

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

(A) ORGANIZATION NUMBER	(B) ORGANIZATION NAME/ SERVICE CATEGORY	(C) CUMULATIVE TOTAL NOVEMBER 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	(\$30,698)	(\$534,080)	(\$564,778)
5430	Home and Community Based Services-Brain Injury	\$671,032	\$2,931,877	\$3,602,909
5431	Single Entry Points	\$1,485,732	\$6,591,884	\$8,077,615
5432	Private Duty Nursing	\$1,109,636	\$4,847,113	\$5,956,748
5433	Home and Community Based Service-Mentally Ill	\$1,081,136	\$4,494,563	\$5,575,700
5434	Home and Community Based Services-Model 200	\$36,735	\$169,523	\$206,258
5435	Home Health	\$6,411,047	\$29,097,324	\$35,508,371
5437	Home and Community Based Services-Client Services	\$7,669,534	\$33,492,938	\$41,162,472
5439	Home and Community Based Services-People Living With Aids	\$36,694	\$161,293	\$197,987
5440	Class 1 Nursing Homes	\$36,627,161	\$148,696,761	\$185,323,922
5441	Class 2 and 4 Nursing Homes	\$117,739	\$475,101	\$592,840
5442	Consumer Directed Attendant Support Waiver Costs	\$820,635	\$1,749,706	\$2,570,341
5444	Hospice Program	\$1,582,733	\$8,503,406	\$10,086,139
5445	Health Maintenance Organizations	\$13,284,467	\$53,571,913	\$66,856,380
5446	Program for All Inclusive Care of the Elderly	\$3,738,404	\$13,056,483	\$16,794,887
5450	Pharmacy	\$23,067,017	\$100,208,479	\$123,275,496
5451	Drug Rebates	(\$14,968,297)	(\$19,798,377)	(\$34,766,674)
5452	Early and Periodic Screening, Diagnosis and Treatment	\$635,926	\$2,769,936	\$3,405,862
5454	Federally Qualified Health Centers	\$4,723,003	\$19,814,639	\$24,537,642
5455	Physician Services Program	\$9,807,568	\$43,595,784	\$53,403,352
5456	Family Planning Program	\$19,979	\$68,298	\$88,277
5457	Lab and X-ray	\$1,370,431	\$6,294,623	\$7,665,054
5458	Rural Health Clinic	\$302,831	\$1,486,536	\$1,789,367
5459	Dental Services	\$3,077,228	\$14,850,278	\$17,927,507
5460	Durable Medical Equipment	\$4,422,220	\$19,090,620	\$23,512,841
5461	Transportation	\$221,099	\$1,128,235	\$1,349,334
5462	County Transportation	(\$1,410)	\$2,201	\$792
5464	Breast and Cervical Cancer	\$119,729	\$507,238	\$626,966
5465	Inpatient Hospital	\$13,055,083	\$88,731,789	\$101,786,871
5466	Outpatient Hospital	\$7,740,331	\$35,684,061	\$43,424,392
5475	Co-insurance	\$810,663	\$6,217,627	\$7,028,290
5476	Supplemental Medicare Insurance Benefits	\$5,501,539	\$21,420,035	\$26,921,574
5477	Health Insurance Buy-in	\$47,529	\$211,935	\$259,463
5483	Administrative Service Organizations	\$11,171,176	\$21,949,906	\$33,121,082
5487	Disease Management	\$72	\$101,574	\$101,646
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
	<b>FY 05-06 Medical Services Premium Total Expenditures</b>	<b>\$145,765,701</b>	<b>\$671,645,244</b>	<b>\$817,410,945</b>
	<b>Original Appropriation Authority:</b>			
	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)	
	<b>Total Medical Services Premiums Spending Authority Less MMA Clawback Payment</b>		<b>\$2,147,236,388</b>	
	<b>FY 05-06 Medical Services Premiums Expenditures as of November 30, 2005</b>		<b>\$817,410,945</b>	
	<b>Remaining Appropriation</b>		<b>\$1,329,825,443</b>	

Department of Health Care Policy and Financing  
November 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	36,612	6,134	47,783	57,923	30	209,732	16,351	4,775	5,732	10,584	395,656	4,679	1.197%	35
December											-	-	-	
January											-	-	-	
February											-	-	-	
March											-	-	-	
April											-	-	-	
May											-	-	-	
June											-	-	-	
Year-to-Date Average	36,433	6,112	47,437	57,635	29	211,268	16,175	5,091	5,540	9,987	395,707			
HMO's Year to Date	5,293	1,443	11,708	8,123	-	44,376	628	401	-	-	71,972			
PCPP's Year to Date	4,155	1,161	10,126	3,415	-	19,653	239	77	-	2	38,828			
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 November 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.														

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

<b>FY 05-06 Children's Basic Health Plan Expenditures</b>			
	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	\$18,235,515	\$17,816,177	\$419,338
December	\$0		
January	\$0		
February	\$0		
March	\$0		
April	\$0		
May	\$0		
June	\$0		
Expenditures Year to Date	\$28,269,833	\$26,336,424	\$1,933,409
Appropriation (Long Bill Plus Special Bills as of 6/18/05)	\$78,234,696	\$72,716,881	\$5,517,815
<b>Remaining in Appropriation</b>	<b>\$49,964,863</b>	<b>\$46,380,457</b>	<b>\$3,584,406</b>

Notes:

- Expenditures reported include medical and dental benefit payments for children and prenatal and delivery costs for adult women.
- 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.
- 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. The November medical and prenatal expenditures contain a catch up payment for July through November for Anthem. Dental expenditures reported in Period 3 include payments for July through September.

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

<b>CHILDREN</b>	
July	41,065
August	39,147
September	39,637
October	40,449
November	41,979
December	
January	
February	
March	
April	
May	
June	
<b>Year to Date Average</b>	<b>40,455</b>

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 anticipated retroactivity. These figures will be updated in next month's report to reflect the impact of actual retroactivity. Figures will be shown in bold font after they are not expected to change.

<b>PREGNANT WOMEN</b>	
July	1,026
August	1,011
September	1,056
October	1,038
November	1,031
December	
January	
February	
March	
April	
May	
June	
<b>Year to Date Average</b>	<b>1,032</b>

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 anticipated retroactivity. These figures will be updated in next month's report to reflect the impact of actual retroactivity. Figures will be shown in bold font after they 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 November 2005**

<b>CHILDREN</b>	
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
<b>Year to Date Average</b>	<b>40,005</b>

1) 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.

<b>PREGNANT WOMEN</b>	
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	954
<b>Year to Date Average</b>	<b>557</b>

1) 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.

2) 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.