

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	\$65,835,752	\$73,691,339											\$139,527,091
	EPSTD Screening	\$0	\$1,295											\$1,295
	Emergency Transportation	\$5,948,877	\$3,201,223											\$9,150,100
	Non-Emergency Medical Transportation	\$6,226,721	\$2,694,687											\$8,921,408
	Dental Service	\$31,732,261	\$26,940,045											\$58,672,306
	Family Planning	\$593	\$0											\$593
	Health Maintenance Organization	\$36,126,403	\$35,593,829											\$71,720,232
	Inpatient Hospital	\$65,203,045	\$52,873,510											\$118,076,555
	Outpatient Hospital	\$47,597,604	\$58,141,511											\$105,739,115
	Laboratory and X-Ray	\$10,253,679	\$9,473,076											\$19,726,755
	Durable Medical Equipment (DME)	\$18,196,969	\$13,452,628											\$31,649,597
	Pharmacy	\$90,541,666	\$78,188,980											\$168,730,646
	Drug Rebates - Standard	\$0	\$0											\$0
	Rural Health Centers	\$1,999,118	\$1,595,276											\$3,594,394
	Federally Qualified Health Centers	\$21,531,116	\$17,834,040											\$39,365,156
	Co-Insurance (Title XVIII-Medicare)	\$7,571,695	\$2,962,182											\$10,533,877
	Breast and Cervical Cancer Treatment Program	\$0	\$0											\$0
	Prepaid Inpatient Health Plan Services	\$0	\$0											\$0
	Other Medical Services	\$0	\$0											\$0
	Acute Home Health	\$1,217,045	\$1,023,076											\$2,240,121
Acute Care Subtotal	\$416,320,738	\$384,169,095	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$800,489,833	
Community Based Long Term Care	HCBS - Elderly, Blind, and Disabled	\$41,915,284	\$31,689,316											\$73,604,600
	HCBS - Mental Illness	\$3,868,845	\$3,320,569											\$7,189,414
	HCBS - Disabled Children	\$2,286,158	\$1,910,436											\$4,196,594
	HCBS - Persons Living with AIDS	\$0	\$0											\$0
	HCBS - Consumer Directed Attendant Support	\$0	(\$601,409)											(\$601,409)
	HCBS - Brain Injury	\$2,011,303	\$1,402,481											\$3,413,784
	HCBS - Children with Autism	\$60,728	\$47,235											\$107,963
	HCBS - Pediatric Hospice	\$102,645	\$57,331											\$159,976
	HCBS - Spinal Cord Injury	\$724,722	\$364,314											\$1,089,036
	CCT - Services	\$302,802	\$227,498											\$530,300
	Private Duty Nursing	\$9,382,226	\$7,733,261											\$17,115,487
	Long-Term Home Health	\$29,349,541	\$25,406,462											\$54,756,003
	Hospice	\$4,533,073	\$4,246,456											\$8,779,529
	CB LTC Subtotal	\$94,537,327	\$75,803,950	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$170,341,277
Long Term Care and Insurance	Class I Nursing Facilities	\$61,136,369	\$54,209,752											\$115,346,121
	Class II Nursing Facilities	\$455,161	\$440,479											\$895,640
	Program of All-Inclusive Care for the Elderly	\$13,154,384	\$10,083,851											\$23,238,235
	Supplemental Medicare Insurance Benefit	\$15,431,206	\$16,026,077											\$31,457,283
	Health Insurance Buy-in Program	\$152,542	\$163,355											\$315,897
	LTC + Insurance Subtotal	\$90,329,662	\$80,923,514	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$171,253,176
Service Mgmt.	Single Entry Points	\$0	\$2,155,878											\$2,155,878
	Disease Management	\$0	\$0											\$0
	Prepaid Inpatient Health Plan Administration	\$10,921,193	\$11,356,588											\$22,277,781
	Service Management Subtotal	\$10,921,193	\$13,512,466	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,433,659
Financing	Nursing Facility Upper Payment Limit	\$0	\$0											\$0
	Outpatient Hospital Upper Payment Limit	\$0	\$0											\$0
	Home Health Service Upper Payment Limit	\$0	\$0											\$0
	Hospital Supplemental Medicaid Payments	\$57,068,785	\$136,922,655											\$193,991,440
	Nursing Facility Supplemental Payments	\$8,536,804	\$9,433,962											\$17,970,766
	Physician Supplemental Payments	\$0	\$0											\$0
	Outstationing Payments	\$0	\$0											\$0
	Accounting Adjustments	\$2,510,722	(\$17,679,921)											(\$15,169,149)
Other Categories Subtotal	\$68,116,361	\$128,676,696	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$196,793,057	
Number of Weeks in Month	5	4	4	5	4	4	5	4	4	5	4	4	52	
Total Expenditures	\$680,225,281	\$683,085,721	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,363,311,002	

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 September 15, 2017, and may be restated in future reports based on further analysis.
- 2) The Department is currently investigating the \$17 million reduction in Accounting Adjustments in August 2017 and will restate numbers as more information becomes available.
- 3) Effective in the September 15, 2017 report, the Department restated expenditure data by service category for July 2017 to correct an issue with claim adjustments that affected the distribution in the previous report.

