

Department of Health Care Policy and Financing
FY 2018-19 Medical Premiums Expenditure and Caseload Report

FY 2018-19															
	Service Category	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	FY 2018-19 Total YTD	
Acute Care	Physician Service	\$10,314,742	\$9,012,683	\$8,127,981	\$11,325,673									\$38,781,079	
	EPSTD Screening	\$0	\$0	\$0	\$0									\$0	
	Clinic Services	\$68,065,719	\$52,057,826	\$51,064,810	\$75,439,849										\$246,628,204
	Emergency Transportation	\$5,510,460	\$1,779,386	\$3,295,813	\$4,726,036										\$15,311,695
	Non-Emergency Medical Transportation	\$4,988,553	\$4,049,695	\$4,323,998	\$5,207,817										\$18,570,063
	Dental Service	\$29,655,550	\$26,484,063	\$27,091,622	\$32,286,363										\$115,517,598
	Family Planning	\$451	\$1,471	\$18,704	(\$5,226)										\$15,400
	Health Maintenance Organization	\$45,197,654	\$29,880,714	\$30,470,669	\$36,072,908										\$141,621,945
	Inpatient Hospital	\$70,682,634	\$50,034,177	\$62,740,573	\$75,433,401										\$258,890,785
	Outpatient Hospital	\$54,524,627	(\$3,477,665)	\$32,709,410	\$52,815,249										\$136,571,621
	Laboratory and X-Ray	\$10,633,602	\$8,712,201	\$9,638,846	\$11,667,921										\$40,652,570
	Durable Medical Equipment (DME)	\$16,677,716	\$10,781,197	\$3,982,627	\$14,745,083										\$46,186,623
	Pharmacy	\$88,943,746	\$73,410,603	\$74,636,239	\$90,449,310										\$327,439,898
	Drug Rebates - Standard	\$0	\$0	(\$121,025,138)	\$0										(\$121,025,138)
	Rural Health Centers	\$1,625,052	\$2,017,784	\$1,679,403	\$6,810,587										\$12,132,826
	Federally Qualified Health Centers	\$14,793,341	\$13,542,271	\$13,008,924	\$19,424,266										\$60,768,802
	Co-Insurance (Title XVIII-Medicare)	\$7,414,428	\$1,196,478	\$14,261,866	\$5,098,615										\$27,971,387
	Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0										\$0
	Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0										\$0
	Other Medical Services	\$0	(\$1,216)	\$1,216	\$0										\$0
	Preventive Services	\$6,290,287	\$5,976,866	\$5,787,090	\$7,469,215										\$25,523,458
	Acute Home Health	\$2,509,897	\$2,297,540	\$2,477,424	\$3,195,767										\$10,480,628
	Acute Care Subtotal	\$437,828,459	\$287,756,074	\$224,292,077	\$452,162,834	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,402,039,444
Community Based Long Term Care	HCBS - Elderly, Blind, and Disabled	\$41,053,155	\$33,397,860	\$35,500,268	\$41,350,523									\$151,301,806	
	HCBS - Community Mental Health Supports	\$3,774,492	\$3,216,539	\$3,364,962	\$3,677,625									\$14,033,618	
	HCBS - Children's HCBS	\$3,290,066	\$2,716,526	\$2,567,917	\$3,153,267									\$11,727,776	
	HCBS - Consumer Directed	\$0	\$166,921	\$183,791	\$170,489										\$521,201
	Attendant Support	\$2,314,077	\$2,228,402	\$1,728,666	\$1,828,428										\$8,099,573
	HCBS - Brain Injury	\$20,928	\$437	\$0	(\$87)										\$21,278
	HCBS - Children with Autism	\$77,918	\$62,656	\$66,984	\$61,542										\$269,100
	HCBS - Children with Life Limiting Illness	\$537,104	\$516,101	\$515,339	\$714,233										\$2,282,777
	HCBS - Spinal Cord Injury	\$374,100	\$266,712	\$375,502	\$429,976										\$1,446,290
	CCT - Services	\$8,834,300	\$7,283,609	\$6,498,015	\$9,684,812										\$32,300,736
	Private Duty Nursing	\$32,114,153	\$26,198,643	\$26,103,613	\$32,518,494										\$116,934,903
	Lone-Term Home Health	\$5,165,951	\$5,805,330	\$5,681,881	\$5,482,674										\$22,135,836
	Hospice	\$97,556,244	\$81,859,736	\$82,586,938	\$99,071,976	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$361,074,894
CB/LTC Subtotal	\$60,142,760	\$57,416,961	\$58,833,980	\$60,827,532	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$237,221,233	
Long Term Care and Insurance	Class I Nursing Facilities	\$461,463	\$454,502	\$419,555	\$430,253									\$1,765,773	
	Class II Nursing Facilities	\$10,096,789	\$20,576,435	\$17,761,539	\$26,828,537									\$75,263,300	
	Supplemental Medicare Insurance Benefit	\$16,424,323	\$15,728,720	\$17,532,330	\$16,731,348										\$66,416,721
	Health Insurance Buy-In Program	\$170,973	\$170,737	\$242,405	\$215,204										\$799,319
	LTC + Insurance Subtotal	\$87,296,308	\$94,347,355	\$94,789,809	\$105,032,874	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$381,466,346
	Service Mgmt.	\$0	\$3,394,068	\$3,414,245	\$3,376,754	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,185,067
Financing	Disease Management	\$0	\$0	\$71,828	\$0									\$71,828	
	Prepaid Inpatient Health Plan Administration	\$4,675,008	\$16,693,854	\$15,709,846	\$12,957,457										\$50,036,165
	Service Management Subtotal	\$4,675,008	\$20,087,922	\$19,195,919	\$16,334,211	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,293,060
	Nursing Facility Upper Payment Limit	\$0	\$0	\$0	\$0										\$0
	Outpatient Hospital Upper Payment Limit	\$0	\$0	\$0	\$0										\$0
	Home Health Service Upper Payment Limit	\$0	\$0	\$0	\$0										\$0
	Hospital Supplemental Medicaid Payments	\$131,895,012	\$132,152,803	\$148,554,926	\$82,080,874										\$494,683,615
	Nursing Facility Supplemental Payments	\$9,149,789	\$9,388,138	\$9,202,344	\$9,501,963										\$37,242,234
	Physician Supplemental Payments	\$0	(\$1,039,207)	\$0	\$0										(\$1,039,207)
	Outstationing Payments	\$0	\$0	\$604,895	\$0										\$604,895
University of Colorado School of Medicine Payments	\$0	\$0	\$0	\$0										\$0	
Accounting Adjustments	(\$6,315,573)	\$197,975	(\$1,291,246)	(\$250,748)										(\$7,659,592)	
Other Categories Subtotal	\$134,729,228	\$140,699,709	\$157,070,919	\$91,332,089	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$523,831,945	
Number of Weeks in Month	5	4	4	5	4	5	4	4	4	4	5	4	4	52	
Total Expenditures	\$762,085,247	\$624,750,796	\$577,935,662	\$763,933,984	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,728,705,689	

