

Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report

FY 2017-18														
	Service Category	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018	June 2018	FY 2017-18 Total YTD
Acute Care	Physician Service	\$73,509,255												\$73,509,255
	EPSDT Screening	\$0												\$0
	Emergency Transportation	\$5,692,435												\$5,692,435
	Non-Emergency Medical Transportation	\$5,112,853												\$5,112,853
	Dental Service	\$31,732,261												\$31,732,261
	Family Planning	\$593												\$593
	Health Maintenance Organization	\$36,126,403												\$36,126,403
	Inpatient Hospital	\$65,605,128												\$65,605,128
	Outpatient Hospital	\$47,024,018												\$47,024,018
	Laboratory and X-Ray	\$9,926,258												\$9,926,258
	Durable Medical Equipment (DME)	\$18,075,780												\$18,075,780
	Pharmacy	\$94,351,336												\$94,351,336
	Drug Rebates - Standard	\$0												\$0
	Rural Health Centers	\$1,560,941												\$1,560,941
	Federally Qualified Health Centers	\$20,816,171												\$20,816,171
	Co-Insurance (Title XVIII-Medicare)	\$7,558,811												\$7,558,811
	Breast and Cervical Cancer Treatment Program	\$0												\$0
	Prepaid Inpatient Health Plan Services	\$0												\$0
Other Medical Services	\$0												\$0	
Acute Home Health	\$1,726,255												\$1,726,255	
Acute Care Subtotal		\$424,951,633	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$424,951,633
Community Based Long Term Care	HCBS - Elderly, Blind, and Disabled	\$41,581,032												\$41,581,032
	HCBS - Mental Illness	\$3,846,671												\$3,846,671
	HCBS - Disabled Children	\$2,272,992												\$2,272,992
	HCBS - Persons Living with AIDS	\$0												\$0
	HCBS - Consumer Directed Attendant Support	\$0												\$0
	HCBS - Brain Injury	\$2,010,946												\$2,010,946
	HCBS - Children with Autism	\$58,863												\$58,863
	HCBS - Pediatric Hospice	\$101,021												\$101,021
	HCBS - Spinal Cord Injury	\$721,187												\$721,187
	CCT - Services	\$182,527												\$182,527
	Private Duty Nursing	\$7,142,200												\$7,142,200
	Long-Term Home Health	\$28,763,999												\$28,763,999
	Hospice	\$4,527,607												\$4,527,607
CB LTC Subtotal		\$91,209,045	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$91,209,045	
Long Term Care and Insurance	Class I Nursing Facilities	\$61,136,369												\$61,136,369
	Class II Nursing Facilities	\$439,769												\$439,769
	Program of All-Inclusive Care for the Elderly	\$13,154,384												\$13,154,384
	Supplemental Medicare Insurance Benefit	\$15,431,206												\$15,431,206
	Health Insurance Buy-In Program	\$152,542												\$152,542
LTC + Insurance Subtotal		\$90,314,270	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$90,314,270	
Service Mgmt.	Single Entry Points	\$0												\$0
	Disease Management	\$0												\$0
	Prepaid Inpatient Health Plan Administration	\$10,921,193												\$10,921,193
	Service Management Subtotal		\$10,921,193	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,921,193
Financing	Nursing Facility Upper Payment Limit	\$0												\$0
	Outpatient Hospital Upper Payment Limit	\$0												\$0
	Home Health Service Upper Payment Limit	\$0												\$0
	Hospital Supplemental Medicaid Payments	\$57,068,785												\$57,068,785
	Nursing Facility Supplemental Payments	\$8,536,804												\$8,536,804
	Physician Supplemental Payments	\$0												\$0
	Outstationing Payments	\$0												\$0
	Accounting Adjustments	(\$2,199,792)												(\$2,199,792)
	Other Categories Subtotal		\$63,405,797	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,405,797
Number of Weeks in Month		5	4	4	5	4	4	5	4	4	5	4	4	52
Total Expenditures		\$680,801,938	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$680,801,938

Notes:
1) The Department is continuing to validate data as it is reported in the new Medicaid Management Information System (MMIS) reporting layer. This includes known issues with expenditure reported for certain service categories and caseload in certain programs and eligibility categories. The data presented in this report is preliminary based on information available as of August 15, 2017, and may be restated in future reports based on further analysis.

**Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report**

FY 2017-18 Appropriation	
FY 2017-18 Long Bill Appropriation (SB 17-254)	\$7,597,506,218
SB 17-091 "Allow Medicaid Home Health in the Community"	\$2,211,530
SB 17-256 "Hospital Reimbursement Rates"	(\$528,200,000)
SB 17-267 "Sustainability of Rural Colorado"	\$526,381,099
HB 17-1353 "Implement Medicaid Delivery and Payment Initiatives"	\$0
FY 2017-18 Appropriation YTD	\$7,597,898,847
FY 2017-18 YTD Expenditures	\$680,801,938
Remaining FY 2017-18 Appropriation	\$6,917,096,909

Department of Health Care Policy and Financing
 FY 2017-18 Medical Premiums Expenditure and Caseload Report

FY 2017-18 Supplemental Payments by Service Category														
	Service Category	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018	June 2018	FY 2017-18 Total YTD
Medical Services Premiums Hospital Supplemental Payments	Inpatient Medicaid Supplemental Payments	\$31,834,785												\$31,834,785
	Medicaid Disproportionate Share Hospital (DSH) and Other Payments	\$0												\$0
	Medicaid Hospital Quality Incentive Payments	\$7,064,718												\$7,064,718
	Outpatient Medicaid Supplemental Payments	\$18,169,282												\$18,169,282
	Total Medical Services Premiums Payments	\$57,068,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CICP	CICP Disproportionate Share Hospital (DSH) Payment	\$16,516,757												\$16,516,757
	Uncompensated Care Supplemental Hospital Medicaid Payment	\$9,623,347												\$9,623,347
	Total CICP Payments	\$26,140,104	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,140,104
Total Supplemental Payments		\$83,208,889	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$83,208,889

Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report

MEDICAID CASELOAD WITHOUT RETROACTIVITY ¹																
	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%	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	TOTAL
July 2015	41,661	10,437	72,760	5,670	169,316	79,502	287,183	344	454,996	56,220	19,578	14,627	1,596	2,774	30,877	1,247,541
August 2015	41,909	10,423	71,167	9,733	169,140	81,001	293,155	342	457,343	57,355	19,676	14,466	1,615	2,699	31,244	1,261,268
September 2015	42,134	10,348	68,765	10,175	169,127	82,010	297,680	342	461,317	58,330	19,776	14,204	1,614	2,635	31,278	1,269,735
October 2015	41,817	10,190	68,576	6,030	167,734	82,642	302,362	336	466,623	58,336	19,814	13,139	1,568	2,491	31,293	1,272,951
November 2015	42,456	10,429	69,113	5,539	162,975	85,784	310,294	324	466,734	59,640	19,936	14,428	1,743	2,605	31,903	1,283,903
December 2015	42,628	10,451	68,813	5,717	163,088	87,548	320,093	318	469,009	59,867	19,975	14,252	1,846	2,616	32,143	1,298,364
January 2016	42,301	10,462	67,571	5,311	162,764	88,891	327,653	314	470,109	59,934	19,987	14,399	1,811	2,593	33,921	1,308,021
February 2016	42,504	10,531	67,298	5,393	162,650	89,610	331,622	310	470,758	59,950	19,963	14,381	1,846	2,631	33,939	1,313,386
March 2016	42,733	10,664	67,979	5,424	163,417	90,244	335,451	311	472,221	60,614	20,028	14,619	1,856	2,722	33,442	1,321,725
April 2016	42,778	10,749	67,828	5,192	161,967	90,644	340,862	308	472,964	60,790	20,133	14,675	1,846	2,675	33,478	1,326,889
May 2016	42,900	10,788	67,842	5,152	155,252	92,385	347,731	308	472,199	61,169	20,196	14,884	1,870	2,707	33,693	1,329,076
June 2016	43,015	10,876	67,891	5,265	152,679	93,307	350,396	304	472,050	61,808	20,162	14,883	1,893	2,635	33,813	1,330,977
FY 2015-16 Actuals	42,403	10,529	68,800	6,217	163,342	86,964	320,374	322	467,193	59,501	19,935	14,413	1,759	2,649	32,585	1,296,986
July 2016	43,104	10,931	67,836	5,334	150,888	90,622	351,908	313	470,963	62,982	20,118	14,896	1,883	2,630	33,512	1,327,920
August 2016	43,374	11,011	67,906	5,452	150,673	91,044	359,971	310	471,980	63,715	20,203	14,911	1,872	2,634	33,636	1,338,692
September 2016	43,633	11,039	68,043	5,598	151,271	90,010	356,125	311	471,754	64,431	20,296	14,401	1,797	2,571	33,623	1,334,903
October 2016	43,725	11,131	67,951	5,825	153,579	88,537	353,370	312	471,116	64,454	20,260	14,168	1,790	2,455	33,461	1,332,134
November 2016	43,913	11,233	67,914	5,918	155,687	90,158	358,986	306	473,863	61,650	20,306	13,876	1,738	2,434	33,416	1,341,398
December 2016	43,481	11,181	66,509	6,114	157,155	90,730	362,193	303	472,054	62,524	20,296	13,608	1,736	2,430	33,390	1,343,704
January 2017	43,888	11,405	68,174	6,267	158,234	87,555	362,098	295	469,992	64,732	20,297	13,527	1,816	2,526	33,173	1,343,979
February 2017	43,649	11,363	67,879	6,382	158,909	86,966	361,837	285	467,770	64,616	20,235	12,860	1,765	2,406	33,167	1,340,089
March 2017	44,261	11,397	67,558	6,964	163,649	156,235	296,427	255	467,046	68,267	20,034	12,031	2,534	2,789	34,322	1,353,769
April 2017	44,367	11,381	67,367	7,018	172,849	141,688	309,199	251	468,273	67,605	20,433	12,012	2,472	2,868	34,408	1,362,461
May 2017	44,816	11,401	67,183	7,042	178,391	116,631	333,778	253	469,056	67,690	20,681	11,966	2,418	2,992	34,806	1,369,104
June 2017	44,814	11,420	67,109	7,102	180,603	82,615	368,291	262	464,999	66,581	20,557	11,474	2,374	2,941	34,798	1,365,940
FY 2016-17 Actuals	43,941	11,241	67,619	6,251	160,991	101,066	347,849	288	469,905	64,937	20,310	13,311	2,016	2,640	33,809	1,346,174
July 2017	44,896	11,410	67,009	7,274	180,282	82,329	370,674	150	459,665	65,536	20,651	10,810	2,316	2,925	34,833	1,360,760
August 2017																
September 2017																
October 2017																
November 2017																
December 2017																
January 2018																
February 2018																
March 2018																
April 2018																
May 2018																
June 2018																
FY 2017-18 Year-to-Date Average	44,896	11,410	67,009	7,274	180,282	82,329	370,674	150	459,665	65,536	20,651	10,810	2,316	2,925	34,833	1,360,760
FY 2017-18 Year-to-Date Appropriation	43,599	11,200	67,760	6,095	164,461	85,317	364,350	318	473,394	63,858	20,276	14,131	1,791	2,553	33,967	1,353,070
Monthly Growth	82	(10)	(100)	172	(321)	(286)	2,383	(112)	(5,334)	(1,045)	94	(664)	(58)	(16)	35	(5,180)
Monthly Growth Rate	0.18%	-0.09%	-0.15%	2.42%	-0.18%	-0.35%	0.65%	-42.75%	-1.15%	-1.57%	0.46%	-5.79%	-2.44%	-0.54%	0.10%	-0.38%
Over-the-year Growth	1,792	479	(827)	1,940	29,394	(8,293)	18,766	(163)	(11,298)	2,554	533	(4,086)	433	295	1,321	32,840
Over-the-year Growth Rate	4.16%	4.38%	-1.22%	36.37%	19.48%	-9.15%	5.33%	-52.08%	-2.40%	4.06%	2.65%	-27.43%	23.00%	11.22%	3.94%	2.47%

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) The FY 2017-18 Year-to-Date Appropriation includes SB 17-254 (FY 2017-18 Long Bill).
3) The Department is continuing to validate data as it is reported in the new Medicaid Management Information System (MMIS) reporting layer. This includes known issues with expenditure reported for certain service categories and caseload in certain programs and eligibility categories. The data presented in this report is preliminary based on information available as of August 15, 2017, and may be restated in future reports based on further analysis.
4) A system issue skewed the distribution of caseload between the MAGI Adults and MAGI Parents/Caretakers 69% to 133% categories for March, April, and May 2017, artificially inflating MAGI Parents/Caretakers 69% to 133% and deflating MAGI Adults; the system issue was resolved by June 2017.

Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report

MEDICAID CASELOAD BY PROGRAM WITHOUT RETROACTIVITY ¹																
	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	TOTAL
Medicaid Fee for Service²																
July 2017	38,343	9,664	59,971	6,687	159,565	73,128	328,717	141	423,742	60,781	20,424	9,715	2,099	2,925	34,833	1,230,735
August 2017																
September 2017																
October 2017																
November 2017																
December 2017																
January 2018																
February 2018																
March 2018																
April 2018																
May 2018																
June 2018																
FY 2017-18 Year-to-Date Average	38,343	9,664	59,971	6,687	159,565	73,128	328,717	141	423,742	60,781	20,424	9,715	2,099	2,925	34,833	1,230,735
Medicaid Managed Care³																
July 2017	6,553	1,746	7,038	587	20,717	9,201	41,957	9	35,923	4,755	227	1,095	217	-	-	130,025
August 2017																
September 2017																
October 2017																
November 2017																
December 2017																
January 2018																
February 2018																
March 2018																
April 2018																
May 2018																
June 2018																
FY 2017-18 Year-to-Date Average	6,553	1,746	7,038	587	20,717	9,201	41,957	9	35,923	4,755	227	1,095	217	-	-	130,025
Rocky Mountain Health Plans HMO																
July 2017	1,574	600	3,186	401	9,056	4,505	17,645	-	130	19	1	514	130	-	-	37,761
August 2017																
September 2017																
October 2017																
November 2017																
December 2017																
January 2018																
February 2018																
March 2018																
April 2018																
May 2018																
June 2018																
FY 2017-18 Year-to-Date Average	1,574	600	3,186	401	9,056	4,505	17,645	-	130	19	1	514	130	-	-	37,761
Access - Kaiser HMO⁴																
July 2017	-	-	-	-	4	-	-	-	3	-	-	-	-	-	-	7
August 2017																
September 2017																
October 2017																
November 2017																
December 2017																
January 2018																
February 2018																
March 2018																
April 2018																
May 2018																
June 2018																
FY 2017-18 Year-to-Date Average	-	-	-	-	4	-	-	-	3	-	-	-	-	-	-	7

Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report

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Denver Health & Hospital Authority HMO																
July 2017	2,007	757	3,650	186	11,657	4,696	24,312	9	35,790	4,736	226	581	87	-	-	88,694
August 2017																
September 2017																
October 2017																
November 2017																
December 2017																
January 2018																
February 2018																
March 2018																
April 2018																
May 2018																
June 2018																
FY 2017-18 Year-to-Date Average	2,007	757	3,650	186	11,657	4,696	24,312	9	35,790	4,736	226	581	87	-	-	88,694
PACE - Program of All-Inclusive Care for the Elderly⁵																
July 2017	2,972	389	202	-	-	-	-	-	-	-	-	-	-	-	-	3,563
August 2017																
September 2017																
October 2017																
November 2017																
December 2017																
January 2018																
February 2018																
March 2018																
April 2018																
May 2018																
June 2018																
FY 2017-18 Year-to-Date Average	2,972	389	202	-	-	-	-	-	-	-	-	-	-	-	-	3,563
ACC - Accountable Care Collaborative⁶																
July 2017	25,961	8,308	53,727	4,373	141,760	58,224	294,901	79	368,400	50,445	18,825	7,359	1,428	-	-	1,033,790
August 2017																
September 2017																
October 2017																
November 2017																
December 2017																
January 2018																
February 2018																
March 2018																
April 2018																
May 2018																
June 2018																
FY 2017-18 Year-to-Date Average	25,961	8,308	53,727	4,373	141,760	58,224	294,901	79	368,400	50,445	18,825	7,359	1,428	-	-	1,033,790

