

**Department of Health Care Policy and Financing
FY 2019-20 Medical Premiums Expenditure and Caseload Report**

FY 2019-20 Appropriation	
FY 2019-20 Supplemental Bill Appropriation (HB 20-1246)	\$7,938,925,336
HB 19-1302 Cancer Treatment & License Plate Surcharge (BCCP)	\$2,293,990
SB 19-197 Continue Complementary or Alternative Medicine Program (Spinal Cord Pilot)	\$0
SB 19-209 PACE Program Funding Methodology	\$13,510,958
SB 19-238 Improve Wages and Accountability Home Care Workers	\$10,230,152
FY 2019-20 Appropriation YTD	\$7,964,960,436
FY 2019-20 YTD Expenditures	\$5,984,366,218

Department of Health Care Policy and Financing
FY 2019-20 Medical Premiums Expenditure and Caseload Report

FY 2019-20 Supplemental Payments by Service Category														
	Service Category	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	FY 2019-20 Total YTD
Medical Services Premiums Hospital Supplemental Payments	Inpatient Medicaid Supplemental Payments	\$40,378,187	\$33,105,251	\$36,741,734	\$39,327,658	\$39,323,376	\$39,761,708	\$39,104,210	\$39,104,210	\$41,280,336				\$348,126,670
	Medicaid Disproportionate Share Hospital (DSH) and Other Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$0
	Medicaid Hospital Quality Incentive Payments	\$5,209,567	\$9,510,947	\$7,360,272	\$7,537,146	\$7,537,146	\$8,795,656	\$6,907,891	\$6,907,891	\$7,537,146				\$67,303,662
	Uncompensated Care Supplemental Hospital Medicaid Payment	\$5,273,045	\$12,545,981	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$17,819,026
	Public High Volume Hospital Payment	\$2,150,690	(\$2,150,690)	\$8,964,583	\$0	\$0	\$0	\$0	\$0	\$0				\$8,964,583
	Outpatient Medicaid Supplemental Payments	\$36,660,705	\$36,660,705	\$36,660,703	\$37,067,602	\$37,067,602	\$37,360,370	\$36,921,218	\$36,921,218	\$40,756,240				\$336,076,363
	Total Medical Services Premiums Payments	\$89,672,194	\$89,672,194	\$89,727,292	\$83,932,406	\$83,928,124	\$85,917,734	\$82,933,319	\$82,933,319	\$89,573,722				
CICP	CICP Disproportionate Share Hospital (DSH) Payment	\$17,032,483	\$17,032,483	\$16,992,720	\$17,744,045	\$17,744,045	\$30,416,801	\$10,201,500	\$11,147,946	\$18,961,799				\$157,273,822
	Uncompensated Care Supplemental Hospital Medicaid Payment	\$0	\$0	\$8,909,464	\$8,998,362	\$8,998,362	\$12,670,502	\$7,162,292	\$7,162,292	\$8,998,362				\$62,899,636
	Total CICP Payments	\$17,032,483	\$17,032,483	\$25,902,184	\$26,742,407	\$26,742,407	\$43,087,303	\$17,363,792	\$18,310,238	\$27,960,161				
Total Supplemental Payments		\$106,704,677	\$106,704,677	\$115,629,476	\$110,674,813	\$110,670,531	\$129,005,037	\$100,297,111	\$101,243,557	\$117,533,883				\$998,463,762

Notes:

1) Uncompensated Care Supplemental Hospital Medicaid Payment moved from Medical Services Premiums to Safety Net Provider Payments in September 2019

Department of Health Care Policy and Financing
FY 2019-20 Medical Premiums Expenditure and Caseload Report

