

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING JULY EXPENDITURE REPORT FY 2005-06

(A) ORGANIZ. NUMBER	(B) ORGANIZATION NAME/ SERVICE CATEGORY	(C) CUMULATIVE TOTAL JULY 2005 CASH BASIS	(D) CUMULATIVE ALL PRIOR MONTHS OF FISCAL YEAR CASH BASIS	(E) SUM OF ALL MONTHS CASH BASIS
0108	Prior Fiscal Year Accounts Payable	\$66,754	-	\$66,754
5411	Injectibles Drug Rebates	(\$5,250)	-	(\$5,250)
5430	Home and Community Based Services-Brain Injury	\$611,583	-	\$611,583
5431	Single Entry Points	\$1,392,494	-	\$1,392,494
5432	Private Duty Nursing	\$810,526	-	\$810,526
5433	Home and Community Based Service-Mentally Ill	\$597,700	-	\$597,700
5434	Home and Community Based Services-Model 200	\$19,225	-	\$19,225
5435	Home Health	\$4,437,381	-	\$4,437,381
5437	Home and Community Based Services-Client Services	\$5,466,797	-	\$5,466,797
5439	Home and Community Based Services-People Living With Aids	\$23,500	-	\$23,500
5440	Class 1 Nursing Homes	\$21,604,174	-	\$21,604,174
5441	Class 2 and 4 Nursing Homes	\$27,832	-	\$27,832
5442	Consumer Directed Attendant Support Waiver Costs	\$245,572	-	\$245,572
5444	Hospice Program	\$1,813,363	-	\$1,813,363
5445	Health Maintenance Organizations	\$13,485,328	-	\$13,485,328
5446	Program for All Inclusive Care of the Elderly	\$3,131,477	-	\$3,131,477
5450	Pharmacy	\$16,768,137	-	\$16,768,137
5451	Drug Rebates	\$0	-	\$0
5452	Early and Periodic Screening, Diagnosis and Treatment	\$311,850	-	\$311,850
5454	Federally Qualified Health Centers	\$2,866,662	-	\$2,866,662
5455	Physician Services Program	\$6,849,778	-	\$6,849,778
5456	Family Planning Program	\$8,661	-	\$8,661
5457	Lab and X-ray	\$1,030,608	-	\$1,030,608
5458	Rural Health Clinic	\$420,264	-	\$420,264
5459	Dental Services	\$2,287,379	-	\$2,287,379
5460	Durable Medical Equipment	\$3,980,610	-	\$3,980,610
5461	Transportation	(\$273,509)	-	(\$273,509)
5462	County Transportation	(\$918)	-	(\$918)
5464	Breast and Cervical Cancer	\$116,384	-	\$116,384
5465	Inpatient Hospital	\$15,369,404	-	\$15,369,404
5466	Outpatient Hospital	\$6,446,257	-	\$6,446,257
5475	Co-insurance	\$1,425,926	-	\$1,425,926
5476	Supplemental Medicare Insurance Benefits	\$5,329,146	-	\$5,329,146
5477	Health Insurance Buy-in	\$57,762	-	\$57,762
5483	Administrative Service Organizations	\$2,686,476	-	\$2,686,476
5487	Disease Management	\$0	-	\$0
5500	Medicaid Eligible Refugee	\$0	-	\$0
5540	Nursing Facility Upper Payment Limit	\$0	-	\$0
5565	Inpatient Upper Payment Limit	\$0	-	\$0
5566	Outpatient Upper Payment Limit	\$0	-	\$0
5567	Home Health Upper Payment Limit	\$0	-	\$0
	FY 05-06 Medical Services Premium Total Expenditures	\$119,409,333	-	\$119,409,333
	FY 05-06 Long Bill Amount (SB 05-209)		\$2,127,668,373	
	HB05-1066 Obesity Pilot		\$222,823	
	HB05-1262 Tobacco Bill Sect 33(1) (C) (D)		\$52,068,559	
	HB05-1243 Consumer Directed Under Medicaid Sect 12 (D)		\$1,008,375	
	HB05-1243 Consumer Directed Under Medicaid Sect 12 (E)		(\$2,012,790)	
	HB 05-1131 Authority for Pharmacists to Redispense Unused Meds		(\$733,970)	
	FY 05-06 Medical Services Premiums Spending Authority as of July 31, 2005		\$2,178,221,370	
	FY 05-06 Medical Services Premiums Expenditures as of July 31, 2005		\$119,409,333	
	Remaining Appropriation		<u>\$2,058,812,037</u>	

Department of Health Care Policy and Financing
July 2005 Monthly Medicaid Caseload Report for FY 05-06