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 Managed Care program. 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 5 for more information.
- 3) The Access-Kaiser HMO pilot ended June 30, 2017.
- 4) Medicaid Managed Care includes clients who are enrolled in Rocky Mountain Health Plans HMO, Access-Kaiser HMO, Denver Health & Hospital Authority HMO, and PACE.
- 5) The number of reported PACE enrollees is artificially low in the months of August through January due to systems issues identifying PACE members. These systems issues have been resolved as of the March 2017 report. Please refer to the February 2017 Medical Services Premiums forecast for the most up-to-date enrollment estimates.
- 6) Accountable Care Collaborative (ACC) caseload includes ACC Managed Fee for Service enrollment, as well as the Rocky Mountain Health Plans HMO enrollment and Access-Kaiser HMO, as these pilots are ACC initiatives.
- 7) The Department is continuing to validate data as it is reported in the new Medicaid Management Information System (MMIS) reporting layer. This includes known issues with expenditure reported for certain service categories and caseload in certain programs and eligibility categories. The data presented in this report is preliminary based on information available as of August 15, 2017, and may be restated in future reports based on further analysis.

Department of Health Care Policy and Financing
 FY 2017-18 Medical Premiums Expenditure and Caseload Report

Accountable Care Collaborative Caseload by RCCO and County														
RCCO	County	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	FY 2017-18 Average Monthly Enrollment
RCCO 1²	Archuleta	3,097												3,097
	Delta	8,532												8,532
	Dolores	526												526
	Eagle	5,720												5,720
	Garfield	11,795												11,795
	Grand	1,627												1,627
	Gunnison	3,116												3,116
	Hinsdale	141												141
	Jackson	252												252
	La Plata	10,069												10,069
	Larimer	55,811												55,811
	Mesa	40,852												40,852
	Moffat	3,166												3,166
	Montezuma	8,426												8,426
	Montrose	11,042												11,042
	Ouray	620												620
	Pitkin	1,416												1,416
	Rio Blanco	1,072												1,072
	Routt	3,342												3,342
	San Juan	153												153
San Miguel	1,001												1,001	
Summit	3,091												3,091	
Unknown ⁽¹⁾	353												353	
	Total	175,220												175,220
RCCO 2	Cheyenne	411												411
	Kit Carson	1,602												1,602
	Lincoln	1,184												1,184
	Logan	3,920												3,920
	Morgan	7,076												7,076
	Phillips	824												824
	Sedgwick	573												573
	Washington	1,042												1,042
	Weld	59,339												59,339
	Yuma	2,202												2,202
	Unknown ⁽¹⁾	261												261
	Total	78,434												78,434
RCCO 3²	Adams	113,613												113,613
	Arapahoe	106,244												106,244
	Douglas	21,570												21,570
	Unknown ⁽¹⁾	1,025												1,025
	Total	242,452												242,452

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 FY 2017-18 Medical Premiums Expenditure and Caseload Report

Accountable Care Collaborative Caseload by RCCO and County														
RCCO	County	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	FY 2017-18 Average Monthly Enrollment
RCCO 4	Alamosa	6,245												6,245
	Baca	1,115												1,115
	Bent	1,530												1,530
	Chaffee	3,268												3,268
	Conejos	2,971												2,971
	Costilla	1,700												1,700
	Crowley	1,264												1,264
	Custer	791												791
	Fremont	11,352												11,352
	Huerfano	2,506												2,506
	Kiowa	344												344
	Lake	1,322												1,322
	Las Animas	5,059												5,059
	Mineral	156												156
	Otero	6,847												6,847
	Prowers	4,472												4,472
	Pueblo	60,588												60,588
	Rio Grande	3,935												3,935
Saguache	1,923												1,923	
Unknown ⁽¹⁾	328												328	
Total		117,716												117,716
RCCO 5	Denver	111,483												111,483
	Unknown ⁽¹⁾	644												644
	Total		112,127											112,127
RCCO 6	Boulder	45,423												45,423
	Broomfield	5,522												5,522
	Clear Creek	1,374												1,374
	Gilpin	821												821
	Jefferson	79,941												79,941
	Unknown ⁽¹⁾	675												675
Total		133,756											133,756	
RCCO 7	El Paso	163,279												163,279
	Elbert	2,669												2,669
	Park	2,768												2,768
	Teller	4,971												4,971
	Unknown ⁽¹⁾	398												398
Total		174,085											174,085	
Total ACC Caseload		1,033,790												1,033,790

(1) Client movement between counties and presumptive eligibility are captured in the "Unknown" county category.