MEDICAID CASELOAD BY PROGRAM WITHOUT RETROACTIVITY¹																
	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 2019	39,482	10,838	60,660	8,712	149,937	51,255	274,912	127	382,996	50,963	21,029	10,862	1,922	2,717	33,847	1,100,259
August 2019	38,793	10,733	60,073	8,635	148,654	50,877	275,224	131	380,413	50,448	21,022	10,523	1,849	2,530	34,059	1,093,964
September 2019	38,096	10,623	59,365	8,621	147,364	50,249	275,436	136	379,270	50,584	20,964	10,172	1,833	2,376	33,890	1,088,979
October 2019	38,139	10,622	59,151	8,742	146,030	50,815	274,311	146	377,450	51,248	20,907	10,000	1,808	2,386	33,914	1,085,669
November 2019	37,542	10,521	58,588	8,873	144,976	51,061	275,003	143	375,640	52,351	20,910	9,628	1,871	2,273	33,566	1,082,946
December 2019	37,567	10,554	58,365	9,155	142,139	51,403	273,725	136	374,652	52,836	20,930	9,437	1,838	2,219	33,218	1,078,174
January 2020	37,231	10,645	58,989	9,302	141,281	50,754	270,808	136	371,355	53,199	20,824	9,449	1,894	2,270	33,011	1,071,148
February 2020	36,677	10,677	58,732	9,357	140,883	50,552	270,845	131	370,004	52,802	20,376	9,396	1,919	2,247	32,739	1,067,337
March 2020	36,904	10,652	57,749	10,506	140,354	49,134	269,351	139	369,699	52,165	20,294	9,681	1,923	2,375	32,749	1,063,675
April 2020																
May 2020																
June 2020																
FY 2019-20 Year-to-Date AVERAGE	37,826	10,652	59,075	9,100	144,624	50,678	273,291	136	375,720	51,844	20,806	9,905	1,873	2,377	33,444	1,081,351
Medicaid Managed Care³																
July 2019	8,834	2,175	7,200	901	18,607	6,806	41,130	0	29,455	3,833	599	1,471	279	3	0	121,293
August 2019	9,653	2,259	7,484	948	19,306	7,054	43,090	0	30,470	3,946	652	1,444	278	1	0	126,585
September 2019	10,290	2,389	8,017	1,023	19,995	7,391	44,777	0	30,252	3,880	631	1,544	261	0	0	130,450
October 2019	10,295	2,364	7,954	998	19,821	7,462	45,266	0	29,963	3,973	692	1,490	267	0	0	130,545
November 2019	10,032	2,377	7,794	968	19,602	7,597	45,752	1	29,580	4,027	669	1,453	275	1	0	130,128
December 2019	10,008	2,360	7,694	985	19,147	7,723	45,587	0	29,445	4,102	655	1,395	291	0	0	129,392
January 2020	9,864	2,336	7,562	942	18,780	7,398	44,564	0	29,294	4,120	634	1,393	297	0	0	127,184
February 2020	9,714	2,328	7,457	920	18,771	7,299	44,457	0	28,829	4,084	602	1,367	268	2	0	126,098
March 2020	9,663	2,324	7,471	1,040	18,798	7,216	44,580	0	28,569	4,000	602	1,407	267	1	0	125,938
April 2020																
May 2020																
June 2020																
FY 2019-20 Year-to-Date AVERAGE	9,817	2,324	7,626	969	19,203	7,327	44,355	1	29,539	3,996	637	1,440	276	2	0	127,512
Rocky Mountain Health Plans HMO																
July 2019	2,070	713	3,245	576	8,319	3,491	15,177	0	32	14	86	648	157	2	0	34,530
August 2019	2,082	704	3,227	581	8,276	3,526	15,288	0	35	15	85	642	153	0	0	34,614
September 2019	2,747	835	3,788	665	9,070	3,914	16,840	0	39	15	84	741	152	0	0	38,890
October 2019	2,733	830	3,749	653	8,959	3,977	16,908	0	41	15	91	721	147	0	0	38,824
November 2019	2,679	843	3,677	645	8,870	4,046	16,974	1	39	15	84	690	147	1	0	38,711
December 2019	2,658	826	3,636	664	8,724	4,105	16,904	0	38	15	81	653	150	0	0	38,454
January 2020	2,614	811	3,467	625	8,349	3,879	15,980	0	37	12	75	620	153	0	0	36,622
February 2020	2,559	815	3,431	620	8,332	3,873	15,832	0	37	14	72	625	150	0	0	36,360
March 2020	2,551	795	3,519	711	8,464	3,893	16,062	0	35	13	76	642	154	0	0	36,915
April 2020																
May 2020																
June 2020																
FY 2019-20 Year-to-Date AVERAGE	2,522	797	3,527	638	8,596	3,856	16,218	1	37	14	82	665	151	2	0	37,106