MEDICAID CASELOAD FY 05-06 WITHOUT RETROACTIVITY														
Current Year	Supplemental Security Income 65+ (OAP-A)	Supplemental Security Income 60 to 64 Years of Age (OAP-B)	Supplemental Security Income Disabled (AND/AB)	Categorically Eligible Low Income Adults (AFDC-A)	Breast & Cervical Cancer Program	Eligible Children (AFDC- C/BC)	Foster Care	Baby Care Adults	Non- Citizens	Qualified Medicare Beneficiaries and Special Low Income Medicare Beneficiaries	TOTAL	Monthly Growth	Monthly Growth Rate	Number of Days Captured in Monthly Figures
July	36,376	6,072	47,214	57,874	31	212,576	15,958	5,151	5,187	9,416	395,855	(14,914)	-3.631%	28
August											-	-	-	
September											-	-	-	
October											-	-	-	
November											-	-	-	
December											-	-	-	
January											-	-	-	
February											-	-	-	
March											-	-	-	
April											-	-	-	
May											-	-	-	
June											-	-	-	
Year-to-Date Average	36,376	6,072	47,214	57,874	31	212,576	15,958	5,151	5,187	9,416	395,855			
HMO's Year to Date	5,220	1,442	11,902	8,409	-	47,111	527	371	-	-	74,982			
PCPP's Year to Date	4,236	1,183	10,480	3,902	-	22,008	262	99	-	1	42,171			
Regarding the Caseload detail reflected above, please note the following:														
1) HMO and PCPP numbers are based on the HMO and PCPP enrollment gathered from the Managed Care Enrollment Report for July 2005.														
2) The REX01/COLD (MARS) R464600 report is scheduled to run four days prior to the last Tuesday of each month (usually on a Friday). This may cause a variation in the number of days being reported each month.														

Department of Health Care Policy and Financing Children's Basic Health Plan Report

FY 05-06 Children's Basic Health Plan Expenditures			
	Total Expenditures as Reported in the Colorado Financial Reporting System	Children Medical and Prenatal Expenditures	Children Dental Expenditures
July	\$1,912,303	\$1,912,303	\$0
August	\$0		
September	\$0		
October	\$0		
November	\$0		
December	\$0		
January	\$0		
February	\$0		
March	\$0		
April	\$0		
May	\$0		
June	\$0		
Expenditures Year to Date	\$1,912,303	\$1,912,303	\$0
Appropriation (Long Bill Plus Special Bills as of 6/18/05)	\$78,234,696	\$72,716,881	\$5,517,815
Remaining in Appropriation	\$76,322,393	\$70,804,578	\$5,517,815

Notes:

- Expenditures reported include medical and dental benefit payments for children and prenatal and delivery costs for adult women.
- July's expenditures of \$1,912,303 reflects payments to three of the five managed care organizations. Payments to the remaining two managed care organizations and the dental plan administrator were delayed as the new FY 05-06 contracts were not fully executed in time for the July payment.

**Department of Health Care Policy and Financing
FY 05-06 July 2005 Children's Basic Health Plan Enrollment Report**

CHILDREN	
July	31,045
August	
September	
October	
November	
December	
January	
February	
March	
April	
May	
June	
Year to Date Average	31,045

1) Enrollment includes retroactivity through July 9, 2005. As additional months become available, enrollment should increase due to continued retroactivity.

PREGNANT WOMEN	
July	653
August	
September	
October	
November	
December	
January	
February	
March	
April	
May	
June	
Year to Date Average	653

1) Enrollment includes retroactivity through June 9, 2005. As additional months become available, enrollment should increase due to continued retroactivity.
 2) Since presumptive eligibility is not maintained in CBMS, clients found presumptively eligible are not reflected in the enrollment figures above until they are deemed to be truly eligible.

Department of Health Care Policy and Financing
Children's Basic Health Plan Enrollment Report Retroactivity for FY 04-05
As of July 2005

CHILDREN	
July 2004	37,159
August 2004	41,477
September 2004	41,355
October 2004	35,840
November 2004	38,201
December 2004	39,237
January 2005	39,206
February 2005	41,912
March 2005	42,564
April 2005	41,901
May 2005	37,840
June 2005	35,219
Year to Date Average	39,326

- 1) Enrollment includes retroactivity through July 9, 2005. As additional months become available, enrollment should increase due to continued retroactivity. However, since retroactivity is only reported five months back, months identified in bold font in the chart above will no longer change.
- 2) Figures for July to September 2004 were obtained from reports which were available prior to CBMS implementation. These reports are no longer available.

PREGNANT WOMEN	
July 2004	-
August 2004	185
September 2004	260
October 2004	300
November 2004	405
December 2004	543
January 2005	649
February 2005	770
March 2005	790
April 2005	794
May 2005	782
June 2005	712
Year to Date Average	516

- 1) Enrollment includes retroactivity through June 9, 2005. As additional months become available, enrollment should increase due to continued retroactivity. However, since retroactivity is only reported five months back, months identified in bold font in the chart above will no longer change.
- 2) Because capitation was paid on a prospective basis prior to the implementation to CBMS, no capitation payment was paid for July 2004 as there was no enrollment from the prior month to estimate the number of clients.
- 3) Since presumptive eligibility is not maintained in CBMS, clients found presumptively eligible since October have not been reflected in the enrollment figures above until they are deemed to be truly eligible.