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 the 15th day of the reported month, and may be restated in future reports based on further analysis.
 2) September Hospital Supplemental Medicaid Payments expenditure will not tie out to the total for the Medical Services Premiums Hospital Supplemental Payments in the FY 2018-19 Supplemental Payments by Service Category exhibit due to a prior period adjustment outside of the current model period.

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FY 2018-19 Appropriation	
FY 2018-19 Long Bill Appropriation (HB 18-1322)	\$7,642,975,557
HB 18-1321 "Urgent NEMT"	(\$248,142)
HB 18-1326 "Community Transition Services"	(\$1,384,496)
HB 18-1328 "CHRP Habilitation Residential Program Transfer"	\$67,940
HB 18-1407 "Developmental Disabilities Stable Workforce Annualization"	\$69,070
SB 18-266 "Controlling Medicaid Costs Reconciliation"	(\$10,000,000)
FY 2018-19 Appropriation YTD	\$7,631,479,929
FY 2018-19 YTD Expenditures	\$2,728,705,689
Remaining FY 2018-19 Appropriation	\$4,902,774,240

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FY 2018-19 Supplemental Payments by Service Category														
	Service Category	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	FY 2018-19 Total YTD
Medical Services Premiums Hospital Supplemental Payments	Inpatient Medicaid Supplemental Payments	\$52,631,356	\$52,657,747	\$52,630,252	\$38,136,591									\$196,055,946
	Medicaid Disproportionate Share Hospital (DSH) and Other Payments	\$0	\$48,355	\$0	\$146,303									\$194,658
	Medicaid Hospital Quality Incentive Payments	\$10,100,539	\$10,093,779	\$10,107,291	\$8,129,483									\$38,431,092
	Outpatient Medicaid Supplemental Payments	\$69,163,117	\$69,352,922	\$71,671,922	\$35,668,497									\$245,856,458
	Total Medical Services Premiums Payments	\$131,895,012	\$132,152,803	\$134,409,465	\$82,080,874	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CICP	CICP Disproportionate Share Hospital (DSH) Payment	\$14,594,243	\$14,545,888	\$14,594,247	\$14,239,825									\$57,974,203
	Uncompensated Care Supplemental Hospital Medicaid Payment	\$7,956,680	\$7,852,070	\$7,956,684	\$9,206,683									\$32,972,117
	Total CICP Payments	\$22,550,923	\$22,397,958	\$22,550,931	\$23,446,508	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$90,946,320
Total Supplemental Payments		\$154,445,935	\$154,550,761	\$156,960,396	\$105,527,382	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$571,484,474