**Department of Health Care Policy and Financing
FY 2019-20 Medical Premiums Expenditure and Caseload Report**

	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 2019	3,205	953	3,730	325	10,288	3,315	25,953	0	29,423	3,819	513	823	122	1	0	82,470
August 2019	3,887	1,032	4,028	367	11,030	3,528	27,802	0	30,435	3,931	567	802	125	1	0	87,535
September 2019	3,812	1,043	3,996	358	10,925	3,477	27,937	0	30,213	3,865	547	803	109	0	0	87,085
October 2019	3,776	1,019	3,978	345	10,862	3,485	28,358	0	29,922	3,958	601	769	120	0	0	87,193
November 2019	3,615	1,029	3,894	323	10,732	3,551	28,778	0	29,541	4,012	585	763	128	0	0	86,951
December 2019	3,559	1,023	3,837	321	10,423	3,618	28,683	0	29,407	4,087	574	742	141	0	0	86,415
January 2020	3,482	1,023	3,871	317	10,431	3,519	28,584	0	29,257	4,108	559	773	144	0	0	86,068
February 2020	3,403	1,011	3,803	300	10,439	3,426	28,625	0	28,792	4,070	530	742	118	2	0	85,261
March 2020	3,352	1,009	3,729	329	10,334	3,323	28,518	0	28,534	3,987	526	765	113	1	0	84,520
April 2020																
May 2020																
June 2020																
FY 2019-20 Year-to-Date AVERAGE	3,565	1,015	3,874	331	10,607	3,471	28,138	0	29,503	3,982	556	776	124	1	0	85,943
PACE - Program of All-Inclusive Care for the Elderly																
July 2019	3,559	509	225	0	0	0	0	0	0	0	0	0	0	0	0	4,293
August 2019	3,684	523	229	0	0	0	0	0	0	0	0	0	0	0	0	4,436
September 2019	3,731	511	233	0	0	0	0	0	0	0	0	0	0	0	0	4,475
October 2019	3,786	515	227	0	0	0	0	0	0	0	0	0	0	0	0	4,528
November 2019	3,738	505	223	0	0	0	0	0	0	0	0	0	0	0	0	4,466
December 2019	3,791	511	221	0	0	0	0	0	0	0	0	0	0	0	0	4,523
January 2020	3,768	502	224	0	0	0	0	0	0	0	0	0	0	0	0	4,494
February 2020	3,752	502	223	0	0	0	0	0	0	0	0	0	0	0	0	4,477
March 2020	3,760	520	223	0	0	0	0	0	0	0	0	0	0	0	0	4,503
April 2020																
May 2020																
June 2020																
FY 2019-20 Year-to-Date AVERAGE	3,729	511	225	0	0	0	0	0	0	0	0	0	0	0	0	4,465
ACC - Accountable Care Collaborative^{4,6}																
July 2019	44,512	12,457	67,294	9,500	167,182	57,489	307,782	120	408,792	54,089	20,737	12,154	2,160	7	0	1,164,275
August 2019	44,589	12,431	67,016	9,503	166,710	57,514	310,161	124	407,803	53,840	20,782	11,805	2,094	3	0	1,164,375
September 2019	44,388	12,454	66,822	9,496	165,982	56,999	311,362	124	405,360	53,654	20,686	11,488	2,044	1	0	1,160,860
October 2019	44,136	12,380	66,445	9,452	164,615	57,803	311,845	135	403,852	54,524	20,774	11,303	2,034	2	0	1,159,300
November 2019	42,938	12,252	65,614	9,425	163,239	58,196	313,062	133	401,684	55,750	20,749	10,909	2,113	3	0	1,156,067
December 2019	42,615	12,239	65,164	9,481	159,940	58,535	311,620	128	400,367	56,167	20,745	10,635	2,092	4	0	1,149,732
January 2020	42,383	12,348	65,722	9,743	158,849	57,762	308,448	126	397,142	56,570	20,658	10,690	2,148	2	0	1,142,591
February 2020	41,492	12,322	65,264	9,701	158,309	57,370	308,199	125	395,162	56,184	20,231	10,591	2,131	7	0	1,137,088
March 2020	42,441	12,398	64,625	11,342	157,328	55,290	305,558	128	392,799	54,940	20,150	10,832	2,118	2	0	1,129,951
April 2020																
May 2020																
June 2020																
FY 2019-20 Year-to-Date AVERAGE	43,277	12,365	65,996	9,738	162,462	57,440	309,782	127	401,440	55,080	20,612	11,156	2,104	3	0	1,151,582

