

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING JANUARY 2006 EXPENDITURE REPORT FY 2005-06

(A) ORGANIZATION NUMBER	(B) ORGANIZATION NAME/ SERVICE CATEGORY	(C) CUMULATIVE TOTAL JANUARY 2006 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	\$0	(\$608,855)	(\$608,855)
5430	Home and Community Based Services-Brain Injury	\$627,933	\$4,362,435	\$4,990,368
5431	Single Entry Points	\$1,316,163	\$9,500,224	\$10,816,387
5432	Private Duty Nursing	\$1,520,545	\$7,198,470	\$8,719,015
5433	Home and Community Based Service-Mentally Ill	\$1,161,352	\$6,804,762	\$7,966,114
5434	Home and Community Based Services-Model 200	\$29,342	\$263,036	\$292,377
5435	Home Health	\$7,145,435	\$43,701,996	\$50,847,431
5437	Home and Community Based Services-Client Services	\$8,215,894	\$50,035,867	\$58,251,761
5439	Home and Community Based Services-People Living With Aids	\$31,429	\$234,394	\$265,823
5440	Class 1 Nursing Homes	\$33,443,444	\$228,374,404	\$261,817,848
5441	Class 2 and 4 Nursing Homes	\$99,104	\$703,070	\$802,174
5442	Consumer Directed Attendant Support Waiver Costs	\$609,978	\$3,177,311	\$3,787,289
5444	Hospice Program	\$2,354,219	\$12,766,667	\$15,120,886
5445	Health Maintenance Organizations	\$11,591,800	\$79,571,718	\$91,163,518
5446	Program for All Inclusive Care of the Elderly	\$3,545,990	\$20,477,098	\$24,023,088
5450	Pharmacy	\$13,507,510	\$153,752,182	\$167,259,693
5451	Drug Rebates	(\$327,069)	(\$38,089,129)	(\$38,416,197)
5452	Early and Periodic Screening, Diagnosis and Treatment	\$639,697	\$4,189,724	\$4,829,421
5454	Federally Qualified Health Centers	\$4,416,174	\$30,456,945	\$34,873,119
5455	Physician Services Program	\$11,698,969	\$65,530,958	\$77,229,928
5456	Family Planning Program	\$29,504	\$101,945	\$131,448
5457	Lab and X-ray	\$1,460,674	\$9,329,769	\$10,790,443
5458	Rural Health Clinic	\$348,234	\$2,191,153	\$2,539,387
5459	Dental Services	\$3,784,118	\$21,683,743	\$25,467,861
5460	Durable Medical Equipment	\$4,795,846	\$28,347,337	\$33,143,183
5461	Transportation	\$282,046	\$1,646,233	\$1,928,279
5462	County Transportation	(\$797)	(\$578)	(\$1,375)
5464	Breast and Cervical Cancer	\$97,381	\$828,133	\$925,515
5465	Inpatient Hospital	\$22,820,338	\$140,842,945	\$163,663,283
5466	Outpatient Hospital	\$6,784,590	\$53,057,253	\$59,841,843
5475	Co-insurance	\$956,346	\$8,616,737	\$9,573,082
5476	Supplemental Medicare Insurance Benefits	\$6,111,707	\$32,636,867	\$38,748,574
5477	Health Insurance Buy-in	\$37,218	\$293,587	\$330,805
5483	Administrative Service Organizations	\$12,968,435	\$34,358,551	\$47,326,986
5487	Disease Management	\$45,996	\$155,587	\$201,583
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	\$162,149,545	\$1,016,496,561	\$1,178,646,106
	<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		 \$1,178,646,106	
	 Remaining Appropriation		 \$968,590,282	

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	171	212,576	15,958	5,151	5,187	9,416	396,026	(14,914)	-3.589%	28		
August	36,351	6,060	47,358	57,827	178	213,413	16,078	5,434	5,588	9,710	397,997	1,971	0.498%	35		
September	36,430	6,161	47,467	57,922	186	212,975	16,249	5,259	5,670	10,063	398,382	385	0.097%	28		
October	36,396	6,132	47,365	56,684	192	207,644	16,237	4,834	5,523	10,162	391,169	(7,213)	-1.811%	28		
November	36,612	6,134	47,783	57,923	191	209,732	16,351	4,775	5,732	10,584	395,817	4,648	1.188%	35		
December	36,256	6,061	47,429	57,944	191	210,394	16,427	4,682	5,744	11,378	396,506	689	0.174%	28		
January	36,116	6,016	47,373	58,721	198	213,996	16,348	4,778	5,930	11,491	400,967	4,461	1.125%	35		
February											-	-	-			
March											-	-	-			
April											-	-	-			
May											-	-	-			
June											-	-	-			
Year-to-Date Average	36,362	6,091	47,427	57,847	187	211,533	16,235	4,988	5,625	10,401	396,695					
HMO's Year to Date Average	5,308	1,440	11,637	7,999	-	43,178	661	382	-	-	70,605					
PCPP's Year to Date Average	4,118	1,152	10,000	3,268	-	18,984	241	67	-	1	37,830					
Regarding the Caseload detail reflected above, please note the following:																
1) HMO and PCPP numbers are based on year to date averages for the HMO and PCPP enrollment gathered from the Modified Recipient Status Report for January 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) In January 2006, caseload for the Breast and Cervical Cancer Program has been restated from July through November 2005 to use Colorado Benefits Management System data.																

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	\$6,076,579	\$5,632,041	\$444,538
February	\$0		
March	\$0		
April	\$0		
May	\$0		
June	\$0		
Expenditures Year to Date	\$40,227,526	\$37,412,505	\$2,815,021
Appropriation (Long Bill Plus Special Bills as of 6/18/05)	\$78,234,696	\$72,716,881	\$5,517,815
Remaining in Appropriation	\$38,007,170	\$35,304,376	\$2,702,794

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. By December, all contracts with the medical providers were in place. Monthly expenditures are now occurring as expected.

Department of Health Care Policy and Financing
FY 05-06 January 2006 Children's Basic Health Plan Enrollment Report

CHILDREN			
	Base Population ≤185% FPL	Expansion Population From 186% to 200% FPL	Total
July	40,271	736	41,007
August	38,687	812	39,499
September	39,230	913	40,143
October	39,713	1,109	40,822
November	40,793	1,260	42,053
December	41,902	1,515	43,417
January	43,157	1,705	44,862
February			
March			
April			
May			
June			
Year to Date Average			41,686

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			
	Base Population ≤185% FPL	Expansion Population From 186% to 200% FPL	Total
July	985	28	1,013
August	965	40	1,005
September	995	54	1,049
October	978	64	1,042
November	980	67	1,047
December	1,011	77	1,088
January	1,037	104	1,141
February			
March			
April			
May			
June			
Year to Date Average			1,055

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.

3) Capitation payments made for pregnant women in the expansion population between July 2005 and January 2006 are not eligible for a federal match and must be paid for with 100% State funds. The Department anticipated a Bill from the Joint Budget Committee to address the funding for this expense. Figures are shown in the above table for informational purposes. Beginning February 1, 2006 the expansion population will be funded with 35% Cash Funds Exempt from the Health Care Expansion Fund and 65% federal funds.