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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 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	164,569	156,205	296,427	285	465,588	68,165	20,034	12,813	2,392	2,789	34,322	1,353,769
April 2017	44,637	11,381	67,367	7,018	174,085	141,660	309,197	279	466,511	67,508	20,433	12,786	2,321	2,868	34,407	1,362,458
May 2017	44,816	11,401	67,183	7,042	179,878	116,609	333,778	274	467,044	67,596	20,681	12,727	2,276	2,992	34,806	1,369,103
June 2017	44,814	11,420	67,109	7,102	182,132	82,613	368,291	264	462,931	66,503	20,557	12,236	2,229	2,941	34,798	1,365,940
FY 2016-17 Actuals	43,941	11,241	67,619	6,251	161,422	101,059	347,848	295	469,297	64,906	20,310	13,567	1,968	2,640	33,809	1,346,173
July 2017	44,896	11,410	67,009	7,274	181,640	82,329	370,674	150	457,780	65,467	20,651	11,545	2,177	2,925	34,833	1,360,760
August 2017	45,233	11,486	67,079	7,366	182,123	83,011	374,722	145	457,326	66,362	20,804	11,069	2,119	2,957	35,078	1,366,880
September 2017	45,431	11,509	66,918	7,462	181,352	82,088	376,011	132	452,116	66,778	20,941	10,343	2,105	2,831	35,157	1,361,174
October 2017	45,606	11,558	66,985	7,797	179,385	73,998	350,968	139	444,507	67,110	21,093	9,948	2,197	2,842	34,883	1,319,016
November 2017	45,824	11,643	67,142	7,980	179,750	71,489	350,249	149	441,219	66,946	21,305	9,601	2,222	2,716	34,999	1,313,234
December 2017	45,985	11,718	67,066	8,204	179,877	72,942	356,175	151	439,244	66,517	21,485	9,138	2,154	2,677	35,001	1,318,334
January 2018	46,005	11,812	67,365	8,438	180,335	69,709	345,699	157	437,341	66,260	21,576	9,238	2,202	2,704	34,842	1,303,683
February 2018	46,038	11,860	67,688	8,663	180,744	70,071	345,064	165	433,460	64,494	21,701	9,067	2,219	2,707	34,868	1,298,809
March 2018	46,038	11,968	67,875	8,689	176,469	74,829	344,991	163	429,162	63,156	21,926	9,198	2,216	2,763	34,817	1,294,260
April 2018	46,302	12,054	67,963	8,698	177,031	73,217	337,958	169	423,241	59,499	21,947	9,967	2,316	2,823	34,553	1,277,738
May 2018	46,534	12,138	68,152	8,842	177,139	72,831	338,829	165	421,753	58,572	22,153	10,082	2,363	2,930	34,463	1,276,946
June 2018	46,991	12,411	69,127	8,690	182,397	68,816	339,937	169	428,112	60,990	22,094	12,298	2,463	2,831	34,444	1,291,770
FY 2017-18 Actuals	45,907	11,797	67,531	8,175	179,854	74,611	352,606	155	438,771	64,346	21,473	10,125	2,229	2,809	34,828	1,315,217
July 2018	47,275	12,499	69,243	8,791	183,930	68,773	336,317	160	429,605	60,022	22,059	12,567	2,395	2,868	34,656	1,291,160
August 2018	47,463	12,559	69,221	8,734	183,083	69,297	340,105	158	429,302	60,233	21,913	12,450	2,243	2,796	34,802	1,294,359
September 2018	47,564	12,647	69,235	8,667	182,792	68,226	342,428	154	429,176	60,450	21,826	12,375	2,190	2,654	35,434	1,295,818
October 2018	47,546	12,681	68,963	8,606	178,102	66,710	341,696	155	423,792	61,197	21,804	12,319	2,412	2,583	35,294	1,283,860
November 2018																
December 2018																
January 2019																
February 2019																
March 2019																
April 2019																
May 2019																
June 2019																
FY 2018-19 Year-to-Date Average	47,462	12,597	69,165	8,700	181,976	68,251	340,136	157	427,968	60,476	21,901	12,428	2,310	2,725	35,047	1,291,299
FY 2018-19 Year-to-Date Appropriation	47,392	12,369	68,495	10,032	186,391	78,809	366,408	116	439,248	67,553	22,516	9,138	2,154	2,881	36,943	1,350,445
Monthly Growth	(18)	34	(272)	(61)	(4,690)	(1,516)	(732)	1	(5,384)	747	(22)	(56)	222	(71)	(140)	(11,958)
Monthly Growth Rate	-0.04%	0.27%	-0.39%	-0.70%	-2.57%	-2.22%	-0.21%	0.65%	-1.25%	1.24%	-0.10%	-0.45%	10.14%	-2.68%	-0.40%	-0.92%
Over-the-year Growth	1,940	1,123	1,978	809	(1,283)	(7,288)	(9,272)	16	(20,715)	(5,913)	711	2,371	215	(259)	411	(35,156)
Over-the-year Growth Rate	4.25%	9.72%	2.95%	10.38%	-0.72%	-9.85%	-2.64%	11.51%	-4.66%	-8.81%	3.37%	23.83%	9.79%	-9.11%	1.18%	-2.67%

