	\$733,614,722	\$219,707,787	\$41,099,842	\$3,085,476	\$9,006,820	\$466,347,779	\$67,453,278	\$68,157,048	\$48,471,798	\$19,503,186	\$2,552,180,141
Financing & Supplemental Payments													
Upper Payment Limit Financing	\$11,041,603	\$915,688	\$3,009,973	\$913,585	\$278,991	\$16,794	\$0	\$1,462,375	\$131,005	\$136,616	\$28,661	\$1,636	\$17,936,927
Hospital Supplemental Payments	\$11,404,874	\$9,618,163	\$83,046,197	\$55,894,199	\$10,402,884	\$529,770	\$0	\$87,130,848	\$6,757,128	\$22,253,436	\$25,428,584	\$2,655	\$312,468,739
Nursing Facility Supplemental Payments	\$37,661,309	\$2,762,168	\$7,021,805	\$515	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,616	\$47,451,412
Physician Supplemental Payments	\$268,976	\$348,764	\$2,688,435	\$2,925,976	\$492,152	\$22,686	\$0	\$5,795,803	\$582,269	\$978,146	\$401,260	\$33	\$14,504,498
Outstanding Payments	\$60,301	\$95,018	\$825,288	\$781,637	\$238,736	\$14,371	\$0	\$1,251,371	\$112,103	\$116,904	\$24,526	\$0	\$3,520,254
Accounting Adjustments	(\$5,210)	(\$778)	(\$4,956)	(\$1,468)	(\$279)	(\$16)	(\$61)	(\$3,132)	(\$452)	(\$458)	(\$325)	(\$134)	(\$17,268)
Subtotal Financing & Supplemental Payments	\$60,431,853	\$13,739,022	\$96,586,742	\$60,514,444	\$11,412,484	\$583,605	(\$61)	\$95,637,265	\$7,582,053	\$23,484,644	\$25,882,706	\$9,805	\$395,864,563
Grand Total	\$821,242,377	\$128,660,905	\$830,201,464	\$280,222,231	\$52,512,326	\$3,669,080	\$9,006,759	\$561,985,044	\$75,035,330	\$91,641,692	\$74,354,504	\$19,512,991	\$2,948,044,704

Exhibit M

Cash-based Actuals													
FY 2009-10 June 2010 Payment Delay Amounts	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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program- Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Acute Care													
Physician Services & EPSDT	\$139,274	\$247,568	\$1,721,640	\$1,884,518	\$218,313	\$155,373	\$0	\$3,602,541	\$349,849	\$616,581	\$271,380	\$0	\$9,207,038
Emergency Transportator	\$3,662	\$13,366	\$85,367	\$35,804	\$2,973	\$1,823	\$0	\$50,303	\$8,725	\$5,046	\$5,052	\$0	\$212,121
Non-emergency Medical Transportation	\$19,534	\$12,770	\$53,010	\$3,249	\$229	\$145	\$0	\$12,518	\$3,675	\$606	\$0	\$0	\$105,736
Dental Services	\$24,991	\$8,317	\$163,583	\$151,826	\$17,919	\$23,573	\$0	\$3,115,764	\$228,434	\$17,308	\$0	\$0	\$3,751,715
Family Planning	\$0	\$0	\$451	\$6,411	\$1,686	\$773	\$0	\$3,054	\$209	\$358	\$0	\$0	\$12,941
Health Maintenance Organizations	\$0	\$0	(\$11)	\$27	\$0	\$0	\$0	\$17	\$0	\$0	\$0	\$0	\$32
Inpatient Hospitals	\$701,917	\$692,754	\$4,830,846	\$2,182,914	\$78,650	\$164,780	\$0	\$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	\$259,581	\$227,956	\$0	\$2,589,324	\$244,629	\$215,601	\$56,662	\$521	\$7,701,685
Lab & X-Ray	\$22,583	\$30,542	\$246,699	\$424,520	\$54,014	\$41,020	\$0	\$260,269	\$68,093	\$126,528	\$6,709	\$0	\$1,280,976
Durable Medical Equipment	\$686,787	\$176,201	\$1,464,951	\$94,907	\$16,073	\$17,574	\$0	\$279,003	\$134,648	\$12,938	\$0	(\$451)	\$2,882,631
Prescription Drugs	\$318,002	\$531,682	\$3,811,518	\$1,446,505	\$213,338	\$146,981	\$0	\$1,564,142	\$700,017	\$76,891	\$0	\$0	\$8,809,075
Drug Rebate	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rural Health Centers	\$2,033	\$5,269	\$41,659	\$60,696	\$8,751	\$8,222	\$0	\$149,372	\$13,296	\$7,963	\$3,098	\$0	\$300,359
Federally Qualified Health Centers	\$39,192	\$37,269	\$235,274	\$497,414	\$59,276	\$55,930	\$0	\$1,572,983	\$67,107	\$196,118	\$15,893	\$0	\$2,776,457
Co-Insurance (Title XVIII-Medicare)	\$600,604	\$104,817	\$438,296	\$10,381	\$6,333	\$8,144	\$0	\$1,250	\$1,022	\$878	\$0	\$172,142	\$1,343,867
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$289,525	\$0	\$0	\$0	\$0	\$0	\$289,525
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Medical Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Home Health	\$598,271	\$207,762	\$2,924,369	\$7,843	\$2,137	\$1,253	\$0	\$49,209	\$156,115	\$285	\$0	\$4,404	\$3,951,648
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$3,260,010	\$2,217,283	\$17,910,388	\$8,769,562	\$939,274	\$853,546	\$289,525	\$16,189,443	\$2,368,862	\$2,370,480	\$1,736,799	\$171,684	\$57,076,855
Community Based Long Term Care													
HCBS - Elderly, Blind, and Disabled	\$2,100,206	\$300,017	\$1,263,788	\$42	\$0	\$0	\$0	\$0	\$1,267	\$0	\$0	\$4,507	\$3,669,827
HCBS - Mental Illness	\$54,893	\$33,002	\$270,702	\$0	\$0	\$0	\$0	\$0	\$658	\$0	\$0	\$0	\$359,255
HCBS - Disabled Children	\$0	\$0	\$77,803	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,803
HCBS - Persons Living with AIDS	\$791	\$127	\$16,219	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,137
HCBS - Consumer Directed Attendant Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Brain Injury	\$821	\$6,558	\$106,969	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$114,348
HCBS - Children with Autism	\$0	\$0	\$29,034	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,034
HCBS - Pediatric Hospice	\$0	\$0	\$7,429	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,429
Private Duty Nursing	\$9,137	\$0	\$320,960	\$0	\$0	\$0	\$18,618	\$87,024	\$0	\$0	\$0	\$0	\$435,738
Hospice	\$241,528	\$21,425	\$45,470	\$6,908	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$315,331
Subtotal Community Based Long Term Care	\$2,407,375	\$361,129	\$2,138,375	\$6,950	\$0	\$0	\$0	\$18,618	\$88,949	\$0	\$0	\$4,507	\$5,025,903
Long Term Care													
Class I Nursing Facilities	\$6,446,931	\$603,465	\$1,771,021	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,042	\$8,826,459
Class II Nursing Facilities	(\$116,533)	(\$81,268)	(\$602,688)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$800,488)
Program of All-Inclusive Care for the Elderly	\$10,615	\$4,790	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,405
Subtotal Long Term Care	\$6,341,014	\$526,987	\$1,168,333	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,042	\$8,041,375
Insurance													
Supplemental Medicare Insurance Benefit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Insurance Buy-In Program	\$308	\$722	\$86,048	\$277	\$0	\$0	\$0	\$980	\$18	\$0	\$0	\$0	\$88,352
Subtotal Insurance	\$308	\$722	\$86,048	\$277	\$0	\$0	\$0	\$980	\$18	\$0	\$0	\$0	\$88,352
Service Management													
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Service Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Services	\$12,008,706	\$3,106,120	\$21,303,145	\$8,776,789	\$939,274	\$853,546	\$289,525	\$16,209,040	\$2,457,828	\$2,370,480	\$1,736,799	\$181,233	\$70,232,486
Financing & Supplemental Payments													
Upper Payment Limit Financing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursing Facility Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outstationing Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Financing & Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grand Total	\$12,008,706	\$3,106,120	\$21,303,145	\$8,776,789	\$939,274	\$853,546	\$289,525	\$16,209,040	\$2,457,828	\$2,370,480	\$1,736,799	\$181,233	\$70,232,486

