

Department of Health Care Policy and Financing
FY 2024-25 Medical Premiums Expenditure and Caseload Report

		FY 2024-25													
	Service Category	July 2024	August 2024	September 2024	October 2024	November 2024	December 204	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	FY 2024-25 Total YTD	
Acute Care	Physician and Clinic Services	\$122,034,115												\$122,034,115	
	EPSDT Screening	\$4,227,423												\$4,227,423	
	Emergency Transportation	\$5,889,776												\$5,889,776	
	Non-Emergency Medical Transportation	\$23,005,250												\$23,005,250	
	Dental Service	\$38,524,208												\$38,524,208	
	Family Planning	\$0												\$0	
	Health Maintenance Organization	\$75,894,285													\$75,894,285
	Inpatient Hospital	\$98,060,254													\$98,060,254
	Outpatient Hospital	\$69,256,723													\$69,256,723
	Laboratory and X-Ray	\$13,078,294													\$13,078,294
	Durable Medical Equipment (DME)	\$24,213,712													\$24,213,712
	Pharmacy	\$146,266,450													\$146,266,450
	Drug Rebates - Standard	\$0													\$0
	Rural Health Centers	\$3,705,872													\$3,705,872
	Federally Qualified Health Co-Insurance (Title XVIII-Medicare)	\$15,588,819													\$15,588,819
	Breast and Cervical Cancer Treatment Program	\$0													\$0
	Other Medical Services	\$0													\$0
	Preventive Services	\$1,824,896													\$1,824,896
	Acute Home Health	\$3,285,846													\$3,285,846
	Acute Care Subtotal	\$659,827,804													\$659,827,804
Community Based	HCBS - Elderly, Blind, and Disabled	\$96,764,620												\$96,764,620	
	HCBS - Community Mental Health Supports	\$7,544,353												\$7,544,353	
	HCBS - Children's HCBS	\$19,166,852												\$19,166,852	
	HCBS - Consumer Directed Attendant Support	\$0												\$0	
	HCBS - Brain Injury	\$4,647,567												\$4,647,567	
	HCBS - Children with Autism	\$0												\$0	
	HCBS - Children with Life Limiting Illness	\$37,651												\$37,651	
	HCBS - Spinal Cord Injury	\$1,984,491												\$1,984,491	
	CCT - Services	\$503,225												\$503,225	
	Private Duty Nursing	\$12,410,275												\$12,410,275	
	Long-Term Home Health	\$65,704,822												\$65,704,822	
	Hospice	\$5,888,971												\$5,888,971	
	CBLTC Subtotal	\$214,652,827													\$214,652,827
	Long Term Care and Insurance	Class I Nursing Facilities	\$68,196,095												\$68,196,095
Class II Nursing Facilities		\$544,177												\$544,177	
Program of All-Inclusive Care for the Elderly		\$27,377,838												\$27,377,838	
Supplemental Medicare Insurance Benefit		\$22,066,940												\$22,066,940	
Health Insurance Buy-In Program		\$183,696												\$183,696	
LTC + Insurance Subtotal	\$118,368,746													\$118,368,746	
Service Management	Disease Management	\$0												\$0	
	Prepaid Inpatient Health Plan Administration	\$13,869,737												\$13,869,737	
	Service Management Subtotal	\$13,869,737												\$13,869,737	
Financing	Nursing Facility Upper Payment Limit	\$0												\$0	
	Outpatient Hospital Upper Payment Limit	\$0												\$0	
	Home Health Service Upper Payment Limit	\$0												\$0	
	Public Emergency Medical Transportation Provider Payments	\$0												\$0	
	Hospital Supplemental Medicaid Payments	\$123,071,626												\$123,071,626	
	Nursing Facility Supplemental Payments	\$8,292,644												\$8,292,644	
	Physician Supplemental Payments	\$0												\$0	
	Outstationing Payments	\$0												\$0	
	University of Colorado School of Medicine Payments	\$0												\$0	
	Other Supplemental Payments ⁽²⁾	\$0												\$0	
	Accounting Adjustments	(\$18,354,081)													(\$18,354,081)
	Other Categories Subtotal	\$113,010,189													\$113,010,189
Number of Weeks in Month	5	4	5	4	4	5	4	4	5	4	4	5	5	\$1,119,729,303	
		\$1,119,729,303												\$1,119,729,303	

Notes:
1) The data presented in this report is preliminary based on information available as of the 15th day of the reported month, and may be restated in future reports based on further analysis.

