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

(A) ORGANIZATION NUMBER	(B) ORGANIZATION NAME/ SERVICE CATEGORY	(C) CUMULATIVE TOTAL May 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)	($868,745)	($1,019,265)
5430	Home and Community Based Services-Brain Injury	$755,193	$7,075,004	$7,830,197
5431	Single Entry Points	$1,492,919	$14,911,080	$16,403,999
5432	Private Duty Nursing	$1,527,639	$12,467,463	$13,995,102
5433	Home and Community Based Service-Mentally Ill	$1,254,465	$11,356,777	$12,611,242
5434	Home and Community Based Services-Model 200	$89,377	$495,401	$584,778
5435	Home Health	$9,664,773	$72,344,267	$82,009,040
5437	Home and Community Based Services-Client Services	$10,239,064	$82,764,532	$93,003,596
5439	Home and Community Based Services-People Living With Aids	$43,277	$378,545	$421,822
5440	Class 1 Nursing Homes	$40,058,522	$367,228,562	$407,287,084
5441	Class 2 and 4 Nursing Homes	$117,241	$1,139,822	$1,257,063
5442	Consumer Directed Attendant Support Waiver Costs	$680,031	$5,832,144	$6,512,175
5444	Hospice Program	$2,727,301	$22,197,797	$24,925,098
5445	Health Maintenance Organizations	$14,682,632	$123,005,212	$137,687,845
5446	Program for All Inclusive Care of the Elderly	$3,237,308	$33,928,715	$37,166,023
5450	Pharmacy	$15,228,868	$207,117,996	$222,346,864
5451	Drug Rebates	($11,847,564)	($57,730,295)	($69,577,859)
5452	Early and Periodic Screening, Diagnosis and Treatment	$851,193	$6,864,729	$7,715,923
5454	Federally Qualified Health Centers	$5,843,313	$51,601,868	$57,445,181
5455	Physician Services Program	$13,610,549	$111,971,267	$125,581,815
5456	Family Planning Program	$21,772	$184,994	$206,767
5457	Lab and X-ray	$1,927,194	$15,703,636	$17,630,830
5458	Rural Health Clinic	$471,914	$3,866,447	$4,338,361
5459	Dental Services	$4,411,678	$37,227,728	$41,639,406
5460	Durable Medical Equipment	$6,001,941	$47,254,568	$53,256,509
5461	Transportation	$409,343	$2,821,933	$3,231,275
5462	County Transportation	($3,085)	($5,151)	($8,237)
5464	Breast and Cervical Cancer	$404,083	$1,684,437	$2,088,520
5465	Inpatient Hospital	$30,513,789	$239,908,316	$270,422,106
5466	Outpatient Hospital	$7,675,677	$87,820,618	$95,496,295
5475	Co-insurance	$2,099,909	$14,818,358	$16,918,267
5476	Supplemental Medicare Insurance Benefits	$6,427,156	$58,016,168	$64,443,324
5477	Health Insurance Buy-in	$40,173	$444,818	$484,992
5483	Administrative Service Organizations	$8,981,309	$66,556,268	$75,537,578
5487	Disease Management	$0	$279,843	$279,843
5500	Medicaid Eligible Refugee	$0	$4,023	$4,023
5540	Nursing Facility Upper Payment Limit	$0	($264)	($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	$226,259	$1,936,910	$2,163,169
	FY 05-06 Medical Services Premium Total Expenditures	$179,714,692	$1,652,605,795	$1,832,320,487
	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	
	HB 06-1385 Long Bill Add On Section		($141,569,712)	
	Total Medical Services Premiums Spending Authority as of May 31, 2006		$1,999,646,558	
	FY 05-06 Medical Services Premiums Expenditures as of May 31, 2006		$1,832,320,487	
	Remaining Appropriation		$167,326,071	

Department of Health Care Policy and Financing
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	36,032	5,979	48,055	58,748	201	219,252	16,437	5,354	6,689	11,994	408,741	3,631	0.896%	35
June											-	-	-	
Year-to-Date Average	36,242	6,054	47,534	57,875	187	213,467	16,302	5,029	5,904	10,928	399,524			
HMO's Year to Date Average	5,439	1,441	11,592	8,041	-	42,192	713	389	-	1	69,809			
PCPP's Year to Date Average	4,125	1,140	9,814	3,026	-	17,900	231	62	-	1	36,300			

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 March 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.