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.
- 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 2019-20 Medical Premiums Expenditure and Caseload Report

Accountable Care Collaborative Caseload by Regional Accountable Entity (RAE) and County of Residence															
RAE	County of Residence	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	FY 2019-20 Average Monthly Enrollment	
RAE 1	Archuleta	3,168	3,174	3,121	3,116	3,071	3,011	3,010	3,025	3,025				3,080	
	Delta	8,767	8,736	8,702	8,640	8,643	8,562	8,482	8,426	8,367				8,592	
	Dolores	561	552	557	555	546	543	521	514	525				542	
	Eagle	5,384	5,370	5,406	5,378	5,457	5,483	5,389	5,333	5,274				5,386	
	Garfield	11,470	11,456	11,403	11,350	11,375	11,384	11,267	11,237	11,147				11,343	
	Grand	1,394	1,357	1,363	1,341	1,339	1,375	1,379	1,359	1,327				1,359	
	Gunnison	2,789	2,807	2,802	2,813	2,765	2,741	2,693	2,611	2,563				2,732	
	Hinsdale	155	149	149	154	140	139	139	132	140				144	
	Jackson	243	240	254	254	261	263	267	248	244				253	
	La Plata	10,776	10,741	10,699	10,663	10,639	10,556	10,524	10,593	10,635				10,647	
	Larimer	50,755	50,893	50,769	50,843	50,781	50,621	50,621	50,400	50,024				50,634	
	Mesa	39,422	39,398	39,318	39,283	39,247	39,123	38,719	38,621	38,501				39,070	
	Moffat	3,372	3,387	3,351	3,336	3,317	3,236	3,154	3,150	3,117				3,269	
	Montezuma	8,463	8,428	8,479	8,478	8,440	8,317	8,277	8,211	8,275				8,374	
	Montrose	10,830	10,830	10,784	10,763	10,700	10,641	10,498	10,475	10,439				10,662	
	Ourray	584	585	575	561	551	562	569	549	550				565	
	Pitkin	1,305	1,285	1,298	1,307	1,315	1,298	1,300	1,294	1,261				1,296	
	Rio Blanco	1,201	1,197	1,217	1,230	1,254	1,270	1,227	1,212	1,229				1,226	
	Routt	2,846	2,839	2,812	2,778	2,789	2,791	2,757	2,721	2,698				2,781	
	San Juan	156	156	156	160	159	163	163	165	164				160	
	San Miguel	917	927	905	920	914	916	892	875	843				901	
Summit	2,765	2,751	2,769	2,756	2,749	2,750	2,745	2,727	2,715				2,747		
Residence Outside RAE Area(1)	10,526	10,365	10,237	10,227	10,181	9,979	9,890	9,848	9,760				10,113		
Total	177,849	177,623	177,126	176,906	176,633	175,724	174,483	173,726	172,823					175,877	
RAE 2	Cheyenne	394	394	382	388	390	391	377	383	379				386	
	Kit Carson	1,847	1,824	1,806	1,774	1,759	1,762	1,761	1,747	1,730				1,779	
	Lincoln	1,074	1,084	1,070	1,061	1,064	1,060	1,058	1,052	1,070				1,066	
	Logan	4,275	4,281	4,274	4,310	4,280	4,296	4,294	4,264	4,252				4,281	
	Morgan	7,432	7,412	7,298	7,281	7,218	7,100	7,047	7,015	7,077				7,209	
	Phillips	906	928	913	894	882	882	881	854	858				889	