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FY 2024-25 Appropriation	
Item	Amount
HB 24-1430 FY 2024-25 Long Bill	\$11,926,618,728
HB 24-1038 High Acuity Crisis for Children and Youth	\$1,350,000
SB 24-110 Medicaid Prior Authorization Prohibition	\$3,387,323
FY 2024-25 Appropriation YTD	\$11,931,356,051
FY 2024-25 YTD Expenditures	\$1,119,729,303
Remaining FY 2024-25 Appropriation	\$10,811,626,748

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FY 2024-25 Supplemental Payments by Service Category															
	Service Category	July 2024	August 2024	September 2024	October 2024	November 2024	December 204	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	FY 2024-25 Total YTD	
Medical Services Premiums Hospital Supplemental Payments	Inpatient Medicaid Supplemental Payments	\$66,696,361												\$66,696,361	
	Medicaid Disproportionate Share Hospital (DSH) and Other Payments	\$0												\$0	
	Medicaid Hospital Quality Incentive Payments	\$12,867,929												\$12,867,929	
	Uncompensated Care Supplemental Hospital Medicaid Payment	\$0												\$0	
	Public High Volume Hospital Payment	\$0												\$0	
	Outpatient Medicaid Supplemental Payments	\$43,507,336												\$43,507,336	
	Total Medical Services Premiums Payments	\$123,071,626													\$123,071,626
	CICP	CICP Disproportionate Share Hospital (DSH) Payment	\$25,986,901												\$25,986,901
Uncompensated Care Supplemental Hospital Medicaid Payment		\$0												\$0	
Total CICP Payments		\$25,986,901												\$25,986,901	
Total Supplemental Payments		\$149,058,527													\$149,058,527

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MEDICAID CASELOAD BY PROGRAM WITHOUT RETROACTIVITY ¹																	
Month	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	MAGI Eligible Children	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-205 Family Planning Services	TOTAL
Medicaid Fee for Service²																	
July 2024	37,825	10,139	51,338	20,825	124,412	35,923	268,447	119	341,449	40,589	18,345	20,689	4,203	33,754	29,218	25,001	1,062,276
August 2024																	
September 2024																	
October 2024																	
November 2024																	
December 2024																	
January 2025																	
February 2025																	
March 2025																	
April 2025																	
May 2025																	
June 2025																	
FY 2024-25 Year-to-Date AVERAGE	37,825	10,139	51,338	20,825	124,412	35,923	268,447	119	341,449	40,589	18,345	20,689	4,203	33,754	29,218	25,001	1,062,276
Medicaid Managed Care³																	
July 2024	10,272	2,099	5,422	2,812	16,175	5,326	43,897	0	20,624	2,675	288	2,746	523	<30	0	0	112,884
August 2024																	
September 2024																	
October 2024																	
November 2024																	
December 2024																	
January 2025																	
February 2025																	
March 2025																	
April 2025																	
May 2025																	
June 2025																	
FY 2024-25 Year-to-Date AVERAGE	10,272	2,099	5,422	2,812	16,175	5,326	43,897	0	20,624	2,675	288	2,746	523	0	0	0	112,859
Rocky Mountain Health Plans HMO																	
July 2024	2,747	762	2,706	1,958	7,430	2,936	15,210	0	<30	<30	32	1,163	283	<30	0	0	35,236
August 2024																	
September 2024																	
October 2024																	
November 2024																	
December 2024																	
January 2025																	
February 2025																	
March 2025																	
April 2025																	
May 2025																	
June 2025																	
FY 2024-25 Year-to-Date AVERAGE	2,747	762	2,706	1,958	7,430	2,936	15,210	0	0	0	32	1,163	283	0	0	0	35,227