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 2018-19 Year-to-Date Appropriation includes HB 18-1322 (Long Bill Appropriation).
- 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 the 15th day of the reported month, 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/ 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 2018	38,816	10,354	61,324	7,937	162,389	60,735	292,184	152	397,573	55,982	21,631	10,994	2,105	2,868	34,656	1,159,700
August 2018	39,144	10,428	61,424	7,889	161,839	61,260	295,297	147	397,534	56,186	21,499	10,941	1,955	2,796	34,802	1,163,141
September 2018	39,810	10,628	61,931	7,883	162,414	60,492	300,734	143	398,880	56,640	21,468	10,974	1,916	2,654	35,434	1,172,001
October 2018	39,852	10,671	61,825	7,817	158,482	59,223	300,503	146	394,102	57,314	21,437	10,978	2,125	2,581	35,294	1,162,350
November 2018																
December 2018																
January 2019																
February 2019																
March 2019																
April 2019																
May 2019																
June 2019																
FY 2018-19 Year-to-Date Average	39,406	10,520	61,626	7,882	161,281	60,427	297,179	147	397,022	56,530	21,509	10,972	2,025	2,725	35,047	1,164,298
Medicaid Managed Care³																
July 2018	8,459	2,145	7,919	854	21,541	8,038	44,133	8	32,032	4,040	428	1,573	290	-	-	131,460
August 2018	8,319	2,131	7,797	845	21,244	8,037	44,808	11	31,768	4,047	414	1,509	288	-	-	131,218
September 2018	7,754	2,019	7,304	784	20,378	7,734	41,694	11	30,296	3,810	358	1,401	274	-	-	123,817
October 2018	7,694	2,010	7,138	789	19,620	7,487	41,193	9	29,690	3,883	367	1,341	287	2	-	121,510
November 2018																
December 2018																
January 2019																
February 2019																
March 2019																
April 2019																
May 2019																
June 2019																
FY 2018-19 Year-to-Date Average	8,057	2,076	7,539	818	20,696	7,824	42,957	9	30,946	3,945	392	1,456	285	1	-	127,001
Rocky Mountain Health Plans HMO																
July 2018	1,958	693	3,399	527	9,294	4,113	16,831	-	10	6	87	739	155	-	-	37,812
August 2018	1,981	699	3,378	536	9,157	4,139	16,990	-	10	7	84	713	154	-	-	37,848
September 2018	2,066	696	3,317	541	9,233	4,248	16,783	1	16	11	90	695	155	-	-	37,852
October 2018	2,038	696	3,255	517	8,945	4,075	16,248	-	15	12	88	659	161	-	-	36,709
November 2018																
December 2018																
January 2019																
February 2019																
March 2019																
April 2019																
May 2019																
June 2019																
FY 2018-19 Year-to-Date Average	2,011	696	3,337	530	9,157	4,144	16,713	-	13	9	87	702	156	-	-	37,555