	Sedgwick	625	627	632	629	614	607	613	623	623				621	
	Washington	1,015	1,007	1,023	1,041	1,036	1,042	1,048	1,063	1,054				1,037	
	Weld	48,817	48,791	48,839	48,953	48,864	48,696	47,970	47,696	47,733				48,484	
	Yuma	2,404	2,377	2,360	2,329	2,307	2,316	2,325	2,341	2,369				2,348	
	Residence Outside RAE Area(1)	9,726	9,766	9,726	9,660	9,556	9,432	8,657	8,573	8,253				9,261	
	Total	78,515	78,491	78,323	78,320	77,970	77,584	76,031	75,611	75,398					77,360
	RAE 3	Adams	97,329	96,727	96,123	96,360	96,552	96,446	95,700	95,129	94,428				96,088
		Arapahoe	97,543	97,323	97,268	97,323	97,705	97,366	97,536	97,398	96,579				97,338
Douglas		22,708	22,771	22,690	22,674	22,524	22,493	22,288	22,169	22,045				22,485	
Elbert		2,269	2,281	2,291	2,321	2,324	2,295	2,294	2,260	2,244				2,287	
Residence Outside RAE Area(1)		49,027	48,102	48,075	48,018	47,936	47,698	47,394	48,344	46,808				47,934	
Total		268,876	267,204	266,447	266,696	267,041	266,298	265,212	265,300	262,104					266,131
RAE 4	Alamosa	6,426	6,390	6,383	6,358	6,341	6,296	6,259	6,272	6,152				6,320	
	Baca	1,265	1,255	1,233	1,224	1,210	1,221	1,216	1,201	1,202				1,225	
	Bent	1,587	1,582	1,593	1,613	1,605	1,591	1,576	1,574	1,569				1,588	
	Chaffee	3,241	3,209	3,248	3,237	3,226	3,219	3,198	3,180	3,182				3,216	
	Conejos	3,060	3,035	2,996	2,975	2,945	2,910	2,889	2,838	2,807				2,939	
	Costilla	1,802	1,785	1,775	1,764	1,742	1,753	1,749	1,746	1,769				1,765	
	Crowley	1,304	1,303	1,284	1,268	888	882	869	869	1,216				1,098	
	Custer	742	741	721	727	730	738	742	750	760				739	
	Fremont	11,861	11,835	11,868	11,805	11,726	11,669	11,486	11,404	11,427				11,676	
	Huerfano	2,541	2,527	2,537	2,513	2,515	2,477	2,504	2,497	2,487				2,511	
	Kiowa	347	351	343	340	349	347	345	358	348				348	
	Lake	1,072	1,060	1,085	1,086	1,105	1,103	1,113	1,081	1,089				1,088	
	Las Animas	5,446	5,423	5,420	5,335	5,225	5,102	5,022	4,920	5,207				5,233	
	Mineral	135	135	135	138	145	143	139	135	124				137	
	Otero	7,117	7,080	6,967	6,990	6,940	6,909	6,896	6,893	6,852				6,960	
	Prowers	4,418	4,401	4,356	4,357	4,341	4,337	4,280	4,245	4,220				4,328	
	Pueblo	59,362	59,292	59,176	59,211	59,081	58,852	58,803	58,481	58,402				58,962	
	Rio Grande	3,937	3,919	3,921	3,910	3,911	3,911	3,878	3,862	3,834				3,898	
	Saguache	2,039	2,023	1,985	1,969	1,958	1,975	1,948	1,936	1,956				1,977	
	Residence Outside RAE Area(1)	5,038	5,125	5,242	5,197	4,895	4,873	4,802	4,850	4,891				4,990	
Total	122,740	122,471	122,268	122,017	120,878	120,308	119,714	119,092	119,494					120,998	