(2) RCCO 1 includes caseload for Rocky Mountain Health Plans HMO and RCCO 3 includes caseload for the Access-Kaiser HMO, as these pilots are ACC initiatives.

**Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report**

FY 2017-18 Medicaid Mental Health Community Programs Expenditures			
	Total Expenditures	Mental Health Capitation Payments	Mental Health Fee for Service Payments
July	\$49,923,593	\$49,916,202	\$7,391
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
Total Year-to-Date Expenditures	\$49,923,593	\$49,916,202	\$7,391
Total Year-to-Date Appropriation	\$625,797,571	\$616,836,053	\$8,961,518
Remaining in Appropriation	\$575,873,978	\$566,919,851	\$8,954,127

Notes:

- 1) The Medicaid Mental Health caseload is the same as the caseload for Medical Services Premiums, with the exception of Non-citizens and Partial Dual Eligibles.
- 2) FY 2017-18 Year-to-Date Appropriation includes SB 17-254 (FY 2017-18 Long Bill) and SB 17-267 (FY 2017-18 Sustainability of Rural Colorado Special Bill).
- 3) The Department is continuing to validate data as it is reported in the new Medicaid Management Information System (MMIS) reporting layer. This includes known issues with expenditure reported for certain service categories and caseload in certain programs and eligibility categories. The data presented in this report is preliminary based on information available as of August 15, 2017, and may be restated in future reports based on further analysis.

**Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report**

FY 2017-18 Medicaid Community Mental Health Program Expenditures by Behavioral Health Organization							
	Total	Behavioral Healthcare Inc.	Colorado Access Denver	Colorado Access Northeast	Colorado Health Partnerships	Foothills Behavioral Health	Other Payment and Adjustments
July	\$49,916,202	\$11,039,353	\$10,183,691	\$5,569,358	\$16,304,887	\$6,818,913	\$0
August							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							
Total Year-to-Date Expenditures	\$49,916,202	\$11,039,353	\$10,183,691	\$5,569,358	\$16,304,887	\$6,818,913	\$0
Total Year-to-Date Appropriation	\$625,797,571						
Remaining in Appropriation	\$575,881,369						

FY 2017-18 Medicaid Community Mental Health Program Caseload by Behavioral Health Organization								
	Total	Behavioral Healthcare Inc.	Colorado Access Denver	Colorado Access Northeast	Colorado Health Partnerships	Foothills Behavioral Health	Northeast Behavioral Health	Other
July	1,323,002	317,682	206,370	162,358	467,196	160,677	-	8,719
August								
September								
October								
November								
December								
January								
February								
March								
April								
May								
June								
Total Year-to-Date Average	1,323,002	317,682	206,370	162,358	467,196	160,677		8,719
Total Year-to-Date Appropriation	1,316,550							

Notes:
1) "Other" category includes clients enrolled in the Program of All-Inclusive Care for the Elderly and clients ineligible for Medicaid Mental 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 Mental Health caseload is the same as the caseload for Medical Services Premiums, with the exception of Non-citizens and Partial Dual Eligibles.
3) The Department is continuing to validate data as it is reported in the new Medicaid Management Information System (MMIS) reporting layer. This includes known issues with expenditure reported for certain service categories and caseload in certain programs and eligibility categories. The data presented in this report is preliminary based on information available as of August 15, 2017, and may be restated in future reports based on further analysis.

**Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report**

FY 2016-17 Children's Basic Health Plan Expenditures				
	Total Expenditures	Children Medical Expenditures	Children Dental Expenditures	Prenatal Medical Expenditures
July	\$12,482,189	\$11,177,497	\$1,304,692	\$0
August				
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				
Total Year-to-Date Expenditures	\$12,482,189	\$11,177,497	\$1,304,692	\$0
Total Year-to-Date Appropriation	\$179,773,700			
Remaining in Appropriation	\$167,291,511			

Notes:

- 1) FY 2017-18 Year-to-Date Appropriation includes SB 17-254 (FY 2017-18 Long Bill) and SB 17-267 (FY 2017-18 Sustainability of Rural Colorado Special Bill).
- 2) The Department is continuing to validate data as it is reported in the new Medicaid Management Information System (MMIS) reporting layer. This includes known issues with expenditure reported for certain service categories and caseload in certain programs and eligibility categories. The data presented in this report is preliminary based on information available as of August 15, 2017, and may be restated in future reports based on further analysis.

**Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report**

CHILDREN'S BASIC HEALTH PLAN CASELOAD WITHOUT RETROACTIVITY						
	Children to 205% FPL	Expansion Children to 259% FPL	Total Children	Prenatal to 205% FPL	Expansion Prenatal to 259% FPL	Total Prenatal
July 2015	35,269	15,382	50,651	206	415	621
August 2015	33,608	14,765	48,373	189	398	587
September 2015	33,333	14,936	48,269	183	394	577
October 2015	32,011	14,444	46,455	167	405	572
November 2015	31,821	14,212	46,033	192	449	641
December 2015	32,921	14,908	47,829	187	472	659
January 2016	34,658	16,036	50,694	205	506	711
February 2016	35,557	16,728	52,285	202	515	717
March 2016	36,075	17,257	53,332	196	529	725
April 2016	37,075	17,763	54,838	212	519	731
May 2016	38,019	18,204	56,223	225	515	740
June 2016	38,938	18,568	57,506	220	514	734
FY 2015-16 Actuals	34,940	16,100	51,041	199	469	668
July 2016	39,962	18,968	58,930	227	509	736
August 2016	41,345	19,419	60,764	200	497	697
September 2016	41,419	19,945	61,364	199	477	676
October 2016	40,987	19,751	60,738	205	443	648
November 2016	40,451	19,205	59,656	202	464	666
December 2016	41,974	19,860	61,834	199	494	693
January 2017	42,653	20,732	63,385	204	510	714
February 2017	43,074	21,191	64,265	208	498	706
March 2017	47,726	23,839	71,565	248	523	771
April 2017	49,020	24,052	73,072	261	515	776
May 2017	49,447	24,214	73,661	276	502	778
June 2017	49,587	24,293	73,880	275	486	761
FY 2016-17 Actuals	43,970	21,289	65,260	225	493	719
July 2017	50,236	24,236	74,472	279	503	782
August 2017						
September 2017						
October 2017						
November 2017						
December 2017						
January 2018						
February 2018						
March 2018						
April 2018						
May 2018						
June 2018						
FY 2017-18 Year-to-Date Average	50,236	24,236	74,472	279	503	782
FY 2017-18 Year-to-Date Appropriation	46,934	22,077	69,011	243	549	792
Monthly Growth	649	(57)	592	4	17	21
Monthly Growth Rate	1.31%	-0.23%	0.80%	1.45%	3.50%	2.76%
Over-the-year Growth	10,274	5,268	15,542	52	(6)	46
Over-the-year Growth Rate	25.71%	27.77%	26.37%	22.91%	-1.18%	6.25%
Notes:						
1) All children's caseload reporting includes the CHP+ at Work program.						
2) The Department is continuing to validate data as it is reported in the new Medicaid Management Information System (MMIS) reporting layer. This includes known issues with expenditure reported for certain service categories and caseload in certain programs and eligibility categories. The data presented in this report is preliminary based on information available as of August 15, 2017, and may be restated in future reports based on further analysis.						

Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report

FY 2017-18 Division for Intellectual and Developmental Disabilities (DIDD) Waiver and State Only Program Caseload Per Month																
	Program	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018	June 2018	FY 2017-18 Average YTD	FY 2017-18 Authorized Maximum Enrollment	
DIDD	HCBS - Developmental Disabilities	5,110												5,110	5,587	
	HCBS - Developmental Disabilities - Regional Centers	-												-	-	
	HCBS - Supported Living Services	4,639												4,639	-	
	HCBS - Children's Extensive Support	1,616												1,616	-	
	HCBS - Targeted Case Management	7,324												7,324	-	
	DIDD Subtotal		11,365												11,365	-
FY 2017-18 Division for Intellectual and Developmental Disabilities (DIDD) Waiver and State Only Program Expenditure Per Month																
	Program	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018	June 2018	FY 2017-18 Average YTD	FY 2017-18 Appropriation	Percent of FY 2017-18 Appropriation Spent
DIDD	HCBS - Developmental Disabilities	\$33,026,527												\$33,026,527	\$376,385,762	8.77%
	HCBS - Developmental Disabilities - Regional Centers	\$0												\$0	\$0	
	HCBS - Supported Living Services	\$6,534,396												\$6,534,396	\$71,071,703	9.19%
	HCBS - Children's Extensive Support	\$2,828,591												\$2,828,591	\$28,030,392	10.09%
	HCBS - Targeted Case Management	\$2,865,788												\$2,865,788	\$28,293,291	10.13%
	Quality Assurance, Utilization Review and Supports Intensity Scale	\$384,451												\$384,451	\$5,227,918	7.35%
DIDD Subtotal		\$45,639,753												\$45,639,753	\$509,009,066	8.97%
	Number of Weeks in Month	5	4	4	5	4	4	5	4	4	5	4	4	52		
	Expenditure Per Week	\$9,127,951												\$9,127,951		
State Only Programs	State Only Supported Living Services	\$0												\$0	\$8,030,743	0.00%
	Family Support Services Program	\$0												\$0	\$7,058,033	0.00%
	State Only Case Management	\$0												\$0	\$2,116,047	0.00%
	State Only Programs Subtotal	\$0												\$0	\$17,204,823	0.00%
	Expenditure Per Week	\$0												\$0		

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) FY 2017-18 Appropriations for DIDD Supported Living Services and Targeted Case Management were adjusted to reflect only the portion appropriated for those services. State-only program appropriations were removed.
- 4) HCBS-DD Waiver Service costs for clients living in Regional Centers reporting will be sporadic as the costs must be manually transferred from the HCBS-DD line item.
- 5) State Only Programs are part of the Targeted Case Management appropriation and do not have a stand alone appropriation. The appropriation listed here matches the contract amount for each program.
- 6) The Department is continuing to validate data as it is reported in the new Medicaid Management Information System (MMIS) reporting layer. This includes known issues with expenditure reported for certain service categories and caseload in certain programs and eligibility categories. The data presented in this report is preliminary based on information available as of August 15, 2017, and may be restated in future reports based on further analysis.

**Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report**

FY 2017-18 Old Age Pension State Medical Program Expenditures and Caseload		
	Total Expenditures	Old Age Pension State Medical Program Caseload
July	\$48,789	100
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
Total Year-to-Date	\$48,789	100
Total Year-to-Date Appropriation	\$10,000,000	
Remaining in Appropriation	\$9,951,211	

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 2017-18 Year-to-Date Appropriation includes SB 17-254 (FY 2017-18 Long Bill)
- 5) The Department is continuing to validate data as it is reported in the new Medicaid Management Information System (MMIS) reporting layer. This includes known issues with expenditure reported for certain service categories and caseload in certain programs and eligibility categories. The data presented in this report is preliminary based on information available as of August 15, 2017, and may be restated in future reports based on further analysis.

**Department of Health Care Policy and Financing
FY 2017-18 Medical Premiums Expenditure and Caseload Report**

FY 2017-18 Medicare Modernization Act State Contribution Payment Expenditures and Caseload		
	Total Expenditures	Medicare Modernization Act State Contribution Payment Caseload
July	\$12,189,505	
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
Total Year-to-Date	\$12,189,505	0
Total Year-to-Date Appropriation	\$148,950,319	76,716
Remaining in Appropriation	\$136,760,814	
Notes:		
<p>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 23 months of retroactivity, and is not comparable to the official Medicaid caseload included in this report.</p> <p>2) Medicare Modernization Act State Contribution Payments lag by two months. As a result, current month expenditures are related to the caseload from the month three months prior from the current month.</p> <p>3) Year-to-Date Totals are calculated as the sum of monthly expenditures and the average of monthly caseload.</p> <p>4) FY 2017-18 Year-to-Date Appropriation includes SB 17-254 (FY 2017-18 Long Bill).</p>		