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Month	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	MAGI Eligible Children	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-205 Family Planning Services	TOTAL
Denver Health & Hospital Authority HMO																	
July 2024	3,116	868	2,591	854	8,745	2,390	28,687	0	20,623	2,671	256	1,583	240	<30	0	0	72,645
August 2024																	
September 2024																	
October 2024																	
November 2024																	
December 2024																	
January 2025																	
February 2025																	
March 2025																	
April 2025																	
May 2025																	
June 2025																	
FY 2024-25 Year-to-Date AVERAGE	3,116	868	2,591	854	8,745	2,390	28,687	0	20,623	2,671	256	1,583	240	0	0	0	72,624
PACE - Program of All-Inclusive Care for the Elderly																	
July 2024	4,409	469	125	0	0	0	0	0	0	0	0	0	0	0	0	0	5,003
August 2024																	
September 2024																	
October 2024																	
November 2024																	
December 2024																	
January 2025																	
February 2025																	
March 2025																	
April 2025																	
May 2025																	
June 2025																	
FY 2024-25 Year-to-Date AVERAGE	4,409	469	125	0	0	0	0	0	0	0	0	0	0	0	0	0	5,003
ACC - Accountable Care Collaborative^{4,5}																	
July 2024	43,582	11,744	56,479	23,538	139,985	41,045	307,361	118	358,387	42,330	17,794	23,337	4,707	67	0	<30	1,070,474
August 2024																	
September 2024																	
October 2024																	
November 2024																	
December 2024																	
January 2025																	
February 2025																	
March 2025																	
April 2025																	
May 2025																	
June 2025																	
FY 2024-25 Year-to-Date AVERAGE	43,582	11,744	56,479	23,538	139,985	41,045	307,361	118	358,387	42,330	17,794	23,337	4,707	67	0	0	1,070,474
Notes:																	
1) Source for all caseload data provided is the REX01/COLD (MARS) R-474701 report. The number of days captured in the monthly figure is equal to the number of days in the report month.																	
2) Medicaid Fee for Service includes all Medicaid clients who are not enrolled in a limited managed care capitation initiative or PACE. Enrollment here includes Managed Fee for Service ACC enrollment, but does not include all clients shown in the ACC Accountable Care Collaborative section. See Footnote 4 for more information.																	
3) Medicaid Managed Care includes clients who are enrolled in the limited managed care capitation initiatives operated by Rocky Mountain Health Plans in Region 1 and by Colorado Access in collaboration with Denver Health Medical Plan in Region 5, and PACE.																	
4) Accountable Care Collaborative (ACC) caseload includes ACC Managed Fee for Service enrollment, as well as enrollment in the limited managed care capitation initiatives operated by Rocky Mountain Health Plans in Region 1 and by Colorado Access in collaboration with Denver Health Medical Plan in Region 5, as these are ACC initiatives in ACC Phase II.																	
5) The data presented in this report is preliminary based on information available as of the 15th day of the reported month, and may be restated in future reports based on further analysis.																	