Exhibit M

Cash-based Actuals													
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program- Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Acute Care													
Physician Services & EPSDT	\$4,994,147	\$6,222,450	\$45,788,069	\$45,929,303	\$6,388,849	\$0	\$0	\$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	\$0	\$0	\$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	\$0	\$0	\$0	\$809,400	\$131,628	\$35,042	\$791	\$0	\$8,689,018
Dental Services	\$982,210	\$236,181	\$3,967,399	\$3,245,522	\$643,081	\$0	\$0	\$61,485,476	\$5,488,468	\$396,626	\$11,462	\$0	\$76,456,424
Family Planning	\$0	\$120	\$9,036	\$115,099	\$35,198	\$0	\$0	\$101,028	\$34,059	\$23,734	\$1,150	\$0	\$319,424
Health Maintenance Organizations	\$8,589,196	\$7,896,327	\$59,131,526	\$15,481,484	\$2,413,999	\$0	\$0	\$33,428,257	\$1,052,528	\$1,081,509	\$0	\$0	\$129,074,827
Inpatient Hospitals	\$16,801,697	\$13,598,479	\$98,702,338	\$57,489,437	\$5,455,282	\$0	\$0	\$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	\$0	\$0	\$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	\$0	\$0	\$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	\$0	\$0	\$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	\$0	\$1,722	\$47,409,911	\$21,136,869	\$1,959,449	\$78,621	\$378	\$233,666,309
Drug Rebate	(\$3,188,270)	(\$4,751,863)	(\$41,015,133)	(\$12,594,454)	(\$2,531,565)	\$0	(\$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	\$0	\$0	\$4,193,025	\$300,376	\$348,898	\$34,346	\$0	\$7,458,484
Federally Qualified Health Centers	\$964,422	\$691,839	\$5,907,249	\$10,952,551	\$1,637,957	\$0	\$0	\$44,940,460	\$2,237,254	\$4,162,016	\$1,595,266	\$0	\$73,089,013
Co-Insurance (Title XVIII-Medicare)	\$13,247,112	\$1,936,238	\$8,768,139	(\$1,273)	\$363,789	\$0	\$0	\$31,202	\$20,241	\$41,983	\$1,112	\$3,689,845	\$28,098,389
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$7,042,030	\$0	\$0	\$0	\$0	\$0	\$7,042,030
Prepaid Inpatient Health Plan Services	\$2,208,485	\$1,744,095	\$12,109,816	\$4,331,431	\$689,116	\$0	\$0	\$11,378,089	\$1,586,101	\$1,942,062	\$0	\$0	\$35,989,196
Other Medical Services	\$3,147	\$1,760	\$15,560	\$7,453	\$0	\$0	\$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	\$0	\$0	\$3,328,955	\$10,164,895	\$25,103	\$0	\$172,081	\$147,328,138
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$102,239,226	\$56,004,946	\$492,622,774	\$206,446,267	\$30,913,086	\$0	\$7,043,287	\$428,647,150	\$61,714,145	\$60,515,451	\$59,182,087	\$3,886,476	\$1,509,214,896
Community Based Long Term Care													
HCBS - Elderly, Blind, and Disabled	\$97,156,797	\$13,604,791	\$65,434,378	\$15,005	\$395	\$0	\$0	\$0	\$77,857	\$0	\$0	\$192,447	\$176,481,671
HCBS - Mental Illness	\$3,588,896	\$2,137,938	\$17,180,010	\$0	\$1,005	\$0	\$0	\$0	\$6,584	\$0	\$0	\$44,433	\$22,958,866
HCBS - Disabled Children	\$0	\$0	\$1,747,600	\$0	\$0	\$0	\$0	\$50	\$33	\$0	\$0	\$0	\$1,747,683
HCBS - Persons Living with AIDS	\$12,764	\$32,458	\$546,457	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,066	\$0	\$592,744
HCBS - Consumer Directed Attendant Support	\$2,271,433	\$318,067	\$1,529,803	\$351	\$0	\$0	\$0	\$0	\$1,820	\$0	\$0	\$4,499	\$4,125,973
HCBS - Brain Injury	\$159,346	\$507,164	\$11,361,726	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,028,236
HCBS - Children with Autism	\$3,147	\$0	\$1,293,932	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,293,932
HCBS - Pediatric Hospice	\$0	\$0	\$26,940	\$0	\$0	\$0	\$0	\$0	\$2,372	\$0	\$0	\$0	\$29,312
Private Duty Nursing	\$725,106	\$186,844	\$14,728,104	\$0	\$0	\$0	\$250,793	\$5,460,562	\$0	\$0	\$0	\$0	\$21,351,408
Hospice	\$31,767,623	\$2,005,681	\$5,941,975	\$37,529	\$7,535	\$0	\$0	\$77,422	\$3,390	\$2,017	\$0	\$59,700	\$39,902,873
Subtotal Community Based Long Term Care	\$135,681,964	\$18,792,943	\$119,790,925	\$52,885	\$8,935	\$0	\$0	\$328,265	\$5,552,618	\$2,017	\$0	\$302,145	\$280,512,697
Long Term Care													
Class I Nursing Facilities	\$423,682,370	\$29,953,087	\$77,004,135	\$22,194	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$256,886	\$530,918,672
Class II Nursing Facilities	\$0	\$335,754	\$1,935,960	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,271,714
Program of All-Inclusive Care for the Elderly	\$54,470,714	\$4,395,937	\$2,183,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,049,836
Subtotal Long Term Care	\$478,153,084	\$34,684,778	\$81,123,279	\$22,194	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$256,886	\$594,240,222
Insurance													
Supplemental Medicare Insurance Benefits	\$49,992,538	\$2,915,276	\$26,205,375	\$163,913	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,466,011	\$93,743,114
Health Insurance Buy-In Program	(\$177)	\$3,200	\$917,027	\$5,034	\$0	\$0	\$0	\$16,561	\$0	\$500	\$0	\$0	\$942,145
Subtotal Insurance	\$49,992,361	\$2,918,476	\$27,122,403	\$168,948	\$0	\$0	\$0	\$16,561	\$0	\$500	\$0	\$14,466,011	\$94,685,260
Service Management													
Single Entry Points	\$11,356,087	\$1,927,170	\$9,708,485	\$3,228	\$0	\$0	\$0	\$1,507	\$7,102	\$0	\$56,818	\$6,779	\$23,067,175
Disease Management	\$201,459	\$112,661	\$996,159	\$477,141	\$0	\$0	\$13,568	\$835,312	\$131,805	\$114,165	\$0	\$0	\$2,882,271
Prepaid Inpatient Health Plan Administration	\$352,841	\$75,159	\$520,646	\$530,811	\$95,675	\$0	\$0	\$2,101,664	\$184,279	\$74,059	\$0	\$0	\$3,935,134
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Service Management	\$11,910,387	\$2,114,989	\$11,225,291	\$1,011,181	\$95,675	\$0	\$13,568	\$2,938,483	\$323,187	\$188,224	\$56,818	\$6,779	\$29,884,581
Total Services	\$777,977,023	\$114,516,131	\$731,884,672	\$207,701,475	\$31,017,697	\$0	\$7,056,855	\$431,930,459	\$67,589,950	\$60,706,191	\$59,238,905	\$18,918,298	\$2,508,537,655
Financing & Supplemental Payments													
Upper Payment Limit Financing	\$11,596,400	\$918,068	\$3,187,728	\$959,312	\$0	\$0	\$0	\$1,418,150	\$148,694	\$140,234	\$43,831	\$7,015	\$18,419,432
Hospital Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursing Facility Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outstationing Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	\$10,655	\$1,568	\$10,023	\$2,845	\$425	\$0	\$97	\$5,915	\$926	\$831	\$811	\$259	\$34,355
Subtotal Financing & Supplemental Payments	\$11,607,055	\$919,637	\$3,197,752	\$962,157	\$425	\$0	\$97	\$1,424,066	\$149,619	\$141,065	\$44,642	\$7,274	\$18,453,787
Grand Total	\$789,584,078	\$115,435,768	\$735,082,424	\$208,663,632	\$31,018,121	\$0	\$7,056,952	\$433,354,524	\$67,739,569	\$60,847,257	\$59,283,547	\$18,925,572	\$2,526,991,443