**Department of Health Care Policy and Financing
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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 2018	3,305	1,009	4,297	327	12,247	3,925	27,302	8	32,022	4,034	341	834	135	-	-	89,786
August 2018	3,185	983	4,201	309	12,087	3,898	27,818	11	31,758	4,040	330	796	134	-	-	89,550
September 2018	2,493	874	3,756	243	11,145	3,486	24,911	10	30,280	3,799	268	706	119	-	-	82,090
October 2018	2,498	877	3,669	272	10,675	3,412	24,945	9	29,675	3,871	279	682	126	2	-	80,992
November 2018																
December 2018																
January 2019																
February 2019																
March 2019																
April 2019																
May 2019																
June 2019																
FY 2018-19 Year-to-Date Average	2,870	936	3,981	288	11,538	3,680	26,244	10	30,934	3,936	304	755	128	1	-	85,605
PACE - Program of All-Inclusive Care for the Elderly																
July 2018	3,196	443	223	-	-	-	-	-	-	-	-	-	-	-	-	3,862
August 2018	3,153	449	218	-	-	-	-	-	-	-	-	-	-	-	-	3,820
September 2018	3,195	449	231	-	-	-	-	-	-	-	-	-	-	-	-	3,875
October 2018	3,158	437	214	-	-	-	-	-	-	-	-	-	-	-	-	3,809
November 2018																
December 2018																
January 2019																
February 2019																
March 2019																
April 2019																
May 2019																
June 2019																
FY 2018-19 Year-to-Date Average	3,175	445	222	-	-	-	-	-	-	-	-	-	-	-	-	3,842
ACC - Accountable Care Collaborative^{4,6}																
July 2018	43,765	11,989	68,550	8,661	181,641	67,436	327,430	146	423,683	58,752	21,125	12,348	2,343	5	-	1,227,874
August 2018	44,107	12,046	68,589	8,630	180,894	68,057	331,264	150	424,950	59,404	20,994	12,230	2,203	5	-	1,233,523
September 2018	44,090	12,128	68,551	8,495	181,081	67,252	333,036	146	424,051	59,554	20,890	12,092	2,131	4	-	1,233,501
October 2018	44,158	12,181	68,324	8,496	176,416	65,793	332,415	144	419,041	60,031	20,896	12,032	2,297	8	-	1,222,232
November 2018																
December 2018																
January 2019																
February 2019																
March 2019																
April 2019																
May 2019																
June 2019																
FY 2018-19 Year-to-Date Average	44,030	12,086	68,503	8,570	180,008	67,135	331,036	147	422,931	59,435	20,976	12,176	2,244	6	-	1,229,283

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 information available as of the 15th day of the reported month, and may be restated in future reports based on further analysis.
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 the 15th day of the reported month, and may be restated in future reports based on further analysis.
6) On July 1, 2018, as part of the implementation of the ACC Phase II, the Department moved to mandatory enrollment of all individuals eligible for full Medicaid. This accounts for the increase in the overall enrollment into the program. In addition, the way members are enrolled to a regional accountable entity (RAE) has changed; members are attributed to a primary care medical provider first and that dictates the RAE to which they are enrolled.

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Accountable Care Collaborative Caseload by Regional Accountable Entity (RAE) and County of Residence														
RAE	County of Residence	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	FY 2018-19 Average Monthly Enrollment
RAE 1²	Archuleta	3,283	3,291	3,285	3,234									3,273
	Delta	9,274	9,266	9,366	9,201									9,277
	Dolores	595	602	601	609									602
	Eagle	5,781	5,785	5,773	5,700									5,760
	Garfield	11,931	11,969	11,923	11,778									11,900
	Grand	1,688	1,661	1,651	1,629									1,657
	Gunnison	2,992	2,993	3,041	2,935									2,990
	Hinsdale	149	152	153	149									151
	Jackson	256	259	260	256									258
	La Plata	11,217	11,234	11,264	11,227									11,236
	Larimer	50,938	51,031	51,912	51,163									51,261
	Mesa	41,820	41,858	41,986	41,294									41,739
	Moffat	3,438	3,451	3,404	3,387									3,420
	Montezuma	8,958	8,979	9,146	9,057									9,035
	Montrose	11,441	11,373	11,350	11,070									11,309
	Ouray	682	661	654	640									659
	Pitkin	1,483	1,483	1,469	1,438									1,468
	Rio Blanco	1,253	1,242	1,229	1,221									1,236
	Routt	3,264	3,275	3,235	3,179									3,238
	San Juan	179	173	175	169									174
	San Miguel	1,109	1,077	1,081	1,059									1,082
Summit	3,208	3,204	3,172	3,105									3,172	
Residence Outside RAE Area ⁽¹⁾	16,085	15,847	10,421	10,277									13,157	
Total	191,024	190,866	186,551	183,777										188,054
RAE 2	Cheyenne	445	448	426	415									434
	Kit Carson	1,804	1,819	1,811	1,825									1,815
	Lincoln	1,102	1,095	1,097	1,067									1,090
	Logan	4,493	4,471	4,386	4,340									4,423
	Morgan	7,890	7,946	7,902	7,816									7,888
	Phillips	929	936	914	928									927
	Sedgwick	647	646	639	633									641
	Washington	1,046	1,051	1,056	1,020									1,043
	Weld	55,824	55,836	54,512	52,968									54,785
	Yuma	2,375	2,365	2,380	2,396									2,379
	Residence Outside RAE Area ⁽¹⁾	15,049	15,089	12,867	13,180									14,046
Total	91,604	91,702	87,990	86,588										89,471
RAE 3	Adams	101,766	103,179	104,495	101,410									102,712
	Arapahoe	105,712	106,701	106,267	102,826									105,376
	Douglas	18,317	18,805	23,443	23,411									20,994
	Elbert	2,495	2,509	2,559	2,460									2,506
	Residence Outside RAE Area ⁽¹⁾	40,879	44,537	46,634	47,312									44,841
Total	269,169	275,731	283,398	277,419										276,429