Department of Health Care Policy and Financing
FY 2019-20 Medical Premiums Expenditure and Caseload Report

Accountable Care Collaborative Caseload by Regional Accountable Entity (RAE) and County of Residence														
RAE	County of Residence	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	FY 2019-20 Average Monthly Enrollment
RAE 5 ²	Denver	144,773	146,105	145,955	145,862	145,211	143,910	67,481	66,837	66,117				119,139
	Residence Outside RAE Area(1)	57,395	58,216	57,660	57,155	56,566	55,988	44,885	44,867	44,150				52,987
	Total	202,168	204,321	203,615	203,017	201,777	199,898	112,366	111,704	110,267				172,126
RAE 6	Boulder	41,410	41,516	41,309	41,185	40,944	40,591	40,789	40,557	40,526				40,981
	Broomfield	4,724	4,698	4,674	4,688	4,727	4,727	4,716	4,719	4,767				4,716
	Clear Creek	1,052	1,063	1,086	1,076	1,066	1,031	1,038	1,023	1,045				1,053
	Gilpin	829	834	813	836	848	843	824	808	808				827
	Jefferson	59,904	59,856	59,697	59,571	59,435	59,418	59,055	58,011	58,729				59,297
	Residence Outside RAE Area(1)	34,066	33,725	33,572	33,376	33,167	32,920	32,943	32,808	32,299				33,208
Total	141,985	141,692	141,151	140,732	140,187	139,530	139,365	137,926	138,174				140,082	
RAE 7	El Paso	156,575	157,134	156,515	156,277	156,247	155,116	154,304	153,442	152,142				155,306
	Park	1,174	1,167	1,172	1,191	1,204	1,242	1,220	1,242	1,248				1,207
	Teller	4,890	4,887	4,891	4,868	4,903	4,836	4,808	4,789	4,817				4,854
	Residence Outside RAE Area(1)	9,503	9,385	9,352	9,276	9,227	9,196	9,022	8,996	8,964				9,213
	Total	172,142	172,573	171,930	171,612	171,581	170,390	169,354	168,469	167,171				170,580
Denver Health Managed Care ⁽³⁾	Adams							3,475	3,453	3,440				3,456
	Arapahoe							3,981	3,974	4,022				3,992
	Denver							75,801	75,051	74,223				75,025
	Jefferson							2,706	2,669	2,710				2,695
	Residence Outside Denver Health Managed Care							103	113	125				114
Total							86,066	85,260	84,520				85,282	
Total ACC Caseload		1,164,275	1,164,375	1,160,860	1,159,300	1,156,067	1,149,732	1,142,591	1,137,088	1,129,951				1,151,582

(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 until January 1, 2020, as these are ACC initiatives under ACC Phase II.

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

**Department of Health Care Policy and Financing
FY 2019-20 Medical Premiums Expenditure and Caseload Report**

FY 2019-20 Medicaid Behavioral Health Community Programs Expenditures			
	Total Expenditures	Behavioral Health Capitation Payments	Behavioral Health Fee for Service Payments
July-19	\$53,383,642	\$53,217,609	\$166,033
August-19	\$53,486,824	\$53,382,184	\$104,640
September-19	\$52,666,487	\$52,780,396	(\$113,909)
October-19	\$53,157,261	\$53,177,974	(\$20,713)
November-19	\$52,776,658	\$52,774,472	\$2,186
December-19	\$51,681,643	\$51,679,681	\$1,962
January-20	\$52,393,431	\$52,391,578	\$1,853
February-20	\$52,321,278	\$52,323,030	(\$1,752)
March-20	\$51,043,914	\$51,045,405	(\$1,491)
April-20			
May-20			
June-20			
Total Year-to-Date Expenditures	\$472,911,138	\$472,772,329	\$138,809
Total Year-to-Date Appropriation	\$707,419,694	\$696,884,256	\$10,535,438
Remaining in Appropriation	\$234,508,556	\$224,111,927	\$10,396,629

Notes:

- 1) The Medicaid Behavioral Health caseload is the same as the caseload for Medical Services Premiums, with the exception of Non-citizens and Partial Dual Eligibles.
- 2) FY 2019-20 Year-to-Date Appropriation includes HB 20-1246 (Supplemental Bill) and HB 19-1302 (Cancer Treatment & License Plate Surcharge).
- 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.

