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

(A) ORGANIZATION NUMBER	(B) ORGANIZATION NAME/ SERVICE CATEGORY	(C) CUMULATIVE TOTAL OCTOBER 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	$0	$0	$0
5411	Injectibles Drug Rebates	($35,437)	($498,643)	($534,080)
5430	Home and Community Based Services-Brain Injury	$765,149	$2,166,727	$2,931,877
5431	Single Entry Points	$2,666,911	$3,924,973	$6,591,884
5432	Private Duty Nursing	$1,158,804	$3,688,308	$4,847,113
5433	Home and Community Based Service-Mentally Ill	$1,207,686	$3,286,877	$4,494,563
5434	Home and Community Based Services-Model 200	$78,437	$91,086	$169,523
5435	Home Health	$8,681,504	$20,415,821	$29,097,324
5437	Home and Community Based Services-Client Services	$9,609,903	$23,883,035	$33,492,938
5439	Home and Community Based Services-People Living With Aids	$44,091	$117,202	$161,293
5440	Class 1 Nursing Homes	$39,377,456	$109,319,305	$148,696,761
5441	Class 2 and 4 Nursing Homes	$110,402	$364,699	$475,101
5442	Consumer Directed Attendant Support Waiver Costs	$314,048	$1,435,657	$1,749,706
5444	Hospice Program	$2,078,852	$6,424,554	$8,503,406
5445	Health Maintenance Organizations	$13,396,605	$40,175,308	$53,571,913
5446	Program for All Inclusive Care of the Elderly	$3,109,366	$9,947,117	$13,056,483
5450	Pharmacy	$30,737,098	$69,471,381	$100,208,479
5451	Drug Rebates	($550,149)	($19,248,228)	($19,798,377)
5452	Early and Periodic Screening, Diagnosis and Treatment	$820,791	$1,949,145	$2,769,936
5454	Federally Qualified Health Centers	$5,631,192	$14,183,447	$19,814,639
5455	Physician Services Program	$12,745,690	$30,850,094	$43,595,784
5456	Family Planning Program	$22,654	$45,644	$68,298
5457	Lab and X-ray	$1,798,886	$4,495,737	$6,294,623
5458	Rural Health Clinic	$313,341	$1,173,195	$1,486,536
5459	Dental Services	$3,971,206	$10,879,073	$14,850,278
5460	Durable Medical Equipment	$5,318,369	$13,772,252	$19,090,620
5461	Transportation	$334,835	$793,400	$1,128,235
5462	County Transportation	($1,279)	$3,480	$2,201
5464	Breast and Cervical Cancer	$115,243	$391,995	$507,238
5465	Inpatient Hospital	$22,124,054	$66,607,735	$88,731,789
5466	Outpatient Hospital	$9,916,743	$25,767,318	$35,684,061
5475	Co-insurance	$1,409,954	$4,807,673	$6,217,627
5476	Supplemental Medicare Insurance Benefits	$6,021,173	$15,398,862	$21,420,035
5477	Health Insurance Buy-in	$49,721	$162,214	$211,935
5483	Administrative Service Organizations	$3,901,868	$18,048,037	$21,949,906
5487	Disease Management	$22,967	$78,607	$101,574
5500	Medicaid Eligible Refugee	$0	$4,023	$4,023
5540	Nursing Facility Upper Payment Limit	$0	$0	$0
5565	Inpatient Upper Payment Limit	$0	$0	$0
5566	Outpatient Upper Payment Limit	$0	$0	$0
5567	Home Health Upper Payment Limit	$0	$0	$0
	FY 05-06 Medical Services Premiums Total Expenditures	$187,268,133	$484,377,111	$671,645,244
	Original Appropriation Authority:			
	FY 05-06 Long Bill Amount (SB 05-209)		$2,127,668,373	
	HB 05-1066 Obesity Pilot		$222,823	
	HB 05-1131 Pharmacist to Redispense Specified Unused Meds		($733,970)	
	HB 05-1262 Tobacco Bill Sect 33(1) (C) (D)		$52,068,559	
	HB 05-1243 Consumer Directed Under Medicaid Sect 12 (D)		$1,008,375	
	HB 05-1243 Consumer Directed Under Medicaid Sect 12 (E)		($2,012,790)	
	FY 05-06 Medical Services Premiums Appropriation Spending Authority as of October 31, 2005		$2,178,221,370	
	Less MMA Clawback Payment		($30,984,982)	
	Total Medical Services Premiums Spending Authority Less MMA Clawback Payment		$2,147,236,388	
	FY 05-06 Medical Services Premiums Expenditures as of October 31, 2005		$671,645,244	
	Remaining Appropriation		$1,475,591,144	