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Accountable Care Collaborative Caseload by Regional Accountable Entity (RAE) and County of Residence														
RAE	County of Residence	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	FY 2018-19 Average Monthly Enrollment
RAE 4	Alamosa	6,701	6,675	6,578	6,555									6,627
	Baca	1,306	1,304	1,300	1,297									1,302
	Bent	1,652	1,649	1,643	1,610									1,639
	Chaffee	3,528	3,528	3,516	3,488									3,515
	Conejos	3,146	3,172	3,167	3,085									3,143
	Costilla	1,851	1,855	1,831	1,840									1,844
	Crowley	1,387	1,397	1,400	1,388									1,393
	Custer	840	836	815	797									822
	Fremont	11,914	11,994	12,443	12,492									12,210
	Huerfano	2,644	2,674	2,671	2,656									2,661
	Kiowa	349	357	359	350									354
	Lake	1,176	1,200	1,159	1,161									1,174
	Las Animas	5,484	5,489	5,501	5,479									5,488
	Mineral	139	146	143	149									144
	Otero	7,389	7,398	7,352	7,348									7,372
	Prowers	4,686	4,638	4,579	4,547									4,613
	Pueblo	64,740	64,851	64,506	63,883									64,495
	Rio Grande	4,081	4,073	4,067	4,031									4,063
	Saguache	2,257	2,275	2,227	2,178									2,234
Residence Outside RAE Area ⁽¹⁾	7,475	7,482	4,744	6,175									6,469	
Total	132,745	132,993	130,001	130,509										131,562
RAE 5²	Denver	160,258	159,412	156,762	152,888									157,330
	Residence Outside RAE Area ⁽¹⁾	56,858	56,373	54,907	57,392									56,383
	Total	217,116	215,785	211,669	210,280									213,713
RAE 6	Boulder	40,406	40,463	42,646	41,983									41,375
	Broomfield	5,315	5,351	5,401	5,175									5,310
	Clear Creek	1,123	1,122	1,169	1,172									1,147
	Gilpin	794	786	831	825									809
	Jefferson	68,378	67,458	66,541	65,426									66,951
	Residence Outside RAE Area ⁽¹⁾	35,898	35,653	33,512	33,975									34,759
	Total	151,914	150,833	150,100	148,556									150,351
RAE 7	El Paso	161,727	162,857	171,032	168,695									166,078
	Park	1,663	1,658	1,672	1,549									1,636
	Teller	4,667	4,738	5,270	5,241									4,979
	Residence Outside RAE Area ⁽¹⁾	6,245	6,360	5,818	9,618									7,010
	Total	174,302	175,613	183,792	185,103									179,703
Total ACC Caseload		1,227,874	1,233,523	1,233,501	1,222,232									1,229,283

(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.

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FY 2018-19 Medicaid Behavioral Health Community Programs Expenditures			
	Total Expenditures	Mental Health Capitation Payments	Mental Health Fee for Service Payments
July	\$47,932,195	\$47,852,128	\$80,067
August	\$73,320,597	\$73,231,190	\$89,407
September	\$48,156,641	\$48,021,470	\$135,171
October	\$47,866,901	\$47,727,892	\$139,009
November			
December			
January			
February			
March			
April			
May			
June			
Total Year-to-Date Expenditures	\$217,276,334	\$216,832,680	\$443,654
Total Year-to-Date Appropriation	\$656,838,829	\$647,450,482	\$9,388,347
Remaining in Appropriation	\$439,562,495	\$430,617,802	\$8,944,693

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 2018-19 Year-to-Date Appropriation includes HB 18-1322 (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 the 15th day of the reported month, and may be restated in future reports based on further analysis.
- 4) Mental Health Capitation Payments expenditure for August 2018 is higher than usual due to Behavioral Health Incentive Payments made for payments associated with FY 2017-18.

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FY 2018-19 Medicaid Community Behavioral Health Program Expenditures by Regional Accountable Entity

	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)	Other ¹
July	\$47,852,128	\$7,123,336	\$3,094,991	\$9,554,072	\$5,854,028	\$9,408,974	\$7,127,404	\$5,475,423	\$213,900
August	\$73,231,190	\$7,149,048	\$3,093,405	\$9,765,724	\$5,903,148	\$9,489,068	\$7,113,937	\$5,535,017	\$25,181,843
September	\$48,021,470	\$6,968,031	\$2,990,575	\$10,223,702	\$5,781,463	\$9,150,961	\$7,077,381	\$5,831,997	(\$2,640)
October	\$47,727,892	\$6,879,417	\$2,927,676	\$9,896,296	\$5,745,956	\$9,461,418	\$6,985,744	\$5,831,385	\$0
November									
December									
January									
February									
March									
April									
May									
June									
Total Year-to-Date Expenditures	\$216,832,680	\$28,119,832	\$12,106,647	\$39,439,794	\$23,284,595	\$37,510,421	\$28,304,466	\$22,673,822	\$25,393,103
Total Year-to-Date Appropriation	\$647,450,482								
Remaining in Appropriation	\$430,617,802								

Footnotes:

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.