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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	\$1,363,311,002
Remaining FY 2017-18 Appropriation	\$6,234,587,845

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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	\$58,509,199											\$90,343,984
	Medicaid Disproportionate Share Hospital (DSH) and Other Payments	\$0	\$0											\$0
	Medicaid Hospital Quality Incentive Payments	\$7,064,718	\$9,513,697											\$16,578,415
	Outpatient Medicaid Supplemental Payments	\$18,169,282	\$68,899,759											\$87,069,041
	Total Medical Services Premiums Payments	\$57,068,785	\$136,922,655											
CICP	CICP Disproportionate Share Hospital (DSH) Payment	\$16,516,757	\$18,807,985											\$35,324,742
	Uncompensated Care Supplemental Hospital Medicaid Payment	\$9,623,347	\$9,788,845											\$19,412,192
	Total CICP Payments	\$26,140,104	\$28,596,830											\$54,736,934
Total Supplemental Payments		\$83,208,889	\$165,519,485											\$248,728,374

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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	45,233	11,486	67,079	7,366	180,876	83,011	374,722	145	459,045	66,433	20,804	10,369	2,276	2,957	35,078	1,366,880
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	45,064	11,448	67,044	7,320	180,579	82,670	372,698	147	459,355	65,984	20,728	10,590	2,296	2,941	34,956	1,363,820
FY 2017-18 Year-to-Date Appropriation	44,144	11,659	69,085	7,414	192,463	80,982	389,466	253	479,307	69,199	20,456	14,131	1,803	2,551	37,354	1,420,267
Monthly Growth	337	76	70	92	594	682	4,048	(5)	(620)	897	153	(441)	(40)	32	245	6,120
Monthly Growth Rate	0.75%	0.67%	0.10%	1.26%	0.33%	0.83%	1.09%	-3.33%	-0.13%	1.37%	0.74%	-4.08%	-1.73%	1.09%	0.70%	0.45%
Over-the-year Growth	1,859	475	(827)	1,914	30,203	(8,033)	14,751	(165)	(12,935)	2,718	601	(4,542)	404	323	1,442	28,188
Over-the-year Growth Rate	4.29%	4.31%	-1.22%	35.11%	20.05%	-8.82%	4.10%	-53.23%	-2.74%	4.27%	2.97%	-30.46%	21.58%	12.26%	4.29%	2.11%

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 September 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.

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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	39,458	9,809	60,118	6,762	160,206	73,476	331,468	137	423,332	61,535	20,579	9,290	2,080	2,957	35,078	1,236,285
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	38,901	9,737	60,044	6,725	159,885	73,302	330,092	139	423,537	61,158	20,502	9,502	2,090	2,941	34,955	1,233,510
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	5,775	1,677	6,961	604	20,670	9,535	43,254	8	35,713	4,898	225	1,079	196	-	-	130,595
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	6,164	1,711	6,999	596	20,693	9,368	42,605	9	35,818	4,827	226	1,087	207	-	-	130,310
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	1,597	614	3,177	408	8,964	4,614	17,842	-	117	15	3	506	116	-	-	37,973
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	1,585	607	3,181	405	9,010	4,559	17,744	-	124	17	2	510	123	-	-	37,867
Access - Kaiser HMO																
July 2017	-	-	-	-	4	-	-	-	3	-	-	-	-	-	-	7
August 2017	-	-	-	-	4	-	-	-	3	-	-	-	-	-	-	7
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

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	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
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	1,980	762	3,642	196	11,702	4,921	25,412	8	35,593	4,883	222	573	80	-	-	89,974
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	1,993	759	3,646	191	11,679	4,808	24,862	9	35,692	4,810	224	577	84	-	-	89,334
PACE - Program of All-Inclusive Care for the Elderly⁴																
July 2017	2,972	389	202	-	-	-	-	-	-	-	-	-	-	-	-	3,563
August 2017	2,198	301	142	-	-	-	-	-	-	-	-	-	-	-	-	2,641
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	2,585	345	172	-	-	-	-	-	-	-	-	-	-	-	-	3,102
ACC - Accountable Care Collaborative⁵																
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	26,293	8,455	54,489	4,586	146,507	63,458	305,205	77	377,304	53,158	19,364	7,143	1,455	1	-	1,067,495
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	26,127	8,381	54,108	4,479	144,133	60,841	300,053	78	372,852	51,802	19,095	7,251	1,442	1	-	1,050,643

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 4 for more information.
- 3) Medicaid Managed Care includes clients who are enrolled in Rocky Mountain Health Plans HMO, Access-Kaiser HMO, Denver Health & Hospital Authority HMO, and PACE.
- 4) 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.
- 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 September 15, 2017, and may be restated in future reports based on further analysis.