Department of Health Care Policy and Financing
October 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	36,351	6,060	47,358	57,799	28	213,413	16,078	5,434	5,588	9,710	397,819	1,964	0.496%	35
September	36,430	6,161	47,467	57,922	30	212,975	16,249	5,259	5,670	10,063	398,226	407	0.102%	28
October	36,396	6,132	47,365	56,658	26	207,644	16,237	4,834	5,523	10,162	390,977	(7,249)	-1.820%	28
November											-	-	-	
December											-	-	-	
January											-	-	-	
February											-	-	-	
March											-	-	-	
April											-	-	-	
May											-	-	-	
June											-	-	-	
Year-to-Date Average	36,388	6,106	47,351	57,563	29	211,652	16,131	5,170	5,492	9,838	395,719			
HMO's Year to Date	5,288	1,446	11,746	8,193	-	45,110	609	408	-	-	72,800			
PCPP's Year to Date	4,170	1,163	10,188	3,496	-	20,057	241	82	-	2	39,396			

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 October 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.

3) The REX01/COLD (MARS) R464600 report is generally used for reporting caseload in this report to the Joint Budget Committee.

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	$2,098,603	$2,098,603	$0
August	$2,116,303	$2,116,303	$0
September	$3,224,982	$2,107,519	$1,117,463
October	$2,594,430	$2,197,822	$396,608
November	$0		
December	$0		
January	$0		
February	$0		
March	$0		
April	$0		
May	$0		
June	$0		
Expenditures Year to Date	$10,034,318	$8,520,247	$1,514,071
Appropriation (Long Bill Plus Special Bills as of 6/18/05)	$78,234,696	$72,716,881	$5,517,815
Remaining in Appropriation	**$68,200,378**	**$64,196,634**	**$4,003,744**

Notes:

1. Expenditures reported include medical and dental benefit payments for children and prenatal and delivery costs for adult women.

2. The previous month's expenditures have been updated to reflect additional expenditures recorded in COFRS after the time that the previous month's expenditures were checked but prior to the Accounting close for that month.

3. Expenditures through Period 4 reflect payments to four of the five managed care organizations. Payments to the remaining managed care organization were delayed as new FY 05-06 contracts were not fully executed in time. Dental expenditures reported in Period 3 include payments for July through September.

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

CHILDREN	
July	40,960
August	38,761
September	38,809
October	39,610
November	
December	
January	
February	
March	
April	
May	
June	
Year to Date Average	39,535

1) Capitation payments are made retroactively for up to six months. Figures shown for the current month and the five previous months include an adjustment for anticpated retroactivity. These figures will be updated in next month's report to reflect the impact of actual retroactivity. Figures shown in bold font are not expected to change.

PREGNANT WOMEN	
July	1,043
August	1,007
September	1,045
October	1,022
November	
December	
January	
February	
March	
April	
May	
June	
Year to Date Average	1,029

1) Capitation payments are made for retroactivity for up to six months. Figures shown for the current month and the five previous months include an adjustment for anticpated retroactivity. These figures will be updated in next month's report to reflect the impact of actual retroactivity. Figures shown in bold font are not expected to change.

2) Since presumptive eligibility is not maintained in Colorado Benefits Management System, 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 October 2005

CHILDREN	
July 2004	**37,159**
August 2004	**41,477**
September 2004	**41,355**
October 2004	**35,354**
November 2004	**37,303**
December 2004	**38,036**
January 2005	**37,989**
February 2005	**40,610**
March 2005	**43,337**
April 2005	**44,175**
May 2005	**41,709**
June 2005	41,552
Year to Date Average	40,005

1) Capitation payments are made to reflect retroactivity for up to six months. Figures shown for the current month and the five previous months include an adjustment for anticipated retroactivity. These figures will be updated in next month's report to reflect the impact of actual retroactivity. Figures shown in bold font are not expected to change.
2) Figures for July to September 2004 were obtained from reports which were available prior to Colorado Benefits Management System implementation. These reports are no longer available.

PREGNANT WOMEN	
July 2004	**-**
August 2004	**185**
September 2004	**260**
October 2004	**299**
November 2004	**397**
December 2004	**507**
January 2005	**608**
February 2005	**714**
March 2005	**859**
April 2005	**933**
May 2005	**962**
June 2005	967
Year to Date Average	558

1) Capitation payments are made to reflect retroactivity for up to six months. Figures shown for the current month and the five previous months include an adjustment for anticipated retroactivity. These figures will be updated in next month's report to reflect the impact of actual retroactivity. Figures shown in bold font are not expected to 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 estimate the number of clients.
3) Since presumptive eligibility is not maintained in Colorado Benefits Management System, clients found presumptively eligible since October have not been reflected in the enrollment figures above until they are deemed to be truly eligible.