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Accountable Care Collaborative Caseload by Regional Accountable Entity (RAE) and County of Residence														
RAE	County of Residence	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	FY 2024-25 Average Monthly Enrollment
RAE 1 ²	Archuleta	2,867												2,867
	Delta	6,952												6,952
	Dolores	491												491
	Eagle	4,906												4,906
	Garfield	10,141												10,141
	Grand	1,368												1,368
	Gunnison	2,063												2,063
	Hinsdale	120												120
	Jackson	169												169
	La Plata	9,283												9,283
	Larimer	47,913												47,913
	Mesa	35,647												35,647
	Moffat	2,732												2,732
	Montezuma	7,606												7,606
	Montrose	9,599												9,599
	Ouray	477												477
	Pitkin	962												962
	Rio Blanco	1,125												1,125
	Routt	1,839												1,839
	San Juan	121												121
	San Miguel	764												764
Summit	2,566												2,566	
Residence Outside RAE Area(1)	12,539												12,539	
Total	162,250													162,250
RAE 2	Cheyenne	408												408
	Kit Carson	1,521												1,521
	Lincoln	876												876
	Logan	4,096												4,096
	Morgan	6,289												6,289
	Phillips	840												840
	Sedgwick	547												547
	Washington	1,029												1,029
	Weld	49,554												49,554
	Yuma	2,145												2,145
	Residence Outside RAE Area(1)	7,167												7,167
Total	74,472													74,472
RAE 3	Adams	87,992												87,992
	Arapahoe	91,072												91,072
	Douglas	23,446												23,446
	Elbert	2,182												2,182
	Residence Outside RAE Area(1)	52,296												52,296
Total	256,988													256,988

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Accountable Care Collaborative Caseload by Regional Accountable Entity (RAE) and County of Residence														
RAE	County of Residence	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	FY 2024-25 Average Monthly Enrollment
RAE 4	Alamosa	5,605												5,605
	Baca	1,073												1,073
	Bent	1,453												1,453
	Chaffee	2,989												2,989
	Conejos	2,610												2,610
	Costilla	1,584												1,584
	Crowley	1,072												1,072
	Custer	843												843
	Fremont	10,301												10,301
	Huerfano	2,125												2,125
	Kiowa	363												363
	Lake	857												857
	Las Animas	4,263												4,263
	Mineral	134												134
	Otero	6,318												6,318
	Prowers	3,785												3,785
	Pueblo	54,473												54,473
	Rio Grande	3,338												3,338
	Saguache	2,001												2,001
	Residence Outside RAE Area(1)	5,552												5,552
Total	110,739													110,739
RAE 5 ²	Denver	63,337												63,337
	Residence Outside RAE Area(1)	54,070												54,070
	Total	117,407												117,407
RAE 6	Boulder	35,258												35,258
	Broomfield	4,831												4,831
	Clear Creek	893												893
	Gilpin	830												830
	Jefferson	49,649												49,649
	Residence Outside RAE Area(1)	36,151												36,151
Total	127,612												127,612	
RAE 7	El Paso	135,990												135,990
	Park	1,043												1,043
	Teller	3,983												3,983
	Residence Outside RAE Area(1)	7,353												7,353
	Total	148,369												148,369
Denver Health Managed Care ⁽³⁾	Adams	4,124												4,124
	Arapahoe	4,852												4,852
	Denver	60,744												60,744
	Jefferson	2,842												2,842
	Residence Outside Denver Health Managed Care	83												83
	Total	72,645												72,645
Total ACC Caseload		1,070,482												1,070,482

(1) Previously, members were attributed to RCCOs based on county of residence. In ACC Phase II, members are attributed to RAEs based on their Primary Care Medical Provider attribution. The information in this exhibit is based on member county of residence.

(2) RAE 1 includes caseload for the limited managed care capitation initiatives operated by Rocky Mountain Health Plans in Region 1 and RAE 5 includes caseload for the limited managed care capitation initiatives operated by Colorado Access in collaboration with Denver Health Medical Plan in Region 5, as these are ACC initiatives under ACC Phase II.

(3) Previously members in Denver Health Managed Care Plan were attributed to RAE 5, Colorado Access. In HB 19-1285, starting January 1, 2020 members within Denver Health Managed Care are attributed to the Denver Health Managed Care Plan.