Exhibit M

Cash-based Actuals													
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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Acute Care													
Physician Services & EPSDT	\$3,469,726	\$5,866,568	\$39,253,495	\$39,870,742	\$3,123,248	\$0	\$0	\$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	\$0	\$0	\$1,291,389	\$163,859	\$150,448	\$106,578	\$0	\$4,550,505
Non-emergency Medical Transportation	\$1,890,521	\$807,146	\$3,907,628	\$282,264	\$7,100	\$0	\$0	\$713,422	\$99,207	\$24,313	\$2,348	\$0	\$7,733,949
Dental Services	\$692,450	\$171,089	\$3,093,306	\$2,560,792	\$310,745	\$0	\$0	\$42,256,276	\$4,543,616	\$250,711	\$14,716	\$189	\$53,893,890
Family Planning	\$101	\$0	\$7,167	\$63,821	\$19,695	\$0	\$0	\$70,705	\$30,651	\$8,462	\$1,470	\$0	\$202,073
Health Maintenance Organizations	\$9,349,039	\$5,367,124	\$44,519,944	\$12,362,626	\$1,532,412	\$0	\$0	\$27,309,963	\$873,700	\$902,068	\$0	\$0	\$102,216,877
Inpatient Hospitals	\$12,490,039	\$11,578,942	\$87,911,992	\$55,261,146	\$3,425,569	\$0	\$0	\$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	\$0	\$0	\$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	\$0	\$0	\$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	\$0	\$0	\$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	\$0	\$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)	\$0	(\$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	\$0	\$0	\$3,411,821	\$384,803	\$239,581	\$28,394	\$0	\$6,242,784
Federally Qualified Health Centers	\$686,433	\$672,208	\$5,232,210	\$9,235,273	\$1,057,317	\$0	\$0	\$38,528,501	\$2,053,130	\$3,358,983	\$1,797,419	\$0	\$62,621,473
Co-Insurance (Title XVIII-Medicare)	\$10,666,122	\$1,603,558	\$7,081,693	\$55,556	\$150,455	\$0	\$0	\$13,250	\$8,349	\$30,611	\$1,086	\$2,896,987	\$22,507,668
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$7,088,411	\$0	\$0	\$0	\$0	\$0	\$7,088,411
Prepaid Inpatient Health Plan Services	\$2,144,360	\$1,683,438	\$11,566,837	\$3,908,229	\$419,271	\$0	\$0	\$10,068,498	\$1,601,890	\$2,289,781	\$0	\$0	\$33,682,305
Other Medical Services	\$2,310	\$1,293	\$11,593	\$5,267	\$0	\$0	\$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	\$0	\$0	\$3,209,955	\$8,809,726	\$37,335	\$2,426	\$423,280	\$129,715,198
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,770,690	\$0	\$0	\$3,770,690
Subtotal of Acute Care	\$91,223,938	\$50,717,725	\$450,621,054	\$187,505,340	\$18,427,719	\$0	\$7,089,560	\$360,156,073	\$58,954,606	\$54,344,094	\$53,633,572	\$3,330,605	\$1,336,004,286
Community Based Long Term Care													
HCBS - Elderly, Blind, and Disabled	\$86,813,975	\$10,527,340	\$43,329,761	\$37,677	\$210	\$0	\$0	\$0	\$13,583	\$0	\$0	\$509,299	\$141,231,844
HCBS - Mental Illness	\$3,181,676	\$1,943,044	\$15,184,323	\$1,504	\$1,005	\$0	\$0	\$0	\$9,277	\$0	\$0	\$89,059	\$20,409,887
HCBS - Disabled Children	\$0	\$0	\$1,352,728	\$0	\$0	\$0	\$0	\$973	\$147	\$0	\$0	\$0	\$1,353,847
HCBS - Persons Living with AIDS	\$12,757	\$31,627	\$549,627	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,395	\$595,406
HCBS - Consumer Directed Attendant Support	\$8,673,182	\$1,051,738	\$4,328,897	\$3,764	\$0	\$0	\$0	\$0	\$1,357	\$0	\$0	\$50,882	\$14,109,819
HCBS - Brain Injury	\$79,917	\$459,639	\$10,226,782	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,249	\$10,785,587
HCBS - Children with Autism	\$0	\$0	\$693,081	\$0	\$0	\$0	\$0	\$2,504	\$0	\$0	\$0	\$0	\$695,586
HCBS - Pediatric Hospice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$313,936	\$207,166	\$13,885,052	\$0	\$0	\$0	\$0	\$500,847	\$4,832,273	\$0	\$0	\$9,988	\$19,749,262
Hospice	\$25,148,153	\$2,134,632	\$5,123,646	\$70,365	\$6,838	\$0	\$0	\$86,351	\$0	\$0	\$0	\$240,791	\$32,810,776
Subtotal Community Based Long Term Care	\$124,223,595	\$16,355,185	\$94,673,897	\$113,310	\$8,054	\$0	\$0	\$590,675	\$4,856,636	\$0	\$0	\$920,662	\$241,742,014
Long Term Care													
Class I Nursing Facilities	\$389,399,454	\$25,395,243	\$69,952,848	\$6,325	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,814,628	\$486,568,498
Class II Nursing Facilities	\$74,970	\$191,024	\$1,924,394	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45,248	\$2,235,636
Program of All-Inclusive Care for the Elderly	\$44,272,143	\$3,549,809	\$1,596,904	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$49,418,855
Subtotal Long Term Care	\$433,746,567	\$29,136,075	\$73,474,146	\$6,325	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,859,876	\$538,222,989
Insurance													
Supplemental Medicare Insurance Benefi	\$43,978,504	\$2,564,572	\$23,052,905	\$144,195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,725,770	\$82,465,946
Health Insurance Buy-In Program	\$3,274	\$1,762	\$877,995	\$1,605	\$0	\$0	\$0	\$16,916	\$1,188	\$2,208	\$0	\$0	\$904,947
Subtotal Insurance	\$43,981,778	\$2,566,334	\$23,930,899	\$145,800	\$0	\$0	\$0	\$16,916	\$1,188	\$2,208	\$0	\$12,725,770	\$83,370,893
Service Management													
Single Entry Points	\$10,894,815	\$1,743,587	\$8,992,484	\$2,602	\$0	\$0	\$0	\$1,301	\$2,602	\$0	\$0	\$119,709	\$21,757,100
Disease Management	\$165,996	\$92,931	\$833,085	\$378,473	\$0	\$0	\$12,812	\$645,653	\$113,811	\$87,964	\$0	\$0	\$2,330,726
Prepaid Inpatient Health Plan Administration	\$366,151	\$74,505	\$536,817	\$430,680	\$66,075	\$0	\$0	\$1,873,683	\$176,254	\$85,306	\$0	\$0	\$3,609,472
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Service Management	\$11,426,962	\$1,911,023	\$10,362,386	\$811,756	\$66,075	\$0	\$12,812	\$2,520,636	\$292,668	\$173,270	\$0	\$119,709	\$27,697,298
Total Services	\$704,602,839	\$100,686,342	\$653,062,382	\$188,582,531	\$18,501,848	\$0	\$7,102,372	\$363,284,302	\$64,105,098	\$54,519,572	\$53,633,572	\$18,956,623	\$2,227,037,481
Financing & Supplemental Payments													
Upper Payment Limit Financing	\$7,640,056	\$566,098	\$2,073,951	\$584,574	\$0	\$0	\$0	\$859,573	\$89,613	\$77,998	\$24,832	\$35,401	\$11,952,096
Hospital Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursing Facility Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outstationing Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	\$33,799	\$4,830	\$31,327	\$9,046	\$888	\$0	\$341	\$17,426	\$3,075	\$2,615	\$2,573	\$909	\$106,828
Subtotal Financing & Supplemental Payments	\$7,673,855	\$570,928	\$2,105,277	\$593,620	\$888	\$0	\$341	\$877,000	\$92,688	\$80,613	\$27,405	\$36,310	\$12,058,924
Grand Total	\$712,276,694	\$101,257,270	\$655,167,660	\$189,176,151	\$18,502,735	\$0	\$7,102,713	\$364,161,301	\$64,197,785	\$54,600,185	\$53,660,977	\$18,992,933	\$2,239,096,405

Exhibit M

FY 2006-07	Cash-based Actuals													
	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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL	
Acute Care														
Physician Services & EPSDT	\$2,557,590	\$4,913,899	\$32,157,433	\$38,985,126	\$1,224,479	\$0	\$0	\$61,863,460	\$6,843,560	\$9,019,205	\$6,665,024	\$2,652	\$164,232,428	
Emergency Transportator	\$75,398	\$169,825	\$1,386,996	\$922,395	\$33,151	\$0	\$0	\$1,313,302	\$139,118	\$129,933	\$114,504	\$0	\$4,284,622	
Non-emergency Medical Transportation	(\$18,672)	(\$8,454)	(\$25,794)	(\$1,823)	\$0	\$0	\$0	(\$4,150)	(\$1,652)	(\$176)	(\$17)	(\$2)	(\$60,740)	
Dental Services	\$662,760	\$164,830	\$2,924,310	\$2,681,114	\$152,231	\$0	\$0	\$38,168,661	\$4,365,105	\$239,992	\$8,130	\$0	\$49,367,133	
Family Planning	\$0	\$0	\$464	(\$1,854)	\$8,904	\$0	\$0	\$7,323	\$3,119	\$422	\$55	\$0	\$18,433	
Health Maintenance Organizations	\$9,906,026	\$5,316,092	\$44,014,281	\$18,339,469	\$832,261	\$0	\$0	\$28,259,688	\$667,693	\$1,093,523	\$0	\$0	\$108,429,033	
Inpatient Hospitals	\$12,785,899	\$10,333,981	\$77,352,935	\$59,552,000	\$1,558,745	\$0	\$0	\$74,070,764	\$5,149,408	\$19,508,543	\$44,375,127	\$0	\$304,687,402	
Outpatient Hospitals	\$1,996,199	\$3,500,504	\$31,579,126	\$30,497,019	\$1,404,553	\$0	\$0	\$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	\$0	(\$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	\$0	\$0	\$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	\$29,066,476	\$1,602,085	\$0	\$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)	\$0	(\$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	\$0	\$0	\$3,407,281	\$221,847	\$212,217	\$20,555	\$0	\$5,880,402	
Federally Qualified Health Centers	\$603,731	\$558,662	\$4,565,903	\$9,985,268	\$495,431	\$0	\$0	\$36,599,910	\$1,514,903	\$2,874,034	\$1,762,260	\$0	\$58,960,102	
Co-Insurance (Title XVIII-Medicare)	\$9,351,692	\$1,308,275	\$5,742,590	\$28,897	\$71,544	\$0	\$0	\$6,279	\$8,956	\$17,869	\$0	\$2,440,303	\$18,976,405	
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$5,554,934	\$0	\$0	\$0	\$0	\$0	\$5,554,934	
Prepaid Inpatient Health Plan Services	\$2,175,087	\$1,620,965	\$10,503,017	\$4,202,795	\$138,739	\$0	\$0	\$9,283,867	\$1,386,666	\$1,974,179	\$0	\$0	\$31,285,316	
Other Medical Services	\$1,877	\$1,007	\$8,697	\$4,562	\$0	\$0	\$122	\$7,185	\$855	\$1,192	\$82	\$0	\$26,736	
Home Health	\$20,648,369	\$5,431,838	\$72,782,098	\$489,136	\$13,061	\$0	\$0	\$2,622,088	\$7,357,801	\$18,370	\$1,011	\$283,291	\$109,647,063	
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,849,344	\$0	\$0	\$7,849,344	
Subtotal of Acute Care	\$83,410,163	\$44,481,575	\$383,750,038	\$196,349,132	\$7,480,884	\$0	\$5,555,696	\$327,210,370	\$49,460,226	\$48,460,189	\$54,457,447	\$2,748,118	\$1,203,363,838	
Community Based Long Term Care														
HCBS - Elderly, Blind, and Disabled	\$77,897,470	\$9,019,369	\$36,497,817	\$37,957	\$2,506	\$0	\$0	\$0	\$5,953	\$0	\$0	\$211,964	\$123,673,036	
HCBS - Mental Illness	\$2,759,506	\$1,696,177	\$12,752,277	\$4	\$2,373	\$0	\$0	\$0	\$470	\$0	\$0	\$35,513	\$17,246,320	
HCBS - Disabled Children	\$0	\$0	\$904,544	\$0	\$0	\$0	\$0	\$264	\$0	\$0	\$0	\$75	\$904,883	
HCBS - Persons Living with AIDS	\$16,836	\$17,189	\$468,801	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$704	\$503,530	
HCBS - Consumer Directed Attendant Support	\$7,923,897	\$917,469	\$3,712,636	\$3,861	\$255	\$0	\$0	\$606	\$0	\$0	\$21,561	\$0	\$12,580,285	
HCBS - Brain Injury	\$73,747	\$313,937	\$10,724,693	\$151	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,112,528	
HCBS - Children with Autism	\$0	\$0	\$18,801	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,801	
HCBS - Pediatric Hospice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Private Duty Nursing	\$354,877	\$155,949	\$12,205,855	\$0	\$0	\$0	\$0	\$562,535	\$3,983,279	\$0	\$0	\$37,261	\$17,299,756	
Hospice	\$23,913,110	\$1,986,641	\$5,611,231	\$46,496	\$0	\$0	\$0	\$141,295	\$0	\$0	\$0	\$88,575	\$31,787,348	
Subtotal Community Based Long Term Care	\$112,939,443	\$14,106,731	\$82,896,656	\$88,469	\$5,134	\$0	\$0	\$704,094	\$3,990,308	\$0	\$0	\$395,653	\$215,126,488	
Long Term Care														
Class I Nursing Facilities	\$384,275,629	\$24,171,304	\$68,903,820	\$1,596	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$951,138	\$478,303,487	
Class II Nursing Facilities	\$106,064	\$27,660	\$2,100,702	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,710	\$2,270,136	
Program of All-Inclusive Care for the Elderly	\$37,878,793	\$3,182,900	\$1,810,588	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,872,281	
Subtotal Long Term Care	\$422,260,486	\$27,381,864	\$72,815,110	\$1,596	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$986,848	\$523,445,904	
Insurance														
Supplemental Medicare Insurance Benefit	\$44,106,993	\$2,572,065	\$23,120,257	\$144,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,762,950	\$82,706,881	
Health Insurance Buy-In Program	\$1,797	\$20,389	\$704,579	\$2,008	\$0	\$0	\$0	\$9,795	\$651	\$3,133	\$0	\$0	\$742,352	
Subtotal Insurance	\$44,108,790	\$2,592,454	\$23,824,836	\$146,624	\$0	\$0	\$0	\$9,795	\$651	\$3,133	\$0	\$12,762,950	\$83,449,233	
Service Management														
Single Entry Points	\$9,171,616	\$1,415,981	\$7,352,685	\$4,528	\$0	\$0	\$0	\$1,132	\$0	\$0	\$0	\$56,594	\$18,002,536	
Disease Management	\$31,652	\$16,971	\$146,541	\$76,859	\$0	\$0	\$2,053	\$120,548	\$19,962	\$14,413	\$0	\$0	\$428,999	
Prepaid Inpatient Health Plan Administration	\$505,046	\$102,136	\$772,630	\$518,429	\$1,000	\$0	\$0	\$2,412,273	\$223,401	\$85,502	\$0	\$0	\$4,620,417	
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Subtotal Service Management	\$9,708,314	\$1,535,088	\$8,271,856	\$599,816	\$1,000	\$0	\$2,053	\$2,532,821	\$244,495	\$99,915	\$0	\$56,594	\$23,051,952	
Total Services	\$672,427,196	\$90,097,712	\$571,558,496	\$197,185,637	\$7,487,018	\$0	\$5,557,749	\$330,457,080	\$53,695,680	\$48,563,237	\$54,457,447	\$16,950,163	\$2,048,437,415	
Financing & Supplemental Payments														
Upper Payment Limit Financing	\$8,446,320	\$605,079	\$2,197,186	\$666,891	\$0	\$0	\$0	\$845,299	\$86,257	\$65,001	\$26,557	\$20,803	\$12,959,393	
Hospital Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Nursing Facility Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Physician Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Outstationing Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Accounting Adjustments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Subtotal Financing & Supplemental Payments	\$8,446,320	\$605,079	\$2,197,186	\$666,891	\$0	\$0	\$0	\$845,299	\$86,257	\$65,001	\$26,557	\$20,803	\$12,959,393	
Grand Total	\$680,873,516	\$90,702,791	\$573,755,682	\$197,852,527	\$7,487,018	\$0	\$5,557,749	\$331,302,380	\$53,781,937	\$48,628,238	\$54,484,004	\$16,970,966	\$2,061,396,808	