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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	3,163											3,130
	Delta	8,532	8,648											8,590
	Dolores	526	542											534
	Eagle	5,720	5,816											5,768
	Garfield	11,795	11,754											11,774
	Grand	1,627	1,667											1,647
	Gunnison	3,116	3,111											3,114
	Hinsdale	141	142											141
	Jackson	252	262											257
	La Plata	10,069	10,239											10,154
	Larimer	55,811	56,370											56,091
	Mesa	40,852	41,123											40,988
	Moffat	3,166	3,186											3,176
	Montezuma	8,426	8,540											8,483
	Montrose	11,042	11,111											11,077
	Ouray	620	639											629
	Pitkin	1,416	1,445											1,431
	Rio Blanco	1,072	1,068											1,070
	Routt	3,342	3,370											3,356
	San Juan	153	153											153
San Miguel	1,001	1,059											1,030	
Summit	3,091	3,125											3,108	
Unknown ⁽¹⁾	353	518											435	
Total	175,220	177,051												176,136
RCCO 2	Cheyenne	411	400											405
	Kit Carson	1,602	1,620											1,611
	Lincoln	1,184	1,202											1,193
	Logan	3,920	4,003											3,962
	Morgan	7,076	7,180											7,128
	Phillips	824	823											824
	Sedgwick	573	560											567
	Washington	1,042	1,049											1,045
	Weld	59,339	59,750											59,544
	Yuma	2,202	2,234											2,218
	Unknown ⁽¹⁾	261	404											333
Total	78,434	79,225												78,830
RCCO 3²	Adams	113,613	124,310											118,961
	Arapahoe	106,244	117,429											111,836
	Douglas	21,570	23,799											22,685
	Unknown ⁽¹⁾	1,025	1,622											1,324
Total	242,452	267,160												254,806

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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	6,295											6,270
	Baca	1,115	1,153											1,134
	Bent	1,530	1,553											1,542
	Chaffee	3,268	3,294											3,281
	Conejos	2,971	2,963											2,967
	Costilla	1,700	1,727											1,713
	Crowley	1,264	1,288											1,276
	Custer	791	785											788
	Fremont	11,352	11,508											11,430
	Huerfano	2,506	2,544											2,525
	Kiowa	344	346											345
	Lake	1,322	1,364											1,343
	Las Animas	5,059	5,105											5,082
	Mineral	156	158											157
	Otero	6,847	6,914											6,880
	Prowers	4,472	4,475											4,473
	Pueblo	60,588	61,268											60,928
	Rio Grande	3,935	3,978											3,957
Saguache	1,923	1,916											1,920	
Unknown ⁽¹⁾	328	506											417	
Total	117,716	119,140												118,428
RCCO 5	Denver	111,483	111,518											111,501
	Unknown ⁽¹⁾	644	809											726
	Total	112,127	112,327											112,227
RCCO 6	Boulder	45,423	45,830											45,626
	Broomfield	5,522	5,578											5,550
	Clear Creek	1,374	1,379											1,377
	Gilpin	821	853											837
	Jefferson	79,941	80,970											80,455
	Unknown ⁽¹⁾	675	1,020											848
Total	133,756	135,630											134,693	
RCCO 7	El Paso	163,279	165,898											164,588
	Elbert	2,669	2,736											2,703
	Park	2,768	2,818											2,793
	Teller	4,971	5,009											4,990
	Unknown ⁽¹⁾	398	501											450
Total	174,085	176,962											175,524	
Total ACC Caseload	1,033,790	1,067,495												1,050,643

(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.

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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	\$49,720,671	\$49,719,081	\$1,590
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
Total Year-to-Date Expenditures	\$99,644,265	\$99,635,284	\$8,981
Total Year-to-Date Appropriation	\$625,797,571	\$616,836,053	\$8,961,518
Remaining in Appropriation	\$526,153,306	\$517,200,769	\$8,952,537

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 September 15, 2017, and may be restated in future reports based on further analysis.