**Department of Health Care Policy and Financing
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FY 2024-25 Medicaid Behavioral Health Community Programs Expenditures			
Month	Total Expenditures	Behavioral Health Capitation Payments	Behavioral Health Fee for Service Payments
July-24	\$98,993,646	\$98,980,753	\$12,893
August-24			
September-24			
October-24			
November-24			
December-24			
January-25			
February-25			
March-25			
April-25			
May-25			
June-25			
Total Year-to-Date Expenditures	\$98,993,646	\$98,980,753	\$12,893
Total Year-to-Date Appropriation	\$1,040,269,703	\$1,028,600,571	\$11,669,132
Remaining in Appropriation	\$941,276,057	\$929,619,818	\$11,656,239

Notes:

- 1) The Medicaid Behavioral Health caseload is the same as the caseload for Medical Services Premiums, with the exception of Non-citizens and Partial Dual
- 2) FY 2024-25 Year-to-Date Appropriation includes HB 24-1430 Long Bill and Special Bills.
- 3) The data presented in this report is preliminary based on information available as of the 15th day of the reported month, and may be restated in future reports based on further analysis.

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FY 2024-25 Medicaid Community Behavioral Health Program Expenditures by Regional Accountable Entity										
Month	Total	Rocky Mountain Health Plans (RAE 1)	Northeast Health Partners (RAE 2)	Colorado Access (RAE 3)	Health Colorado (RAE 4)	Colorado Access (RAE 5) ²	Colorado Community Health Alliance (RAE 6)	Colorado Community Health Alliance (RAE 7)	Denver Health Managed Care ²	Other ¹
July	\$98,980,753	\$18,818,642	\$4,311,477	\$16,301,996	\$7,617,475	\$10,030,725	\$8,193,546	\$6,896,751	\$4,136,484	\$22,673,657
August										
September										
October										
November										
December										
January										
February										
March										
April										
May										
June										
Total Year-to-Date Expenditures	\$98,947,431	\$18,795,210	\$4,300,551	\$16,302,225	\$7,617,381	\$10,031,108	\$8,193,949	\$6,896,791	\$4,136,559	\$22,673,657
Total Year-to-Date Appropriation	\$1,028,600,571									
Remaining in Appropriation	\$929,653,140									

Notes:

- 1) "Other" contains dollars paid to Behavioral Health Organizations for dates prior to July 1, 2018 (the beginning of the Accountable Care Collaborative Phase II), as well as dollars where the RAE cannot be identified due to timing discrepancies between the MMIS and CORE systems, since CORE does not contain provider information for payments made in interChange.
- 2) Previously behavioral health expenditure for members Denver Health Managed Care Plan were attributed to RAE 5, Colorado Access. Per HB 19-1285, starting January 1, 2020 members within Denver Health Managed Care are attributed to the Denver Health Managed Care Plan. Expenditure for Colorado Access (RAE 5) does not include Denver Health Managed Care Plan Behavioral Health Expenditure starting January 1, 2020.

FY 2024-25 Medicaid Community Behavioral Health Program Caseload by Regional Accountable Entity										
Month	Total	Rocky Mountain Health Plans (RAE 1)	Northeast Health Partners (RAE 2)	Colorado Access (RAE 3)	Health Colorado (RAE 4)	Colorado Access (RAE 5)	Colorado Community Health Alliance (RAE 6)	Colorado Community Health Alliance (RAE 7)	Denver Health Managed Care ⁴	Other
July	1,087,162	162,239	74,469	256,971	110,738	117,395	127,610	148,369	72,624	16,747
August										
September										
October										
November										
December										
January										
February										
March										
April										
May										
June										
Total Year-to-Date Average	1,087,162	162,239	74,469	256,971	110,738	117,395	127,610	148,369	72,624	16,747
Total Year-to-Date Appropriation	1,194,095									

Notes:

- 1) "Other" category includes clients enrolled in the Program of All-Inclusive Care for the Elderly and clients ineligible for Medicaid Behavioral Health Benefits.
- 2) Source for all caseload data provided is the REX01/COLD (MARS) R-474701 report except for the Colorado Access NE which is reported using paid capitation claims. The number of days captured in the monthly figure is equal to the number of days in the report month. The Medicaid Behavioral Health caseload is the same as the caseload for Medical Services Premiums, with the exception of Non-citizens and Partial Dual Eligibles.
- 3) The data presented in this report is preliminary based on information available as of the 15th day of the reported month, and may be restated in future reports based on further analysis.
- 4) Previously members Denver Health Managed Care Plan were attributed to RAE 5, Colorado Access. In HB 19-1285, starting January 1, 2020 members within Denver Health Managed Care are attributed to the Denver Health Managed Care Plan.

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FY 2024-25 Children's Basic Health Plan Expenditures					
Month	Total Expenditures	Children Medical Expenditures	Children Dental Expenditures	Prenatal Medical Expenditures	Prenatal Dental Expenditures
July-24	\$22,264,624	\$17,709,903	\$2,687,986	\$1,844,303	\$22,431
August-24					
September-24					
October-24					
November-24					
December-24					
January-25					
February-25					
March-25					
April-25					
May-25					
June-25					
Total Year-to-Date Expenditures	\$22,264,624	\$17,709,903	\$2,687,986	\$1,844,303	\$22,431
Total Year-to-Date Appropriation	\$269,980,786	\$227,439,080	\$24,191,872	\$18,349,835	
Remaining in Appropriation	\$247,716,162				

Notes:

- 1) FY 2024-25 Year-to-Date Appropriation includes HB 24-1430 Long Bill and Special Bills.
- 2) The data presented in this report is preliminary based on information available as of the 15th day of the reported month, and may be restated in future reports based on further analysis.
- 3) The combined appropriation for Prenatal Medical and Dental Expenditures is \$18,349,835.

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CHILDREN'S BASIC HEALTH PLAN CASELOAD WITHOUT RETROACTIVITY						
Month	Children to 205% FPL	Expansion Children to 259% FPL	Total Children	Prenatal to 205% FPL	Expansion Prenatal to 259% FPL	Total Prenatal
July 2020	46,898	27,442	74,340	347	482	829
August 2020	45,162	27,377	72,539	331	474	805
September 2020	43,435	26,952	70,387	320	467	787
October 2020	42,155	26,737	68,892	431	662	1,093
November 2020	40,312	26,878	67,190	370	629	999
December 2020	38,469	26,670	65,139	249	472	721
January 2021	36,614	27,185	63,799	247	459	706
February 2021	35,502	27,278	62,780	232	456	688
March 2021	34,455	27,093	61,548	236	446	682
April 2021	33,027	27,374	60,401	242	408	650
May 2021	31,351	28,175	59,526	222	401	623
June 2021	30,924	27,575	58,499	213	387	600
FY 2020-21 Actuals	38,192	27,228	65,420	287	479	765
July 2021	30,730	26,742	57,472	193	372	565
August 2021	30,149	26,336	56,485	184	373	557
September 2021	29,787	25,722	55,509	167	352	519
October 2021	29,330	25,191	54,521	168	353	521
November 2021	28,486	25,231	53,717	171	356	527
December 2021	28,121	24,945	53,066	158	364	522
January 2022	27,618	24,865	52,483	176	369	545
February 2022	27,341	24,447	51,788	179	383	562
March 2022	26,761	24,326	51,087	173	393	566
April 2022	26,920	22,983	49,903	234	338	572
May 2022	25,857	23,214	49,071	230	334	564
June 2022	24,715	23,721	48,436	196	347	543
FY 2021-22 Actuals	27,985	24,810	52,795	186	361	547
July 2022	24,064	24,306	48,370	235	353	588
August 2022	23,635	24,475	48,110	328	564	892
September 2022	22,772	24,791	47,563	340	586	926
October 2022	22,539	24,750	47,289	334	590	924
November 2022	21,713	25,489	47,202	353	587	940
December 2022	21,517	25,184	46,701	385	602	987
January 2023	21,515	24,839	46,354	412	601	1,013
February 2023	21,520	24,639	46,159	436	582	1,018
March 2023	21,256	24,921	46,177	448	604	1,052
April 2023	22,594	22,160	44,754	559	508	1,067
May 2023	22,716	21,432	44,148	541	517	1,058
June 2023	23,708	20,630	44,338	550	547	1,097
FY 2022-23 Actuals	22,462	23,968	46,430	410	553	964
July 2023	25,085	20,825	45,910	557	562	1,119
August 2023	27,186	21,901	49,087	542	603	1,145
September 2023	29,524	22,962	52,486	541	640	1,181
October 2023	31,855	24,323	56,178	568	659	1,227
November 2023	35,311	25,934	61,245	564	741	1,305
December 2023	37,589	27,882	65,471	589	794	1,383
January 2024	39,412	30,470	69,882	618	847	1,465
February 2024	41,518	32,200	73,718	658	892	1,550
March 2024	43,618	34,311	77,929	668	947	1,615
April 2024	47,749	33,219	80,968	753	924	1,677
May 2024	51,089	34,375	85,464	785	910	1,695
June 2024	52,591	34,739	87,330	829	929	1,758
FY 2023-24 Actuals	38,544	28,595	67,139	639	787	1,427
July 2024	53,193	34,419	87,612	863	952	1,815
August 2024						
September 2024						
October 2024						
November 2024						
December 2024						
January 2025						
February 2025						
March 2025						
April 2025						
May 2025						
June 2025						
FY 2024-25 Year-to-Date Average	53,193	34,419	87,612	863	952	1,815
FY 2024-25 Year-to-Date Appropriation	53,353	36,958	90,311	742	1,007	1,749
Monthly Growth	602	(320)	282	34	23	57
Monthly Growth Rate	1.14%	-0.92%	0.32%	4.10%	2.48%	3.24%
Over-the-year Growth	28,108	13,594	41,702	306	390	696
Over-the-year Growth Rate	112.05%	65.28%	90.83%	54.94%	69.40%	62.20%