Exhibit M

Cash-based Actuals													
FY 2005-06	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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Acute Care													
Physician Services & EPSDT	\$3,975,272	\$3,688,514	\$26,408,980	\$36,098,754	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$1,140,132	\$130,357	\$86,656	\$93,252	(\$1)	\$3,611,441
Non-emergency Medical Transportation	(\$3,432)	(\$1,554)	(\$4,741)	(\$335)	\$0	\$0	\$0	(\$363)	(\$304)	(\$32)	(\$3)	\$0	(\$11,164)
Dental Services	\$1,262,181	\$236,029	\$2,930,118	\$3,071,227	\$0	\$0	\$0	\$34,885,122	\$4,088,844	\$217,730	\$11,716	\$2,547	\$46,705,514
Family Planning	(\$2)	\$0	\$10,347	\$210,459	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$32,559,940	\$460,293	\$718,326	\$0	\$5,241	\$154,782,191
Inpatient Hospitals	\$10,886,225	\$8,621,491	\$71,253,901	\$62,945,736	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$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	\$0	\$0	\$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)	\$0	\$0	(\$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	\$0	\$0	\$0	\$2,760,432	\$214,943	\$151,959	\$31,966	(\$1)	\$4,751,330
Federally Qualified Health Centers	\$641,638	\$452,609	\$3,870,384	\$11,207,906	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$5,379	\$7,029	\$17,058	\$0	\$1,954,240	\$17,922,444
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$6,808,264	\$0	\$0	\$0	\$0	\$0	\$6,808,264
Prepaid Inpatient Health Plan Services	\$3,077,446	\$1,637,924	\$11,060,481	\$4,851,825	\$0	\$0	\$0	\$9,484,138	\$1,116,719	\$1,758,697	\$0	\$0	\$32,987,230
Other Medical Services	\$3,822	\$1,206	\$10,800	\$4,420	\$0	\$0	\$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	\$0	\$0	\$0	\$2,009,317	\$6,476,083	\$26,958	\$0	\$18,990	\$92,227,451
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,644,540	\$0	\$0	\$2,644,540
Subtotal of Acute Care	\$112,419,226	\$45,351,381	\$387,591,606	\$198,695,066	\$0	\$0	\$6,809,762	\$312,707,761	\$44,927,120	\$41,011,299	\$55,307,093	\$2,067,371	\$1,206,887,685
Community Based Long Term Care													
HCBS - Elderly, Blind, and Disabled	\$66,647,516	\$7,757,981	\$32,802,759	\$37,971	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,338	\$107,276,565
HCBS - Mental Illness	\$2,278,956	\$1,441,905	\$11,259,932	\$0	\$0	\$0	\$0	\$0	\$1,113	\$0	\$0	\$2,267	\$14,984,173
HCBS - Disabled Children	(\$1)	\$0	\$658,623	\$0	\$0	\$0	\$0	\$3,201	\$0	\$0	\$0	\$0	\$661,823
HCBS - Persons Living with AIDS	\$16,218	\$0	\$456,565	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$472,783
HCBS - Consumer Directed Attendant Support	\$4,916,492	\$401,883	\$1,919,448	\$66	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,237,889
HCBS - Brain Injury	\$12,788	\$11,846	\$8,788,436	\$616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,813,686
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Pediatric Hospice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$157,164	\$405,549	\$10,536,627	\$0	\$0	\$0	\$0	\$397,273	\$4,120,147	\$0	\$0	\$0	\$15,616,760
Hospice	\$21,266,594	\$2,111,240	\$4,880,020	\$111,898	\$0	\$0	\$0	\$128,732	\$0	\$0	\$0	\$8,603	\$28,507,087
Subtotal Community Based Long Term Care	\$95,295,727	\$12,130,404	\$71,302,410	\$150,551	\$0	\$0	\$0	\$529,206	\$4,121,260	\$0	\$0	\$41,208	\$183,570,766
Long Term Care													
Class I Nursing Facilities	\$370,539,529	\$22,631,623	\$63,039,217	(\$10,541)	\$0	\$0	\$0	\$1,810	\$0	\$0	\$0	\$318,690	\$456,520,328
Class II Nursing Facilities	\$69,154	\$0	\$1,367,696	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,436,850
Program of All-Inclusive Care for the Elderly	\$35,666,638	\$2,962,484	\$1,841,368	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,470,490
Subtotal Long Term Care	\$406,275,321	\$25,594,107	\$66,248,281	(\$10,541)	\$0	\$0	\$0	\$1,810	\$0	\$0	\$0	\$318,690	\$498,427,668
Insurance													
Supplemental Medicare Insurance Benefit	\$37,744,128	\$2,201,019	\$19,784,933	\$123,754	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,921,770	\$70,775,604
Health Insurance Buy-In Program	\$212,695	\$18,547	\$157,102	\$37,769	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$63,030	\$10,566	\$13,231	\$8,200	\$10,924,824	\$71,299,798
Service Management													
Single Entry Points	\$8,671,602	\$1,294,860	\$6,568,161	\$2,262	\$0	\$0	\$0	\$2,262	\$0	\$0	\$0	\$7,916	\$16,547,063
Disease Management	\$38,074	\$13,320	\$114,902	\$52,228	\$0	\$0	\$637	\$80,668	\$12,989	\$9,537	\$0	\$0	\$322,355
Prepaid Inpatient Health Plan Administration	\$518,021	\$113,193	\$895,454	\$617,504	\$0	\$0	\$0	\$2,912,859	\$202,140	\$81,570	\$0	\$0	\$5,340,741
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Service Management	\$9,227,697	\$1,421,373	\$7,578,517	\$671,994	\$0	\$0	\$637	\$2,995,789	\$215,129	\$91,107	\$0	\$7,916	\$22,210,159
Total Services	\$661,174,794	\$86,716,831	\$552,662,849	\$199,668,593	\$0	\$0	\$6,810,399	\$316,297,596	\$49,274,075	\$41,115,637	\$55,315,293	\$13,360,009	\$1,982,396,076
Financing & Supplemental Payments													
Upper Payment Limit Financing	\$9,224,466	\$630,714	\$2,207,655	\$704,247	\$0	\$0	\$0	\$884,200	\$100,025	\$70,482	\$38,570	\$7,871	\$13,868,231
Hospital Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursing Facility Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outstationing Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	\$0	\$0	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1
Subtotal Financing & Supplemental Payments	\$9,224,466	\$630,714	\$2,207,656	\$704,247	\$0	\$0	\$0	\$884,200	\$100,025	\$70,482	\$38,570	\$7,871	\$13,868,232
Grand Total	\$670,399,260	\$87,347,546	\$554,870,504	\$200,372,841	\$0	\$0	\$6,810,399	\$317,181,796	\$49,374,100	\$41,186,119	\$55,353,863	\$13,367,880	\$1,996,264,308

