

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

(A) ORGANIZATION NUMBER	(B) ORGANIZATION NAME/ SERVICE CATEGORY	(C) CUMULATIVE TOTAL DECEMBER 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	(\$44,077)	(\$564,778)	(\$608,855)
5430	Home and Community Based Services-Brain Injury	\$759,526	\$3,602,909	\$4,362,435
5431	Single Entry Points	\$1,422,608	\$8,077,615	\$9,500,224
5432	Private Duty Nursing	\$1,241,721	\$5,956,748	\$7,198,470
5433	Home and Community Based Service-Mentally Ill	\$1,229,062	\$5,575,700	\$6,804,762
5434	Home and Community Based Services-Model 200	\$56,778	\$206,258	\$263,036
5435	Home Health	\$8,193,625	\$35,508,371	\$43,701,996
5437	Home and Community Based Services-Client Services	\$8,873,395	\$41,162,472	\$50,035,867
5439	Home and Community Based Services-People Living With Aids	\$36,407	\$197,987	\$234,394
5440	Class 1 Nursing Homes	\$43,050,482	\$185,323,922	\$228,374,404
5441	Class 2 and 4 Nursing Homes	\$110,231	\$592,840	\$703,070
5442	Consumer Directed Attendant Support Waiver Costs	\$606,970	\$2,570,341	\$3,177,311
5444	Hospice Program	\$2,680,529	\$10,086,139	\$12,766,667
5445	Health Maintenance Organizations	\$12,715,338	\$66,856,380	\$79,571,718
5446	Program for All Inclusive Care of the Elderly	\$3,682,211	\$16,794,887	\$20,477,098
5450	Pharmacy	\$30,476,687	\$123,275,496	\$153,752,182
5451	Drug Rebates	(\$3,322,455)	(\$34,766,674)	(\$38,089,129)
5452	Early and Periodic Screening, Diagnosis and Treatment	\$783,862	\$3,405,862	\$4,189,724
5454	Federally Qualified Health Centers	\$5,919,303	\$24,537,642	\$30,456,945
5455	Physician Services Program	\$12,127,606	\$53,403,352	\$65,530,958
5456	Family Planning Program	\$13,668	\$88,277	\$101,945
5457	Lab and X-ray	\$1,664,715	\$7,665,054	\$9,329,769
5458	Rural Health Clinic	\$401,785	\$1,789,367	\$2,191,153
5459	Dental Services	\$3,756,237	\$17,927,507	\$21,683,743
5460	Durable Medical Equipment	\$4,834,496	\$23,512,841	\$28,347,337
5461	Transportation	\$296,899	\$1,349,334	\$1,646,233
5462	County Transportation	(\$1,370)	\$792	(\$578)
5464	Breast and Cervical Cancer	\$201,167	\$626,966	\$828,133
5465	Inpatient Hospital	\$39,056,074	\$101,786,871	\$140,842,945
5466	Outpatient Hospital	\$9,632,861	\$43,424,392	\$53,057,253
5475	Co-insurance	\$1,588,447	\$7,028,290	\$8,616,737
5476	Supplemental Medicare Insurance Benefits	\$5,715,293	\$26,921,574	\$32,636,867
5477	Health Insurance Buy-in	\$34,124	\$259,463	\$293,587
5483	Administrative Service Organizations	\$1,237,469	\$33,121,082	\$34,358,551
5487	Disease Management	\$53,941	\$101,646	\$155,587
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 Premium Total Expenditures	\$199,085,615	\$817,410,945	\$1,016,496,561
	<u>Original Appropriation Authority:</u>			
	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 December 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 December 31, 2005		 \$1,016,496,561	
	 Remaining Appropriation		 \$1,130,739,827	

Department of Health Care Policy and Financing
December 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	57,905	31	212,576	15,958	5,151	5,187	9,416	395,886	(14,914)	-3.623%	28
August	36,351	6,060	47,358	57,827	28	213,413	16,078	5,434	5,588	9,710	397,847	1,961	0.495%	35
September	36,430	6,161	47,467	57,922	30	212,975	16,249	5,259	5,670	10,063	398,226	379	0.095%	28
October	36,396	6,132	47,365	56,684	26	207,644	16,237	4,834	5,523	10,162	391,003	(7,223)	-1.814%	28
November	36,612	6,134	47,783	57,923	30	209,732	16,351	4,775	5,732	10,584	395,656	4,653	1.190%	35
December	36,256	6,061	47,429	57,944	191	210,394	16,427	4,682	5,744	11,378	396,506	850	0.215%	28
January											-	-	-	
February											-	-	-	
March											-	-	-	
April											-	-	-	
May											-	-	-	
June											-	-	-	
Year-to-Date Average	36,404	6,103	47,436	57,701	56	211,122	16,217	5,023	5,574	10,219	395,854			
HMO's Year to Date	5,302	1,443	11,677	8,070	-	43,780	645	393	-	-	71,310			
PCPP's Year to Date	4,139	1,158	10,065	3,345	-	19,328	241	71	-	1	38,346			
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 December 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.														
4) The Low Income Adults caseload has been restated for prior months due to a minor adjustment.														
5) For December 2005 caseload, the Breast and Cervical Cancer Program uses raw data obtained from the Colorado Benefits Management System.														

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	\$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	\$18,289,747	\$17,870,409	\$419,338
December	\$5,826,881	\$5,389,808	\$437,074
January	\$0		
February	\$0		
March	\$0		
April	\$0		
May	\$0		
June	\$0		
Expenditures Year to Date	\$34,150,947	\$31,780,464	\$2,370,483
Appropriation (Long Bill Plus Special Bills as of 6/18/05)	\$78,234,696	\$72,716,881	\$5,517,815
Remaining in Appropriation	\$44,083,749	\$40,936,417	\$3,147,332

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. 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. By December, all contracts with the medical providers are in place, and monthly expenditures are occurring as expected.

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

CHILDREN	
July	41,007
August	39,261
September	39,953
October	40,793
November	42,119
December	42,672
January	
February	
March	
April	
May	
June	
Year to Date Average	40,968

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.

PREGNANT WOMEN	
July	1,013
August	1,002
September	1,038
October	1,028
November	1,028
December	1,060
January	
February	
March	
April	
May	
June	
Year to Date Average	1,028

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.