

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

(A) ORGANIZATION NUMBER	(B) ORGANIZATION NAME/ SERVICE CATEGORY	(C) CUMULATIVE TOTAL FEBRUARY 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	\$746,015	\$4,990,368	\$5,736,382
5431	Single Entry Points	\$1,193,073	\$10,816,387	\$12,009,460
5432	Private Duty Nursing	\$1,377,950	\$8,719,015	\$10,096,965
5433	Home and Community Based Service-Mentally Ill	\$1,122,159	\$7,966,114	\$9,088,273
5434	Home and Community Based Services-Model 200	\$48,461	\$292,377	\$340,838
5435	Home Health	\$7,426,207	\$50,847,431	\$58,273,637
5437	Home and Community Based Services-Client Services	\$8,045,868	\$58,251,761	\$66,297,629
5439	Home and Community Based Services-People Living With Aids	\$39,002	\$265,823	\$304,825
5440	Class 1 Nursing Homes	\$36,004,499	\$261,817,848	\$297,822,347
5441	Class 2 and 4 Nursing Homes	\$128,437	\$802,174	\$930,611
5442	Consumer Directed Attendant Support Waiver Costs	\$742,595	\$3,787,289	\$4,529,884
5444	Hospice Program	\$2,649,018	\$15,120,886	\$17,769,904
5445	Health Maintenance Organizations	\$10,921,416	\$91,163,518	\$102,084,934
5446	Program for All Inclusive Care of the Elderly	\$3,781,594	\$24,023,088	\$27,804,682
5450	Pharmacy	\$13,123,051	\$167,259,693	\$180,382,743
5451	Drug Rebates	(\$16,087,466)	(\$38,416,197)	(\$54,503,664)
5452	Early and Periodic Screening, Diagnosis and Treatment	\$645,374	\$4,829,421	\$5,474,795
5454	Federally Qualified Health Centers	\$5,906,690	\$34,873,119	\$40,779,809
5455	Physician Services Program	\$11,654,042	\$77,229,928	\$88,883,970
5456	Family Planning Program	\$27,159	\$131,448	\$158,607
5457	Lab and X-ray	\$1,643,006	\$10,790,443	\$12,433,449
5458	Rural Health Clinic	\$402,233	\$2,539,387	\$2,941,620
5459	Dental Services	\$3,811,026	\$25,467,861	\$29,278,887
5460	Durable Medical Equipment	\$4,731,735	\$33,143,183	\$37,874,919
5461	Transportation	\$321,767	\$1,928,279	\$2,250,046
5462	County Transportation	(\$300)	(\$1,375)	(\$1,675)
5464	Breast and Cervical Cancer	\$77,431	\$925,515	\$1,002,945
5465	Inpatient Hospital	\$26,051,647	\$163,663,283	\$189,714,930
5466	Outpatient Hospital	\$9,884,822	\$59,841,843	\$69,726,665
5475	Co-insurance	\$1,964,636	\$9,573,082	\$11,537,718
5476	Supplemental Medicare Insurance Benefits	\$6,994,560	\$38,748,574	\$45,743,134
5477	Health Insurance Buy-in	\$34,611	\$330,805	\$365,416
5483	Administrative Service Organizations	\$6,302,621	\$47,326,986	\$53,629,607
5487	Disease Management	\$5,210	\$201,583	\$206,793
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
5569	Presumptive Eligibility	\$1,479,251	\$0	\$1,479,251
	FY 05-06 Medical Services Premium Total Expenditures	\$153,199,397	\$1,178,646,106	\$1,331,845,503
	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 February 28, 2006		\$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 February 28, 2006		 \$1,331,845,503	
	 Remaining Appropriation		 <u><u>\$815,390,885</u></u>	

Department of Health Care Policy and Financing
February 2006 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	36,176	5,990	47,541	57,872	181	215,042	16,366	4,887	6,120	11,673	401,848	881	0.220%	28	
March											-	-	-		
April											-	-	-		
May											-	-	-		
June											-	-	-		
Year-to-Date Average	36,339	6,078	47,441	57,850	186	211,972	16,252	4,975	5,687	10,560	397,339				
HMO's Year to Date Average	5,321	1,438	11,606	7,915	-	42,613	676	374	-	-	69,942				
PCPP's Year to Date Average	4,098	1,146	9,942	3,195	-	18,666	238	64	-	1	37,349				
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 February 2006.															
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

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	(\$158,560)	(\$620,604)	\$462,044
March	\$0		
April	\$0		
May	\$0		
June	\$0		
Expenditures Year to Date	\$40,068,966	\$36,791,901	\$3,277,065
Appropriation (Long Bill Plus Special Bills as of 6/18/05)	\$78,234,696	\$72,716,881	\$5,517,815
Remaining in Appropriation	\$38,165,730	\$35,924,980	\$2,240,750

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 were in place. Monthly expenditures are now occurring as expected.
4. Reconciliation with Anthem for FY 04-05 monies resulted in a credit applied in February 2006.

Department of Health Care Policy and Financing
FY 05-06 February 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	39,187	898	40,085
October	39,565	1,077	40,642
November	40,366	1,176	41,542
December	40,640	1,315	41,955
January	41,103	1,440	42,543
February	41,716	1,644	43,360
March			
April			
May			
June			
Year to Date Average			41,329

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	1,000	54	1,054
October	975	63	1,038
November	967	63	1,030
December	986	66	1,052
January	986	82	1,068
February	972	83	1,055
March			
April			
May			
June			
Year to Date Average			1,039

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 Centers for Medicare and Medicaid Services approved the expansion population to be funded with 35% Cash Funds Exempt from the Health Care Expansion Fund and 65% federal funds. When SB 06-135, making a necessary technical correction, becomes law, the federal funds can be claimed.