Exhibit M

Cash-based Actuals													
FY 2004-05	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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program- Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Acute Care													
Physician Services & EPSDT	\$3,423,604	\$3,193,975	\$21,628,805	\$32,599,653	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$14,601	\$5,811	\$618	\$60	\$5	\$213,706
Dental Services	\$1,138,025	\$185,567	\$2,573,418	\$3,009,041	\$0	\$0	\$0	\$29,245,153	\$3,562,887	\$266,892	\$32,867	\$0	\$40,013,849
Family Planning	\$0	\$26	\$4,351	\$97,103	\$0	\$0	\$0	\$46,021	\$29,939	\$7,912	\$669	\$0	\$186,021
Health Maintenance Organizations	\$14,841,610	\$10,000,351	\$80,033,438	\$22,355,311	\$0	\$0	\$0	\$34,237,510	(\$91,468)	\$713,180	\$0	\$315	\$162,090,246
Inpatient Hospitals	\$12,100,223	\$8,017,452	\$58,771,508	\$59,068,158	\$0	\$0	\$0	\$70,183,080	\$4,604,884	\$17,929,034	\$35,337,108	\$0	\$266,011,447
Outpatient Hospitals	\$2,308,115	\$2,676,602	\$22,949,379	\$25,028,931	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$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)	\$0	\$0	\$0	(\$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	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$3,136	\$3,446	\$14,758	\$0	\$1,718,734	\$17,357,700
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$2,490,090	\$0	\$0	\$0	\$0	\$0	\$2,490,090
Prepaid Inpatient Health Plan Services	\$8,205,532	\$3,161,532	\$22,924,314	\$9,831,589	\$0	\$0	\$0	\$18,756,993	\$1,883,211	\$3,711,132	\$0	\$0	\$68,474,304
Other Medical Services	\$3,767	\$1,188	\$10,643	\$4,356	\$0	\$0	\$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	\$0	\$0	\$0	\$2,142,906	\$5,260,733	\$34,531	\$7,192	\$4,787	\$74,534,611
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$134,189,229	\$46,642,619	\$385,860,624	\$191,063,789	\$0	\$0	\$2,490,150	\$299,544,670	\$42,706,006	\$42,027,702	\$44,696,256	\$1,893,780	\$1,191,114,826
Community Based Long Term Care													
HCBS - Elderly, Blind, and Disabled	\$63,998,370	\$5,231,339	\$24,985,616	\$857	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,216,182
HCBS - Mental Illness	\$2,003,427	\$1,267,654	\$9,747,334	\$891	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$157	\$13,019,463
HCBS - Disabled Children	\$242,689	\$30,421	\$195,393	\$437	\$0	\$0	\$0	\$2,061	\$10,913	\$7	\$0	\$5	\$481,927
HCBS - Persons Living with AIDS	\$14,775	\$480	\$443,196	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$458,451
HCBS - Consumer Directed Attendant Support	\$2,977,355	\$373,212	\$2,397,120	\$5,362	\$0	\$0	\$0	\$25,291	\$133,881	\$90	\$0	\$61	\$5,912,371
HCBS - Brain Injury	\$5,499	\$99,150	\$9,119,694	\$1,248	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,225,591
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Pediatric Hospice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$119,147	\$360,893	\$9,569,473	\$0	\$0	\$0	\$0	\$505,864	\$3,516,516	\$0	\$0	\$0	\$14,071,893
Hospice	\$17,144,015	\$1,326,788	\$4,807,057	\$117,796	\$0	\$0	\$0	\$156,717	\$4,293	\$2,364	\$0	\$0	\$23,559,031
Subtotal Community Based Long Term Care	\$86,505,276	\$8,689,937	\$61,264,884	\$126,591	\$0	\$0	\$0	\$689,933	\$3,665,603	\$2,461	\$0	\$224	\$160,944,908
Long Term Care													
Class I Nursing Facilities	\$342,142,204	\$19,699,056	\$61,974,535	\$56,072	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,466	\$423,878,333
Class II Nursing Facilities	\$0	\$0	\$1,383,445	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,383,445
Program of All-Inclusive Care for the Elderly	\$31,140,652	\$2,557,598	\$1,461,755	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,160,005
Subtotal Long Term Care	\$373,282,857	\$22,256,654	\$64,819,734	\$56,072	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,466	\$460,421,784
Insurance													
Supplemental Medicare Insurance Benefit	\$31,170,839	\$1,817,703	\$16,339,309	\$102,202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,019,700	\$58,449,753
Health Insurance Buy-In Program	\$246,429	\$21,489	\$182,018	\$43,760	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$73,026	\$12,242	\$15,329	\$9,501	\$9,023,238	\$59,057,085
Service Management													
Single Entry Points	\$9,077,168	\$1,312,201	\$6,855,305	\$4,865	\$0	\$0	\$0	\$1,216	\$0	\$0	\$0	\$6,081	\$17,256,835
Disease Management	\$26,163	\$8,253	\$73,925	\$30,257	\$0	\$0	\$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	\$0	\$0	\$0	\$2,458,050	\$114,363	\$77,587	\$22	\$88	\$4,285,446
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Service Management	\$9,476,621	\$1,396,799	\$7,627,226	\$522,827	\$0	\$0	\$420	\$2,498,080	\$121,714	\$87,476	\$9,224	\$6,576	\$21,746,963
Total Services	\$634,871,251	\$80,825,201	\$536,093,795	\$191,915,241	\$0	\$0	\$2,490,571	\$302,805,710	\$46,505,565	\$42,132,968	\$44,714,981	\$10,930,284	\$1,893,285,567
Financing & Supplemental Payments													
Upper Payment Limit Financing	\$18,097,381	\$1,175,615	\$4,461,893	\$1,317,963	\$0	\$0	\$0	\$1,704,397	\$203,618	\$171,118	\$56,878	\$342	\$27,189,205
Hospital Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursing Facility Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outstationing Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	\$22,384	\$2,850	\$18,902	\$6,767	\$0	\$0	\$88	\$10,676	\$1,640	\$1,486	\$1,577	\$385	\$66,754
Subtotal Financing & Supplemental Payments	\$18,119,765	\$1,178,464	\$4,480,795	\$1,324,730	\$0	\$0	\$88	\$1,715,073	\$205,257	\$172,604	\$58,455	\$728	\$27,255,959
Grand Total	\$652,991,016	\$82,003,665	\$540,574,590	\$193,239,971	\$0	\$0	\$2,490,659	\$304,520,783	\$46,710,822	\$42,305,572	\$44,773,436	\$10,931,012	\$1,920,541,525

Exhibit M

Cash-based Actuals													
FY 2003-04	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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Acute Care													
Physician Services & EPSDT	\$3,871,515	\$3,520,279	\$25,923,882	\$34,967,666	\$0	\$0	\$0	\$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	\$782,000	\$0	\$0	\$0	\$1,178,072	\$149,707	\$153,433	\$111,945	\$0	\$4,852,575
Non-emergency Medical Transportation	\$806,566	\$278,282	\$1,243,917	\$36,470	\$0	\$0	\$0	\$107,240	\$143,175	\$700	\$0	\$0	\$2,616,352
Dental Services	\$2,390,281	\$413,398	\$5,498,742	\$2,990,555	\$0	\$0	\$0	\$24,329,953	\$3,166,313	\$364,666	\$31,047	\$4,502	\$39,189,457
Family Planning	\$0	\$0	\$6,041	\$120,575	\$0	\$0	\$0	\$32,419	\$22,427	\$21,222	\$1,861	\$0	\$204,545
Health Maintenance Organizations	\$15,369,265	\$11,545,880	\$99,362,574	\$26,008,450	\$0	\$0	\$0	\$44,430,797	\$545,391	\$635,781	\$0	\$0	\$197,898,138
Inpatient Hospitals	\$11,297,635	\$8,477,930	\$60,780,794	\$54,483,931	\$0	\$0	\$0	\$69,238,974	\$5,735,633	\$21,617,641	\$41,614,823	\$0	\$273,247,361
Outpatient Hospitals	\$2,086,806	\$2,521,476	\$23,163,401	\$22,844,361	\$0	\$0	\$0	\$28,358,793	\$3,449,321	\$5,301,550	\$1,321,484	\$0	\$89,047,191
Lab & X-Ray	\$343,381	\$364,374	\$3,137,799	\$5,956,882	\$0	\$0	\$0	\$1,691,656	\$943,094	\$4,523,890	\$264,248	\$0	\$17,225,324
Durable Medical Equipment	\$15,032,626	\$2,282,023	\$25,537,628	\$1,166,432	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$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)	\$0	\$0	\$0	(\$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	\$0	\$0	\$0	\$2,262,303	\$163,086	\$83,294	\$27,166	\$0	\$3,909,310
Federally Qualified Health Centers	\$640,225	\$522,098	\$4,107,835	\$12,142,028	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$2,475	\$2,777	\$8,276	\$0	\$1,962,635	\$19,205,728
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$2,668,652	\$0	\$0	\$0	\$0	\$0	\$2,668,652
Prepaid Inpatient Health Plan Services	\$2,310,425	\$922,019	\$6,720,440	\$2,493,384	\$0	\$0	\$0	\$3,674,896	\$320,084	\$794,356	\$0	\$0	\$17,235,604
Other Medical Services	\$12,866	\$4,059	\$36,353	\$14,879	\$0	\$207	\$0	\$19,087	\$3,615	\$4,863	\$4,525	\$201	\$100,654
Home Health	\$11,572,193	\$3,031,991	\$49,085,659	\$278,805	\$0	\$0	\$0	\$863,860	\$4,836,114	\$22,643	\$5,790	\$0	\$69,697,057
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$135,749,025	\$46,119,779	\$412,299,443	\$182,825,434	\$0	\$0	\$2,668,859	\$229,743,284	\$42,169,663	\$63,935,230	\$55,128,983	\$2,089,094	\$1,172,728,792
Community Based Long Term Care													
HCBS - Elderly, Blind, and Disabled	\$64,355,491	\$5,260,531	\$25,125,040	\$861	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,741,923
HCBS - Mental Illness	\$2,440,729	\$1,455,627	\$11,134,445	\$0	\$0	\$0	\$0	\$0	\$145	\$0	\$0	\$0	\$15,030,947
HCBS - Disabled Children	\$184,675	\$20,711	\$145,817	\$378	\$0	\$0	\$0	\$479	\$6,830	\$0	\$0	\$0	\$358,891
HCBS - Persons Living with AIDS	\$16,669	\$5,220	\$540,329	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$562,218
HCBS - Consumer Directed Attendant Support	\$1,577,022	\$176,863	\$1,245,201	\$3,231	\$0	\$0	\$0	\$4,088	\$58,327	\$0	\$0	\$1	\$3,064,733
HCBS - Brain Injury	\$11,970	\$46,893	\$8,906,818	\$0	\$0	\$0	\$0	\$0	\$27,116	\$0	\$0	\$0	\$8,992,797
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Pediatric Hospice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Duty Nursing	\$75,531	\$315,738	\$9,645,058	\$0	\$0	\$0	\$0	\$190,788	\$2,949,031	\$0	\$0	\$0	\$13,176,147
Hospice	\$17,064,571	\$1,016,913	\$4,530,283	\$163,150	\$0	\$0	\$0	\$18,029	\$2,715	\$0	\$0	\$0	\$22,795,661
Subtotal Community Based Long Term Care	\$85,726,658	\$8,298,496	\$61,272,991	\$167,620	\$0	\$0	\$0	\$213,385	\$3,044,165	\$0	\$0	\$1	\$158,723,316
Long Term Care													
Class I Nursing Facilities	\$336,650,323	\$16,720,841	\$62,600,540	\$12,286	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,022	\$416,011,012
Class II Nursing Facilities	\$0	\$0	\$1,104,554	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,104,554
Program of All-Inclusive Care for the Elderly	\$24,097,092	\$1,864,579	\$1,067,498	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,029,169
Subtotal Long Term Care	\$360,747,415	\$18,585,420	\$64,772,592	\$12,286	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,022	\$444,144,736
Insurance													
Supplemental Medicare Insurance Benefit	\$25,391,796	\$1,480,703	\$13,310,017	\$83,254	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,347,457	\$47,613,226
Health Insurance Buy-In Program	\$280,042	\$24,420	\$206,845	\$49,728	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$82,987	\$13,912	\$17,420	\$10,796	\$7,351,477	\$48,303,398
Service Management													
Single Entry Points	\$7,810,601	\$1,041,413	\$5,676,359	\$1,094	\$0	\$0	\$0	\$0	\$1,094	\$0	\$0	\$0	\$14,530,561
Disease Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Administration	\$347,815	\$66,518	\$562,748	\$369,742	\$0	\$0	\$0	\$1,829,096	\$76,791	\$55,410	\$0	\$0	\$3,308,119
Accountable Care Collaborative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Service Management	\$8,158,415	\$1,107,931	\$6,239,107	\$370,836	\$0	\$0	\$0	\$1,829,096	\$77,885	\$55,410	\$0	\$0	\$17,838,681
Total Services	\$616,053,351	\$75,616,749	\$558,100,995	\$183,509,158	\$0	\$0	\$2,668,859	\$231,868,751	\$45,305,624	\$64,008,060	\$55,139,779	\$9,467,595	\$1,841,738,922
Financing & Supplemental Payments													
Upper Payment Limit Financing	\$18,054,683	\$1,025,615	\$4,571,216	\$1,218,259	\$0	\$0	\$0	\$1,511,523	\$183,849	\$282,573	\$70,435	\$1,440	\$26,919,593
Hospital Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nursing Facility Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Supplemental Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outstationing Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting Adjustments	\$30,679	\$3,766	\$27,793	\$9,138	\$0	\$0	\$133	\$11,547	\$2,256	\$3,188	\$2,746	\$471	\$91,716
Subtotal Financing & Supplemental Payments	\$18,085,361	\$1,029,381	\$4,599,009	\$1,227,397	\$0	\$0	\$133	\$1,523,070	\$186,105	\$285,760	\$73,181	\$1,912	\$27,011,308
Grand Total	\$634,138,712	\$76,646,130	\$562,700,004	\$184,736,556	\$0	\$0	\$2,668,992	\$233,391,821	\$45,491,729	\$64,293,820	\$55,212,960	\$9,469,507	\$1,868,750,230