**Department of Health Care Policy and Financing
FY 2019-20 Medical Premiums Expenditure and Caseload Report**

FY 2019-20 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) ²	Colorado Community Health Alliance (RAE 6)	Colorado Community Health Alliance (RAE 7)	Denver Health Managed Care ²	Other ¹
July	\$53,217,609	\$7,771,051	\$3,160,424	\$10,999,692	\$5,988,901	\$10,769,314	\$7,916,878	\$6,611,918		(\$569)
August	\$53,382,184	\$7,782,601	\$3,177,437	\$10,969,955	\$5,986,984	\$10,905,160	\$7,921,159	\$6,639,727		(\$839)
September	\$52,780,396	\$7,774,896	\$3,167,488	\$10,945,439	\$5,979,411	\$10,864,303	\$7,894,381	\$6,627,074		(\$472,596)
October	\$53,177,974	\$7,756,978	\$3,166,823	\$10,949,929	\$5,976,430	\$10,844,726	\$7,870,953	\$6,613,065		(\$930)
November	\$52,774,472	\$7,717,445	\$3,151,736	\$10,918,852	\$5,894,218	\$10,711,379	\$7,784,698	\$6,597,312		(\$1,168)
December	\$51,679,681	\$7,706,700	\$3,148,303	\$10,939,156	\$5,884,560	\$10,651,281	\$7,805,969	\$6,577,932		(\$1,034,220)
January	\$52,391,578	\$7,626,588	\$3,077,995	\$10,855,581	\$5,836,526	\$6,861,637	\$7,778,004	\$6,527,536	\$3,834,201	(\$6,490)
February	\$52,323,030	\$7,618,945	\$3,073,806	\$10,918,840	\$5,818,053	\$6,826,049	\$7,741,361	\$6,511,203	\$3,815,505	(\$732)
March	\$51,045,405	\$7,535,783	\$3,042,250	\$10,819,981	\$5,807,287	\$6,747,440	\$7,745,184	\$6,451,882	\$3,800,381	(\$904,783)
April										
May										
June										
Total Year-to-Date Expenditures	\$472,772,329	\$69,290,987	\$28,166,262	\$98,317,425	\$53,172,370	\$85,181,289	\$70,458,587	\$59,157,649	\$11,450,087	(\$2,422,327)
Total Year-to-Date Appropriation	\$696,884,256									
Remaining in Appropriation	\$224,111,927									

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.
2) Previously behavioral health expenditure for members Denver Health Managed Care Plan were attributed to RAE 5, Colorado Access. Per HB 19-1285, starting January 1, 2020 members within Denver Health Managed Care are attributed to the Denver Health Managed Care Plan. Expenditure for Colorado Access (RAE 5) does not include Denver Health Managed Care Plan Behavioral Health Expenditure starting January 1, 2020.

FY 2019-20 Medicaid Community Behavioral 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)	Denver Health Managed Care ⁴	Other
July	1,184,985	177,846	78,515	268,875	122,740	202,167	141,983	172,142		20,717
August	1,183,959	177,622	78,491	267,204	122,471	204,320	141,691	172,573		19,587
September	1,183,163	177,125	78,323	266,447	122,268	203,615	141,151	171,930		22,304
October	1,179,914	176,906	78,320	266,695	122,017	203,016	140,732	171,611		20,617
November	1,177,234	176,631	77,970	267,040	120,878	201,777	140,187	171,581		21,170
December	1,172,129	175,722	77,584	266,297	120,308	199,898	139,529	170,390		22,401
January	1,163,051	174,482	76,031	265,209	119,714	112,365	139,365	169,354	86,068	20,463
February	1,158,447	173,726	75,611	265,297	119,092	111,703	137,926	168,468	85,259	21,365
March	1,154,488	172,823	75,398	262,103	119,494	110,267	138,174	167,171	84,520	24,538
April										
May										
June										
Total Year-to-Date Average	1,173,041	175,876	77,360	266,130	120,998	172,125	140,082	170,580	85,282	21,462
Total Year-to-Date Appropriation	1,204,939									