FY 2018-19 Medicaid Community Mental Health Program Caseload by Regional Accountable Entity

	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)	Other
July	1,253,636	191,021	91,604	269,243	132,745	216,889	152,044	174,302	25,788
August	1,256,761	190,864	91,702	275,738	132,994	215,731	150,853	175,613	23,266
September	1,257,730	186,540	87,989	283,397	130,001	211,667	150,100	183,792	24,244
October	1,245,983	183,776	86,587	277,415	130,509	210,278	148,555	185,103	23,760
November									
December									
January									
February									
March									
April									
May									
June									
Total Year-to-Date Average	1,253,528	188,050	89,471	276,448	131,562	213,641	150,388	179,703	24,265
Total Year-to-Date Appropriation	1,310,621								

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 the 15th day of the reported month, and may be restated in future reports based on further analysis.

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FY 2018-19 Children's Basic Health Plan Expenditures				
	Total Expenditures	Children Medical Expenditures	Children Dental Expenditures	Prenatal Medical Expenditures
July	\$14,541,777	\$12,421,347	\$1,389,318	\$731,112
August	\$15,296,502	\$12,990,696	\$1,452,711	\$853,095
September	\$14,938,875	\$12,703,043	\$1,410,259	\$825,573
October	\$15,101,072	\$12,862,842	\$1,423,773	\$814,457
November				
December				
January				
February				
March				
April				
May				
June				
Total Year-to-Date Expenditures	\$59,878,226	\$50,977,928	\$5,676,061	\$3,224,237
Total Year-to-Date Appropriation	\$194,981,200	\$163,020,083	\$19,407,153	\$11,644,292
Remaining in Appropriation	\$135,102,974			

Notes:

- 1) FY 2018-19 Year-to-Date Appropriation includes HB 18-1322 (Long 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 15th day of the reported month, 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 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	49,863	24,686	74,549	273	512	785
October 2017	49,855	25,018	74,873	275	523	798
November 2017	50,032	25,301	75,333	277	565	842
December 2017	50,276	24,999	75,275	294	568	862
January 2018	50,891	25,260	76,151	294	575	869
February 2018	54,854	27,049	81,903	302	564	866
March 2018	56,287	27,694	83,981	311	554	865
April 2018	60,590	29,115	89,705	325	534	859
May 2018	61,037	29,160	90,197	310	533	843
June 2018	54,475	27,300	81,775	306	507	813
FY 2017-18 Actuals	53,253	26,206	79,458	294	537	831
July 2018	56,021	26,301	82,322	349	509	858
August 2018	55,401	25,854	81,255	369	552	921
September 2018	54,388	25,249	79,637	351	560	911
October 2018	53,528	26,116	79,644	263	534	797
November 2018						
December 2018						
January 2019						
February 2019						
March 2019						
April 2019						
May 2019						
June 2019						
FY 2018-19 Year-to-Date Average	54,835	25,880	80,715	333	539	872
FY 2018-19 Year-to-Date Appropriation	50,375	25,855	76,230	403	486	889
Monthly Growth	(860)	867	7	(88)	(26)	(114)
Monthly Growth Rate	-1.58%	3.43%	0.01%	-25.07%	-4.64%	-12.51%
Over-the-year Growth	3,673	1,098	4,771	(12)	11	(1)
Over-the-year Growth Rate	7.37%	4.39%	6.37%	-4.36%	2.10%	-0.13%
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 the 15th day of the reported month, and may be restated in future reports based on further analysis.						