Exhibit N - Expenditure History by Service Category

	FY 2010-11	Percent Change from Prior Year	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
ACUTE CARE															
Physician Services & EPSDT	\$282,592,042	16.33%	\$242,929,414	4.30%	\$232,912,692	22.16%	\$190,663,827	16.09%	\$164,232,422	13.84%	\$144,266,423	16.23%	\$124,119,339	1.18%	\$122,673,666
Emergency Transportation	\$6,236,250	19.52%	\$5,217,633	5.75%	\$4,934,082	8.43%	\$4,550,505	6.21%	\$4,284,228	18.64%	\$3,611,441	3.96%	\$3,473,741	-28.41%	\$4,852,575
Non-emergency Medical Transportation	\$10,469,107	14.65%	\$9,131,655	5.09%	\$8,689,018	12.35%	\$7,733,949	-12832.88%	(\$60,740)	444.07%	(\$11,164)	-105.22%	\$213,706	-91.83%	\$2,616,352
Dental Services	\$108,570,692	22.25%	\$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
Family Planning	\$441,414	37.10%	\$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
Health Maintenance Organizations	\$117,488,456	-0.14%	\$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
Inpatient Hospitals	\$371,861,948	10.23%	\$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
Outpatient Hospitals	\$217,492,911	50.04%	\$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
Lab & X-Ray	\$37,862,120	25.59%	\$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
Durable Medical Equipment	\$90,627,945	15.78%	\$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
Prescription Drugs	\$281,278,949	24.40%	\$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
Drug Rebate	(\$126,909,710)	27.09%	(\$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)
Rural Health Centers	\$10,188,005	27.45%	\$7,993,821	7.18%	\$7,458,484	19.47%	\$6,242,784	6.21%	\$5,880,402	23.76%	\$4,751,330	3.33%	\$4,598,395	17.63%	\$3,909,310
Federally Qualified Health Centers	\$90,306,523	18.44%	\$76,244,360	4.32%	\$73,089,013	16.72%	\$62,621,473	6.16%	\$58,960,102	-4.84%	\$61,957,718	8.99%	\$56,845,564	10.60%	\$51,398,899
Co-Insurance (Title XVIII-Medicare)	\$36,387,414	74.50%	\$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
Breast and Cervical Cancer Treatment Program	\$10,106,643	15.95%	\$8,716,269	23.77%	\$7,042,036	-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
Prepaid Inpatient Health Plan Services	\$50,849,494	13.75%	\$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
Other Medical Services	\$14,158	-71.19%	\$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
Home Health	\$172,633,768	10.35%	\$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
Presumptive Eligibility	\$0	0.00%	\$0	0.00%	\$0	-100.00%	\$3,770,690	-51.96%	\$7,849,344	196.81%	\$2,644,540	0.00%	\$0	0.00%	\$0
Subtotal of Acute Care	\$1,768,498,130	18.21%	\$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
COMMUNITY BASED LONG TERM CARE															
HCBS - Elderly, Blind, and Disabled	\$212,196,143	13.82%	\$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
HCBS - Mental Illness	\$24,946,790	9.99%	\$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
HCBS - Disabled Children	\$1,965,004	11.44%	\$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
HCBS - Persons Living with AIDS	\$567,535	-2.39%	\$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
HCBS - Consumer Directed Attendant Support	\$2,961,259	-15.80%	\$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
HCBS - Brain Injury	\$12,297,265	7.10%	\$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
HCBS - Children with Autism	\$1,357,612	-13.29%	\$1,565,700	21.00%	\$1,293,932	86.02%	\$695,586	3599.64%	\$18,801	0.00%	\$0	0.00%	\$0	0.00%	\$0
HCBS - Pediatric Hospice	\$126,702	33.68%	\$94,781	223.36%	\$29,312	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Private Duty Nursing	\$27,761,694	19.50%	\$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
Hospice	\$39,862,966	-7.98%	\$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
Subtotal of Community Based Long Term Care	\$324,042,970	9.97%	\$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
LONG TERM CARE AND INSURANCE															
Class I Nursing Facilities	\$508,141,849	4.33%	\$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
Class II Nursing Facilities	\$2,362,706	17.21%	\$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
Program of All-Inclusive Care for the Elderly	\$84,429,683	21.94%	\$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
Supplemental Medicare Insurance Benefit	\$119,543,734	15.98%	\$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
Health Insurance Buy-In Program	\$1,124,996	20.75%	\$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
Subtotal of Long Term Care and Insurance	\$715,602,968	8.04%	\$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
SERVICE MANAGEMENT															
Single Entry Points	\$24,021,660	1.32%	\$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
Disease Management	\$0	-100.00%	\$71,616	-97.52%	\$2,882,271	23.66%	\$2,330,726	443.29%	\$428,999	33.08%	\$322,355	57.49%	\$204,682	0.00%	\$0
Prepaid Inpatient Health Plan Administration	\$6,475,244	26.67%	\$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
Subtotal Service Management	\$31,384,315	8.63%	\$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	21.91%	\$17,838,681
Total Services	\$2,839,528,383	14.41%	\$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	2.80%	\$1,841,738,922
Financing & Supplemental Payments															
Upper Payment Limit Financing	\$16,446,173	-8.31%	\$17,936,927	-2.62%	\$18,419,432	54.11%	\$11,952,096	-7.77%	\$12,959,393	-6.55%	\$13,868,231	-48.99%	\$27,189,205	1.00%	\$26,919,593
Hospital Supplemental Payments	\$455,348,284	45.73%	\$312,468,739	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Nursing Facility Supplemental Payment	\$76,315,634	60.83%	\$47,451,412	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Physician Supplemental Payments	\$2,715,842	-81.28%	\$14,504,498	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Outstationing Payments	\$5,283,594	50.09%	\$3,520,254	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Accounting Adjustments	(\$10,239)	-40.70%	(\$17,268)	-150.26%	\$34,355	-67.84%	\$106,828	0.00%	\$0	-100.00%	\$1	-100.00%	\$66,754	-27.22%	\$91,716
Subtotal Financing & Supplemental Payments	\$556,099,288	40.48%	\$395,864,563	2045.17%	\$18,453,787	53.03%	\$12,058,924	-6.95%	\$12,959,393	-6.55%	\$13,868,232	-49.12%	\$27,255,959	0.91%	\$27,011,308
Grand Total	\$3,395,627,671	17.99%	\$2,877,812,218	13.88%	\$2,526,991,443	12.86%	\$2,239,096,405	8.62%	\$2,061,396,808	3.26%	\$1,996,264,308	3.94%	\$1,920,541,525	2.77%	\$1,868,750,230
As of November 1, 2006, the Department has restated the 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 - Delay Adjusted

