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

(A) ORGANIZATION NUMBER	(B) ORGANIZATION NAME/ SERVICE CATEGORY	(C) CUMULATIVE TOTAL April 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	($150,521)	($718,224)	($868,745)
5430	Home and Community Based Services-Brain Injury	$721,310	$6,353,694	$7,075,004
5431	Single Entry Points	$1,227,079	$13,684,001	$14,911,080
5432	Private Duty Nursing	$1,187,886	$11,279,577	$12,467,463
5433	Home and Community Based Service-Mentally Ill	$1,192,003	$10,164,774	$11,356,777
5434	Home and Community Based Services-Model 200	$75,514	$419,887	$495,401
5435	Home Health	$7,076,101	$65,268,166	$72,344,267
5437	Home and Community Based Services-Client Services	$8,374,852	$74,389,680	$82,764,532
5439	Home and Community Based Services-People Living With Aids	$44,155	$334,390	$378,545
5440	Class 1 Nursing Homes	$34,914,111	$332,314,452	$367,228,562
5441	Class 2 and 4 Nursing Homes	$113,509	$1,026,314	$1,139,822
5442	Consumer Directed Attendant Support Waiver Costs	$285,187	$5,546,957	$5,832,144
5444	Hospice Program	$2,042,972	$20,154,825	$22,197,797
5445	Health Maintenance Organizations	$10,605,286	$112,399,927	$123,005,212
5446	Program for All Inclusive Care of the Elderly	$3,099,524	$30,829,192	$33,928,715
5450	Pharmacy	$12,968,393	$194,149,602	$207,117,996
5451	Drug Rebates	($314,724)	($57,415,571)	($57,730,295)
5452	Early and Periodic Screening, Diagnosis and Treatment	$696,186	$6,168,544	$6,864,729
5454	Federally Qualified Health Centers	$5,417,872	$46,183,996	$51,601,868
5455	Physician Services Program	$11,190,345	$100,780,922	$111,971,267
5456	Family Planning Program	$15,240	$169,755	$184,994
5457	Lab and X-ray	$1,697,837	$14,005,799	$15,703,636
5458	Rural Health Clinic	$409,573	$3,456,874	$3,866,447
5459	Dental Services	$4,200,008	$33,027,720	$37,227,728
5460	Durable Medical Equipment	$4,724,053	$42,530,515	$47,254,568
5461	Transportation	$288,085	$2,533,847	$2,821,933
5462	County Transportation	($1,844)	($3,307)	($5,151)
5464	Breast and Cervical Cancer	$456,859	$1,227,578	$1,684,437
5465	Inpatient Hospital	$25,322,116	$214,586,200	$239,908,316
5466	Outpatient Hospital	$8,914,081	$78,906,536	$87,820,618
5475	Co-insurance	$1,829,954	$12,988,404	$14,818,358
5476	Supplemental Medicare Insurance Benefits	$6,069,629	$51,946,539	$58,016,168
5477	Health Insurance Buy-in	$43,075	$401,744	$444,818
5483	Administrative Service Organizations	$5,510,500	$61,045,768	$66,556,268
5487	Disease Management	$24,245	$255,599	$279,843
5500	Medicaid Eligible Refugee	$0	$4,023	$4,023
5540	Nursing Facility Upper Payment Limit	($264)	$0	($264)
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	$228,544	$1,708,366	$1,936,910
	FY 05-06 Medical Services Premium Total Expenditures	$160,498,729	$1,492,107,066	$1,652,605,795
	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)	
	HB 06-1217 Supplemental Bill - Denver Health & Hospitals - DSH Financing		$2,925,270	
	HB 06-1217 Supplemental Bill - Change Timing for Upper Payment Limit Financing		($15,185,388)	
	HB 06-1217 Move MMA Clawback Payment to Other Medical Services Long Bill Group		($30,984,982)	
	HB 06-1369 Supplemental Bill #2 - Rate Increases for Medical Providers		$6,240,000	
	Total Medical Services Premiums Spending Authority as of April 30, 2006		$2,141,216,270	
	FY 05-06 Medical Services Premiums Expenditures as of April 30, 2006		$1,652,605,795	
	Remaining Appropriation		$488,610,475	

Department of Health Care Policy and Financing
April 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	35,997	5,996	47,579	57,354	178	215,429	16,539	5,009	6,265	11,850	402,196	348	0.087%	28
April	35,925	5,995	47,705	57,730	188	217,685	16,334	5,161	6,496	11,891	405,110	2,914	0.725%	28
May											-	-	-	
June											-	-	-	
Year-to-Date Average	36,264	6,062	47,481	57,788	185	212,889	16,289	4,997	5,826	10,822	398,602			
HMO's Year to Date Average	5,340	1,431	11,540	7,748	-	41,603	702	362	-	-	68,726			
PCPP's Year to Date Average	4,063	1,137	9,831	3,060	-	18,089	232	60	-	1	36,472			

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 April 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 used for reporting caseload in this report to the Joint Budget Committee.