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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	\$49,719,081	\$10,945,499	\$10,178,268	\$5,541,261	\$16,243,347	\$6,810,706	\$0
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							
Total Year-to-Date Expenditures	\$99,635,283	\$21,984,852	\$20,361,959	\$11,110,619	\$32,548,234	\$13,629,619	\$0
Total Year-to-Date Appropriation	\$625,797,571						
Remaining in Appropriation	\$526,162,288						

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	1,328,845	318,584	207,725	162,563	469,196	161,200	-	9,577
September								
October								
November								
December								
January								
February								
March								
April								
May								
June								
Total Year-to-Date Average	1,325,924	318,133	207,048	162,461	468,196	160,939		9,148
Total Year-to-Date Appropriation	1,380,362							

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 September 15, 2017, and may be restated in future reports based on further analysis.

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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	\$15,838,916	\$12,902,463	\$1,536,453	\$1,400,000
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				
Total Year-to-Date Expenditures	\$28,321,105	\$24,079,960	\$2,841,145	\$1,400,000
Total Year-to-Date Appropriation	\$179,773,700			
Remaining in Appropriation	\$151,452,595			
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 September 15, 2017, and may be restated in future reports based on further analysis.				

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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	50,635	24,652	75,287	279	509	788
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	50,436	24,444	74,880	279	506	785
FY 2017-18 Year-to-Date Appropriation	46,934	22,077	69,011	243	549	792
Monthly Growth	399	416	815	0	6	6
Monthly Growth Rate	0.79%	1.72%	1.09%	0.00%	1.19%	0.77%
Over-the-year Growth	9,290	5,233	14,523	79	12	91
Over-the-year Growth Rate	22.47%	26.95%	23.90%	39.50%	2.41%	13.06%
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 September 15, 2017, and may be restated in future reports based on further analysis.						

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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	5,136											5,123	5,587	
	HCBS - Developmental Disabilities - Regional Centers	-	-											-	-	
	HCBS - Supported Living Services	4,639	4,667											4,653	-	
	HCBS - Children's Extensive Support	1,616	1,621											1,619	-	
	HCBS - Targeted Case Management	11,365	11,424											11,395	-	
	DIDD Subtotal		11,365	11,424											11,395	-
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	\$33,425,399	\$29,405,116											\$62,830,515	\$376,385,762	16.69%
	HCBS - Developmental Disabilities - Regional Centers	\$0	\$0											\$0	\$0	
	HCBS - Supported Living Services	\$6,607,197	\$4,519,449											\$11,126,646	\$71,071,703	15.66%
	HCBS - Children's Extensive Support	\$2,917,128	\$2,245,861											\$5,162,989	\$28,030,392	18.42%
	HCBS - Targeted Case Management	\$2,871,708	\$1,703,579											\$4,575,286	\$28,293,291	16.17%
	Quality Assurance, Utilization Review and Supports Intensity Scale	\$384,451	\$390,555											\$775,005	\$5,227,918	14.82%
DIDD Subtotal		\$46,205,882	\$38,264,559											\$84,470,442	\$509,009,066	16.60%
	Number of Weeks in Month	5	4	4	5	4	4	5	4	4	5	4	4	52		
	Expenditure Per Week	\$9,241,176	\$9,566,140											\$9,385,605		
State Only Programs	State Only Supported Living Services	\$0	\$600,890											\$600,890	\$8,030,743	7.48%
	Family Support Services Program	\$0	\$582,267											\$582,267	\$7,058,033	8.25%
	State Only Case Management	\$0	\$163,628											\$163,628	\$2,116,047	7.73%
	State Only Programs Subtotal		\$0	\$1,346,785											\$1,346,785	\$17,204,823
	Expenditure Per Week	\$0	\$336,696											\$28,655		

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) July Targeted Case Management caseload was under-reported in the August 2017 version of the JBC monthly report. Caseload has been corrected in this report.
 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 September 15, 2017, and may be restated in future reports based on further analysis.

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FY 2017-18 Old Age Pension State Medical Program Expenditures and Caseload		
	Total Expenditures	Old Age Pension State Medical Program Caseload
July	\$50,161	100
August	\$59,092	103
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
Total Year-to-Date	\$109,253	102
Total Year-to-Date Appropriation	\$10,000,000	
Remaining in Appropriation	\$9,890,747	

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 September 15, 2017, and may be restated in future reports based on further analysis.

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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	75,744
August	\$11,943,231	
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
Total Year-to-Date	\$24,132,736	75,744
Total Year-to-Date Appropriation	\$148,950,319	76,716
Remaining in Appropriation	\$124,817,583	
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>		