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FY 2018-19 Division for Intellectual and Developmental Disabilities (DIDD) Waiver and State Only Program Caseload Per Month															
	Program	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	FY 2018-19 Average YTD	FY 2018-19 Authorized Maximum Enrollment
DIDD	HCBS - Developmental Disabilities	5,356	5,438	5,524	5,606									5,481	6,338
	HCBS - Developmental Disabilities - Regional Centers	107	104	104	104									105	-
	HCBS - Supported Living Services	4,957	4,937	4,879	4,843									4,904	-
	HCBS - Children's Extensive Support	1,784	1,814	1,835	1,855									1,822	-
	HCBS - Children's Habilitation Residential Program	31	<30	<30	32									32	-
	HCBS - Targeted Case Management	12,204	N/A	N/A	12,408									12,306	-
	DIDD Subtotal	12,235	N/A	N/A	12,440									12,338	-
HCBS - DD Authorizations ⁽⁶⁾	Waiting List Authorizations	357	<30	39	38										-
	Reserved Capacity Authorizations	<30	34	32	<30										-

FY 2018-19 Division for Intellectual and Developmental Disabilities (DIDD) Waiver and State Only Program Expenditure Per Month																
	Program	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	FY 2018-19 YTD	FY 2018-19 Appropriation	Percent of FY 2018-19 Appropriation Spent
DIDD	HCBS - Developmental Disabilities	\$34,456,789	\$32,151,435	\$32,106,295	\$36,526,318									\$135,240,837	\$435,824,364	31.03%
	HCBS - Developmental Disabilities - Regional Centers	\$2,285,547	\$2,389,845	\$2,110,210	\$2,035,793									\$8,821,396	\$52,774,028	16.72%
	HCBS - Supported Living Services	\$6,026,330	\$4,918,405	\$5,010,811	\$6,082,072									\$22,037,619	\$78,617,567	28.03%
	HCBS - Children's Extensive Support	\$2,584,992	\$1,969,593	\$1,615,295	\$2,186,737									\$8,356,617	\$25,868,756	32.30%
	HCBS - Children's Habilitation Residential Program	\$82,358	\$55,767	\$139,754	\$149,168									\$427,046	\$2,515,319	16.98%
	HCBS - Targeted Case Management	\$2,623,830	\$2,664,452	\$2,578,723	\$3,676,659									\$11,543,664	\$32,733,043	35.27%
	Quality Assurance, Utilization Review and Supports Intensity Scale	\$0	\$427,730	\$447,630	\$201,496									\$1,076,855	\$5,500,281	19.58%
DIDD Subtotal	\$48,059,846	\$44,577,227	\$44,008,718	\$50,858,243									\$187,504,034	\$633,833,358	29.58%	
	Number of Weeks in Month	5	4	4	5	4	5	4	4	4	5	4	4	52		
	Expenditure Per Week	\$9,611,969	\$11,144,307	\$11,002,180	\$10,171,649									\$10,416,891		
State Only Programs	State Only Supported Living Services	\$0	\$611,708	\$611,708	\$611,708									\$1,835,124	\$8,030,743	22.85%
	Family Support Services Program	\$0	\$587,642	\$587,642	\$587,642									\$1,762,926	\$7,058,033	24.98%
	State Only Case Management	\$0	\$167,613	\$167,613	\$167,613									\$502,839	\$2,116,047	23.76%
	State Only Programs Subtotal	\$0	\$1,366,963	\$1,366,963	\$1,366,963									\$4,100,890	\$17,204,823	23.84%
	Expenditure Per Week	\$0	\$341,741	\$341,741	\$273,393									\$87,253		

Notes:
1) Historically, DIDD State Only Programs and QAUR/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 2018-19 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) 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.
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 the 15th day of the reported month, and may be restated in future reports based on further analysis.
6) 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

**Department of Health Care Policy and Financing
FY 2018-19 Medical Premiums Expenditure and Caseload Report**

FY 2018-19 Old Age Pension State Medical Program Expenditures and Caseload		
	Total Expenditures	Old Age Pension State Medical Program Caseload
July	\$12,085	59
August	\$18,621	53
September	\$275	52
October	\$18,580	49
November		
December		
January		
February		
March		
April		
May		
June		
Total Year-to-Date	\$49,561	53
Total Year-to-Date Appropriation	\$10,000,000	
Remaining in Appropriation	\$9,950,439	

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 2018-19 Year-to-Date Appropriation includes HB 18-1322 (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 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 2018-19 Medical Premiums Expenditure and Caseload Report**

FY 2018-19 Medicare Modernization Act State Contribution Payment Expenditures and Caseload		
	Total Expenditures	Medicare Modernization Act State Contribution Payment Caseload
July	\$12,149,609	76,142
August	\$12,089,087	76,742
September	\$12,259,758	75,201
October	\$12,190,863	76,209
November		
December		
January		
February		
March		
April		
May		
June		
Total Year-to-Date	\$48,689,316	76,074
Total Year-to-Date Appropriation	\$151,835,471	77,462
Remaining in Appropriation	\$103,146,155	

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 23 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, current month expenditures are related to the caseload from the month three months prior from the current month.
- 3) Year-to-Date Totals are calculated as the sum of monthly expenditures and the average of monthly caseload.
- 4) FY 2018-19 Year-to-Date Appropriation includes HB 18-1322 (Long Bill).