Notes:
1) All children's caseload reporting includes the CHP+ at Work program.
2) The data presented in this report is preliminary based on information available as of the 15th day of the reported month, and may be restated in future reports based on further analysis.

Department of Health Care Policy and Financing
FY 2024-25 Medical Premiums Expenditure and Caseload Report

FY 2024-25 Division for Intellectual and Developmental Disabilities (DIDD) Waiver and State Only Program Caseload Per Month																
	Program	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	FY 2024-25 Average YTD	FY 2024-25 Authorized Maximum Enrollment	
DIDD	HCBS - Developmental Disabilities	8,084												8,084	8,742	
	HCBS - Developmental Disabilities - Regional Centers	73												73	-	
	HCBS - Supported Living Services	4,532												4,532	-	
	HCBS - Children's Extensive Support	3,124												3,124	-	
	HCBS - Children's Habilitation Residential Program	301												301	-	
	HCBS - Case Management	16,114												16,114	-	
	DIDD Subtotal	16,114												1,343	-	
HCBS - DD Authorizations ¹ (6)	Waiting List Authorizations	<30													-	
	Reserved Capacity Authorizations	<30													-	
FY 2024-25 Division for Intellectual and Developmental Disabilities (DIDD) Waiver and State Only Program Expenditure Per Month																
	Program	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	FY 2024-25 YTD	FY 2024-25 Appropriation	Percent of FY 2024-25 Appropriation Spent
DIDD	HCBS - Developmental Disabilities	\$71,053,462												\$71,053,462	\$838,089,305	8.48%
	HCBS - Developmental Disabilities - Regional Centers	50												50	N/A	N/A
	HCBS - Supported Living Services	\$9,370,931												\$9,370,931	\$98,534,109	9.51%
	HCBS - Children's Extensive Support	\$10,883,497												\$10,883,497	\$86,512,303	12.58%
	HCBS - Children's Habilitation Residential Program	\$2,129,097												\$2,129,097	\$18,399,879	11.57%
	HCBS - Case Management	\$15,088,601												\$15,088,601	\$142,555,236	10.58%
	DIDD Subtotal	\$108,525,588												\$108,525,588	\$1,184,090,832	9.17%
	Number of Weeks in Month	5	4	5	4	4	5	4	4	5	4	4	5	53		
	Expenditure Per Week	\$21,705,118												50		
State Only Programs	State Only Supported Living Services	50												50	\$5,288,739	0.00%
	Family Support Services Program	50												50	\$11,251,415	0.00%
	State Only Case Management	50												50	\$5,153,827	0.00%
	State Only Programs Subtotal	50												50	\$21,693,981	0.00%
	Expenditure Per Week	50														
	Number of New Applications for Intermediate Care Facilities (ICF)	0												0	N/A	