ACUTE CARE	FY 2010-11 (DA)	Percent Change from Prior Year	FY 2009-10 (DA)	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
Physician Services & EPSDT	\$273,385,005	8.43%	\$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
Emergency Transportation	\$6,024,130	10.95%	\$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
Non-emergency Medical Transportation	\$10,363,372	12.19%	\$9,237,390	6.31%	\$8,689,018	12.35%	\$7,733,949	-1282.88%	(\$60,740)	444.07%	(\$11,164)	-105.22%	\$213,706	-91.83%	\$2,616,352
Dental Services	\$104,818,977	13.25%	\$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
Family Planning	\$428,473	27.93%	\$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
Health Maintenance Organizations	\$117,488,424	-0.14%	\$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
Inpatient Hospitals	\$357,410,898	1.59%	\$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
Outpatient Hospitals	\$209,791,226	37.43%	\$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
Lab & X-Ray	\$36,581,144	16.93%	\$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
Durable Medical Equipment	\$87,745,314	8.12%	\$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
Prescription Drugs	\$272,469,874	15.98%	\$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
Drug Rebate	(\$126,909,710)	27.09%	(\$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)
Rural Health Centers	\$9,887,646	19.21%	\$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
Federally Qualified Health Centers	\$87,530,065	10.77%	\$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
Co-Insurance (Title XVIII-Medicare)	\$35,043,547	57.88%	\$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
Breast and Cervical Cancer Treatment Program	\$9,817,118	9.01%	\$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
Prepaid Inpatient Health Plan Services	\$50,849,494	13.75%	\$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
Other Medical Services	\$14,158	-71.19%	\$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
Home Health	\$168,682,120	5.16%	\$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
Presumptive Eligibility	\$0	0.00%	\$0	0.00%	\$0	-100.00%	\$3,770,690	-51.96%	\$7,849,344	196.81%	\$2,644,540	0.00%	\$0	0.00%	\$0
Subtotal of Acute Care	\$1,711,421,275	10.19%	\$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
COMMUNITY BASED LONG TERM CARE															
HCBS - Elderly, Blind, and Disabled	\$208,526,316	9.70%	\$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
HCBS - Mental Illness	\$24,587,535	6.71%	\$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
HCBS - Disabled Children	\$1,887,201	2.51%	\$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
HCBS - Persons Living with AIDS	\$550,397	-8.04%	\$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
HCBS - Consumer Directed Attendant Support	\$2,961,259	-15.80%	\$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
HCBS - Brain Injury	\$12,182,916	5.06%	\$11,596,621	-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
HCBS - Children with Autism	\$1,328,577	-16.69%	\$1,594,735	23.25%	\$1,293,932	86.02%	\$695,586	3599.64%	\$18,801	0.00%	\$0	0.00%	\$0	0.00%	\$0
HCBS - Pediatric Hospice	\$119,273	16.69%	\$102,210	248.70%	\$29,312	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Private Duty Nursing	\$27,325,957	15.46%	\$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
Hospice	\$39,547,635	-9.37%	\$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
Subtotal of Community Based Long Term Care	\$319,017,067	6.45%	\$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
LONG TERM CARE AND INSURANCE															
Class I Nursing Facilities	\$499,315,391	0.69%	\$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
Class II Nursing Facilities	\$3,163,194	160.27%	\$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
Program of All-Inclusive Care for the Elderly	\$84,414,277	21.89%	\$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
Supplemental Medicare Insurance Benefit	\$119,543,734	15.98%	\$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
Health Insurance Buy-In Program	\$1,036,644	1.63%	\$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
Subtotal of Long Term Care and Insurance	\$707,473,240	5.52%	\$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
SERVICE MANAGEMENT															
Single Entry Points	\$24,021,660	1.32%	\$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
Disease Management	\$0	-100.00%	\$71,616	-97.52%	\$2,882,271	23.66%	\$2,330,726	443.29%	\$428,999	33.08%	\$322,355	57.49%	\$204,682	0.00%	\$0
Prepaid Inpatient Health Plan Administration	\$6,475,244	26.67%	\$5,111,715	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
Subtotal Service Management	\$31,384,315	8.63%	\$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	21.91%	\$17,838,681
Total Services	\$2,769,295,897	8.51%	\$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	2.80%	\$1,841,738,922
Financing & Supplemental Payments															
Upper Payment Limit Financing	\$16,446,173	-8.31%	\$17,936,927	-2.62%	\$18,419,432	54.11%	\$11,952,096	-7.77%	\$12,959,393	-6.55%	\$13,868,231	-48.99%	\$27,189,205	1.00%	\$26,919,593
Hospital Supplemental Payments	\$455,348,284	45.73%	\$312,468,739	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Nursing Facility Supplemental Payment	\$76,315,634	60.83%	\$47,451,412	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Physician Supplemental Payment	\$2,715,842	-81.28%	\$14,504,498	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Outstationing Payments	\$5,283,594	50.09%	\$3,520,254	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Accounting Adjustments (\$10,239)	(\$10,239)	-40.70%	(\$17,268)	-150.26%	\$34,355	-67.84%	\$106,828	0.00%	\$0	-100.00%	\$1	-100.00%	\$66,754	-27.22%	\$91,716
Subtotal Financing & Supplemental Payments	\$556,099,288	40.48%	\$395,864,563	2045.17%	\$18,453,787	53.03%	\$12,058,924	-6.95%	\$12,959,393	-6.55%	\$13,868,232	-49.12%	\$27,255,959	0.91%	\$27,011,308
Grand Total	\$3,325,395,185	12.80%	\$2,948,044,704	16.66%	\$2,526,991,443	12.86%	\$2,239,096,405	8.62%	\$2,061,396,808	3.26%	\$1,996,264,308	3.94%	\$1,920,541,525	2.77%	\$1,868,750,230

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
 "(DA)": "Delay Adjusted" -- indicates actuals have been adjusted for the FY 2009-10 provider payment delay.

Exhibit O
Appropriations and Expenditures for FY 2009-10

Final FY 2010-11 Funding Splits						
	Total Funds	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
HB 10-1376 FY 2010-11 Long Bill	\$3,158,315,617	\$814,622,298	\$161,444,485	\$250,622,514	\$3,122,188	\$1,928,504,132
SB 11-139 FY 2010-11 Supplemental Bill	\$0	\$0	(\$51,000,000)	\$51,000,000	\$0	\$0
SB 11-209 FY 2011-12 Long Bill Add-ons	\$237,436,847	(\$54,936,909)	\$117,900,000	\$97,223,834	(\$180,916)	\$77,430,838
HB 10-1005 Telemedicine Changes	\$123,270	\$0	\$0	\$47,348	\$0	\$75,922
HB 10-1033 Add Screening, Brief Intervention, and Referral to Treatment to Optional Services	\$870,155	\$334,227	\$0	\$0	\$0	\$535,928
HB 10-1146 Circumstances of Receiving Adult Foster Care & Home Care Allowance	(\$704,421)	(\$869,843)	\$0	\$0	\$0	\$165,422
HB 10-1378 Health Care Services Fund Moneys FY 2010-11	\$0	(\$12,800,000)	\$0	\$12,800,000	\$0	\$0
HB 10-1379 Nursing Facility Rate Reduction	(\$6,234,689)	(\$8,211,333)	\$0	\$5,806,343	\$0	(\$3,829,699)
HB 10-1380 Use of Supplemental Old Age Pension Funds	\$0	(\$4,850,000)	\$0	\$4,850,000	\$0	\$0
HB 10-1381 Use of Tobacco Tax Revenue for Health-Related Purposes	\$0	(\$25,691,418)	\$0	\$21,200,983	\$4,490,435	\$0
HB 10-1382 Annualization Repeal Delay of Payments	(\$43,121,235)	(\$14,679,904)	\$0	(\$2,023,356)	(\$17,380)	(\$26,400,595)
SB 10-167 Colorado False Claims Act	(\$2,390,570)	(\$918,218)	\$0	\$0	\$0	(\$1,472,352)
SB 10-169 HB 09-1293 ARRA Funding FY 2010-	\$0	(\$46,329,388)	\$0	\$46,329,388	\$0	\$0
DHS - POTS Transfer	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations Totals	\$3,344,294,974	\$645,669,512	\$228,344,485	\$487,857,054	\$7,414,327	\$1,975,009,596
Final Expenditures	\$3,395,627,671	\$651,907,282	\$228,344,485	\$518,533,477	\$7,414,327	\$1,989,428,100
Remaining Balance (Over expenditure)	(\$51,332,697)	(\$6,237,770)	\$0	(\$30,676,423)	\$0	(\$14,418,504)

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

FY 2010-11 Final Actuals			
Aid Category	Caseload	Per Capita	Total
Adults 65 and Older (OAP-A)	38,921	\$22,561.96	\$878,133,964
Disabled Adults 60 to 64 (OAP-B)	7,767	\$19,847.03	\$154,151,878
Disabled Individuals to 59 (AND/AB)	56,281	\$17,115.80	\$963,294,603
Categorically Eligible Low-Income Adults (AFDC-A)	60,958	\$5,006.27	\$305,172,354
Expansion Adults to 60%	20,154	\$3,803.18	\$76,649,363
Expansion Adults to 100%	27,166	\$3,090.27	\$83,950,283
Breast & Cervical Cancer Program	531	\$18,878.53	\$10,024,497
Eligible Children (AFDC-C/BC)	302,381	\$2,119.94	\$641,028,270
Foster Care	18,392	\$4,542.16	\$83,539,452
Baby Care Program-Adults	7,868	\$12,418.64	\$97,709,822
Non-Citizens	3,213	\$24,007.65	\$77,136,566
Partial Dual Eligibles	17,090	\$1,453.28	\$24,836,618
TOTAL	560,722	TF	\$3,395,627,671
Total Funds include Upper Payment Limit Financing and supplemental payments.		GF	\$651,907,282
		GFE	\$228,344,485
		CF	\$518,533,477
		CFE	\$7,414,327
		FF	\$1,989,428,100