Notes:
1) Historically, DIDD State Only Programs and QA/UR/SIS do not have expenditures in accounting period 1. They do, however, have historical expenditures in periods 02 through 13.
2) Family Support Services Program does not have a caseload appropriation. Services are rendered on a case-by-case and as needed basis.
3) Starting July 2018, the Department began reporting the number of persons moved off the developmental disabilities waiting list, specifying the authorizations initiated under order of selection (waiting list) and the authorizations initiated under reserve capacity criteria per HB 18-1407 requirements.
These numbers represent the total number of authorizations that occurred in a month and will not match enrollment as there is a time lag between notice of authorization and enrollment. The number of authorizations is cumulative and represents the number of unique authorizations, which includes declines. <30 values cannot be displayed due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Department will report year-to-date authorizations at six month increments

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FY 2024-25 Medicare Modernization Act State Contribution Payment Expenditures and Caseload		
Month	Total Expenditures	Medicare Modernization Act State Contribution Payment Caseload
July	\$19,191,767	
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
Total Year-to-Date	\$19,191,767	
Total Year-to-Date		
Appropriation	\$244,659,612	
Remaining in Appropriation	\$225,467,845	
Notes:		
1) Caseload for Medicare Modernization Act State Contribution Payment is from the Centers for Medicare and Medicaid Services Summary Accounting Statement for the State Contribution for Prescription Drug Benefit. This caseload includes 35 months of retroactivity, and is not comparable to the official Medicaid caseload included in this report. 2) Medicare Modernization Act State Contribution Payments lag by two months. As a result, a month's expenditure is related to the caseload from the month two months prior. 3) Year-to-Date Totals are calculated as the sum of monthly expenditures and the average of monthly caseload. 4) FY 2024-25 Year-to-Date Appropriation includes HB 24-1430 Long Bill and Special Bills.		

Department of Health Care Policy and Financing
 FY 2024-25 Medical Premiums Expenditure and Caseload Report

FY 2024-25 Old Age Pension State Medical Program Expenditures and Caseload		
Month	Total Expenditures	Old Age Pension State Medical Program Caseload
July	\$75,093	NA
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
Total Year-to-Date	\$75,093	-
Total Year-to-Date		
Appropriation	\$10,000,000	
Remaining in Appropriation	\$9,924,907	
Notes:		
1) Source for all caseload data provided is the REX01/COLD (MARS) R-474701 report. The number of days captured in the monthly figure is equal to the number of days in the report month. 2) Year-to-Date Totals are calculated as the sum of monthly expenditures and the average of monthly caseload. 3) Excess funds in the Old Age Pension Health and Medical Care Fund are used to offset the need for General Fund in the Medical Services Premiums line item. 4) FY 2024-25 Year-to-Date Appropriation includes HB 24-1430 Long Bill and Special Bills. 5) The data presented in this report is preliminary based on information available as of the 15th day of the reported month, and may be restated in future reports based on further analysis.		