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 2009-10 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 2010-11 Final Appropriation	FY 2010-11 Actuals	% Change over Final Appropriation
Acute Care	\$1,817,833,344	\$1,726,068,473	-5.05%	\$1,676,041,654	\$1,704,740,814	\$1,804,376,597	5.84%	\$1,731,337,041	\$1,719,420,711	0.69%
Community Based Long Term Care	\$316,627,466	\$324,965,364	2.63%	\$317,177,074	\$324,524,665	\$339,735,624	4.69%	\$318,568,691	\$319,017,067	-0.14%
Long Term Care	\$647,638,356	\$651,246,648	0.56%	\$637,084,088	\$631,054,441	\$0	-100.00%	\$658,241,538	\$663,208,496	-0.75%
Insurance	\$105,641,289	\$119,159,548	12.80%	\$114,705,505	\$120,865,705	\$0	-100.00%	\$119,052,929	\$120,580,378	-1.27%
Service Management	\$47,855,679	\$49,280,859	2.98%	\$32,966,743	\$33,560,570	\$0	-100.00%	\$33,411,741	\$31,384,315	6.46%
Financing	\$272,640,497	\$323,073,599	18.50%	\$328,883,062	\$481,607,230	\$553,479,853	14.92%	\$483,683,032	\$471,784,218	2.52%
Total	\$3,208,236,631	\$3,193,794,491	-0.45%	\$3,106,858,126	\$3,296,353,425	\$2,697,592,074	-18.16%	\$3,344,294,972	\$3,325,395,185	0.57%
Class I Nursing Facilities	\$558,617,741	\$570,960,660	2.21%	\$558,653,333	\$551,778,173	\$565,885,188	2.56%	\$580,097,872	\$575,631,025	0.78%

Exhibit O - Comparison of Budget Requests and Appropriations

FY 2011-12 Comparison of Requests and Appropriations										
FY 2011-12	November 1, 2010	February 15, 2011	% Change	FY 2011-12 Long Bill and Special Bills Appropriation	November 1, 2011	February 15, 2012	% Change over Appropriation	FY 2011-12 Final Appropriation	FY 2011-12 Actuals	% Change over Feb.
Acute Care	\$1,869,280,623	\$1,904,642,018	1.89%	\$1,718,850,632	\$1,804,376,597					
Community Based Long Term Care	\$355,599,322	\$358,838,988	0.91%	\$332,818,444	\$339,735,624					
Long Term Care	\$643,090,480	\$0	-100.00%	\$676,926,401	\$686,656,791					
Insurance	\$135,182,109	\$0	-100.00%	\$132,376,946	\$136,796,432					
Service Management	\$48,099,599	\$0	-100.00%	\$55,396,706	\$55,222,856					
Financing	\$498,614,128	\$553,101,020	10.93%	\$515,132,015	\$553,479,853					
Total	\$3,549,866,261	\$2,816,582,026	-20.66%	\$3,431,501,144	\$3,576,268,153					
Class I Nursing Facilities	\$551,945,698	\$539,630,713	-2.23%	\$589,257,007	\$599,579,473					

FY 2012-13 Comparison of Requests and Appropriations										
FY 2012-13	November 1, 2011	February 15, 2012	% Change	FY 2012-13 Long Bill and Special Bills Appropriation	November 1, 2012	February 15, 2013	% Change over Appropriation	FY 2012-13 Final Appropriation	FY 2012-13 Actuals	% Change over Feb.
Acute Care	\$1,869,280,623									
Community Based Long Term Care	\$355,599,322									
Long Term Care	\$643,090,480									
Insurance	\$135,182,109									
Service Management	\$48,099,599									
Financing	\$498,614,128									
Total	\$3,549,866,261									
Class I Nursing Facilities	\$551,945,698									

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

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 to 60%	Expansion Adults to 100%	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 1997-98	\$434,352,319	\$38,025,425	\$330,590,106	\$82,516,222	\$0	\$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	\$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	\$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	\$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	\$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	\$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	\$634,138,712	\$76,646,130	\$562,700,004	\$184,736,556	\$0	\$0	\$2,668,992	\$233,391,821	\$45,491,729	\$64,293,820	\$55,212,960	\$9,469,507	\$1,868,750,230
FY 2004-05	\$652,991,016	\$82,003,665	\$554,574,590	\$193,239,971	\$0	\$0	\$2,490,659	\$304,520,783	\$46,710,822	\$42,305,572	\$44,773,436	\$10,931,012	\$1,920,541,525
FY 2005-06	\$670,399,260	\$87,347,546	\$554,870,504	\$200,372,841	\$0	\$0	\$6,810,399	\$317,181,796	\$49,374,100	\$41,186,119	\$55,353,863	\$13,367,880	\$1,996,264,308
FY 2006-07	\$680,873,516	\$90,702,791	\$573,755,682	\$197,852,527	\$7,487,018	\$0	\$5,557,749	\$331,302,380	\$53,781,937	\$48,628,238	\$54,484,004	\$16,970,966	\$2,061,396,808
FY 2007-08	\$712,276,694	\$101,257,270	\$655,167,660	\$189,176,151	\$18,502,735	\$0	\$7,102,713	\$364,161,301	\$64,197,785	\$54,600,185	\$53,660,977	\$18,992,933	\$2,239,096,405
FY 2008-09	\$789,584,078	\$115,435,768	\$735,082,424	\$208,663,632	\$31,018,121	\$0	\$7,056,952	\$433,354,524	\$67,739,569	\$60,847,257	\$59,283,547	\$18,925,572	\$2,526,991,443
FY 2009-10	\$809,233,671	\$125,554,785	\$808,898,319	\$271,445,443	\$51,573,052	\$2,815,535	\$8,717,234	\$545,776,004	\$72,577,502	\$89,271,212	\$72,617,705	\$19,331,759	\$2,877,812,218
FY 2010-11	\$871,980,040	\$154,069,643	\$964,673,722	\$307,637,198	\$76,003,282	\$83,067,467	\$10,106,683	\$643,978,787	\$84,269,417	\$98,059,349	\$77,277,933	\$24,504,150	\$3,395,627,671

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 1997-98	\$1,104,970,992						
FY 1998-99	\$1,176,233,410	6.45%	\$71,262,418				
FY 1999-00	\$1,308,420,100	11.24%	\$132,186,690	8.84%			
FY 2000-01	\$1,416,535,408	8.26%	\$108,115,307	8.65%	-2.19%	8.65%	
FY 2001-02	\$1,536,804,691	8.49%	\$120,269,284	8.61%	-0.46%	9.33%	7.87%
FY 2002-03	\$1,651,670,874	7.47%	\$114,866,182	8.38%	-2.64%	8.08%	-13.45%
FY 2003-04	\$1,868,750,230	13.14%	\$217,079,357	9.18%	9.46%	9.70%	20.14%
FY 2004-05	\$1,920,541,525	2.77%	\$51,791,295	8.26%	-9.97%	7.80%	-19.65%
FY 2005-06	\$1,996,264,308	3.94%	\$75,722,783	7.72%	-6.53%	6.62%	-15.10%
FY 2006-07	\$2,061,396,808	3.26%	\$65,132,500	7.23%	-6.42%	3.33%	-49.76%
FY 2007-08	\$2,239,096,405	8.62%	\$177,699,597	7.37%	1.93%	5.28%	58.62%
FY 2008-09	\$2,526,991,443	12.86%	\$287,895,038	7.86%	6.78%	8.25%	56.33%
FY 2009-10	\$2,877,812,218	13.88%	\$350,820,776	8.37%	6.38%	11.79%	42.93%
FY 2010-11	\$3,395,627,671	17.99%	\$517,815,452	9.11%	8.85%	14.91%	26.51%

	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 2011-12 Projection	\$3,606,233,421	25.31%	\$728,421,203	\$3,104,147,227	-13.92%	\$3,115,142,628	-13.62%
FY 2012-13 Projection	\$3,890,602,184	7.89%	\$284,368,763	\$3,907,943,114	0.45%	\$4,031,299,377	3.62%
FY 2013-14 Projection	\$3,890,602,184	0.00%	\$0	\$4,244,914,635	9.11%	\$4,470,742,303	14.91%
FY 2011-12 Appropriation	\$3,543,863,753						
Difference Between FY 2011-12 Projections and FY 2011-12 Appropriation	\$62,369,668	1.76%		(\$439,716,526)	-12.41%	(\$428,721,125)	-12.10%
Difference Between FY 2012-13 Projections and FY 2011-12 Appropriation	\$346,738,431	9.78%		\$364,079,361	10.27%	\$487,435,624	13.75%
Difference Between FY 2013-14 Projections and FY 2011-12 Appropriation	\$346,738,431	9.78%		\$701,050,882	19.78%	\$926,878,550	26.15%

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

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

Fiscal Year	Total Expenditures*	Annual % Change	Total Caseload**	Annual % Change
FY 1997-98	\$1,104,970,992		250,098	
FY 1998-99	\$1,176,233,410	6.45%	238,594	-4.60%
FY 1999-00	\$1,308,420,100	11.24%	237,598	-0.42%
FY 2000-01	\$1,416,535,408	8.26%	253,254	6.59%
FY 2001-02	\$1,536,804,691	8.49%	275,399	8.74%
FY 2002-03	\$1,651,670,874	7.47%	331,800	20.48%
FY 2003-04	\$1,868,750,230	13.14%	367,559	10.78%
FY 2004-05	\$1,920,541,525	2.77%	406,024	10.46%
FY 2005-06	\$1,996,264,308	3.94%	402,218	-0.94%
FY 2006-07	\$2,061,396,808	3.26%	392,228	-2.48%
FY 2007-08	\$2,239,096,405	8.62%	391,962	-0.07%
FY 2008-09	\$2,526,991,443	12.86%	436,812	11.44%
FY 2009-10	\$2,948,044,704	16.66%	498,797	14.19%
FY 2010-11	\$3,325,395,185	12.80%	560,722	12.41%
FY 2011-12 Projection	\$3,606,233,421	8.45%	619,985	10.57%
FY 2012-13 Projection	\$3,890,602,184	7.89%	672,968	8.55%
FY 2013-14 Projection	\$4,118,116,015	5.85%	718,001	6.69%
*Expenditures are for Medical Services Premiums only. Upper Payment Limit financing and supplemental payments are excluded.				
**Caseload does not include retroactivity.				