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

**Department of Health Care Policy and Financing
FY 2019-20 Medical Premiums Expenditure and Caseload Report**

FY 2019-20 Children's Basic Health Plan Expenditures

	Total Expenditures	Children Medical Expenditures	Children Dental Expenditures	Prenatal Medical Expenditures
July-19	\$16,033,109	\$13,565,618	\$1,556,135	\$911,356
August-19	\$15,423,001	\$13,146,008	\$1,361,019	\$915,974
September-19	\$15,179,052	\$12,977,527	\$1,377,841	\$823,684
October-19	\$15,311,611	\$13,114,601	\$1,372,585	\$824,425
November-19	\$14,938,247	\$12,760,111	\$1,340,969	\$837,167
December-19	\$14,663,794	\$12,549,425	\$1,315,760	\$798,610
January-20	\$15,003,379	\$12,839,054	\$1,352,112	\$812,213
February-20	\$14,840,048	\$12,680,704	\$1,336,196	\$823,147
March-20	\$15,171,244	\$12,950,495	\$1,347,264	\$873,485
April-20				
May-20				
June-20				
Total Year-to-Date Expenditures	\$136,563,485	\$116,583,543	\$12,359,881	\$7,620,061
Total Year-to-Date Appropriation	\$183,213,521	\$156,250,510	\$17,256,539	\$9,706,472
Remaining in Appropriation	\$46,650,036			

Notes:

- 1) FY 2019-20 Year-to-Date Appropriation includes HB 20-1246 (Supplemental Bill) and HB 19-1038 (Dental Services for Pregnant Women).
- 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.

**Department of Health Care Policy and Financing
FY 2019-20 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 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	54,613	27,269	81,882	277	574	851
December 2018	52,204	27,094	79,298	295	580	875
January 2019	51,644	27,763	79,407	341	606	947
February 2019	51,991	28,465	80,456	344	620	964
March 2019	52,857	28,118	80,975	398	623	1,021
April 2019	55,395	27,227	82,622	455	582	1,037
May 2019	54,542	27,214	81,756	475	578	1,053
June 2019	52,436	26,823	79,259	462	531	993
FY 2018-19 Actuals	53,752	26,958	80,709	365	571	936
July 2019	51,765	27,516	79,281	429	537	966
August 2019	51,007	27,411	78,418	394	561	955
September 2019	50,774	26,478	77,252	354	537	891
October 2019	50,192	26,373	76,565	339	536	875
November 2019	49,242	26,170	75,412	319	543	862
December 2019	48,657	25,793	74,450	294	533	827
January 2020	49,553	26,447	76,000	301	554	855
February 2020	48,577	26,731	75,308	282	562	844
March 2020	48,077	27,431	75,508	331	566	897
April 2020						
May 2020						
June 2020						
FY 2019-20 Year-to-Date Average	49,760	26,706	76,466	338	548	886
FY 2019-20 Year-to-Date Appropriation	53,426	27,180	80,606	530	564	1,094
Monthly Growth	(500)	700	200	49	4	53
Monthly Growth Rate	-1.03%	2.62%	0.27%	17.38%	0.71%	6.28%
Over-the-year Growth	(4,780)	(687)	(5,467)	(67)	(57)	(124)
Over-the-year Growth Rate	-8.49%	-2.48%	-6.51%	-21.54%	-10.29%	-14.34%

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.

Department of Health Care Policy and Financing
 FY 2019-20 Medical Premiums Expenditure and Caseload Report

FY 2019-20 Division for Intellectual and Developmental Disabilities (DIDD) Waiver and State Only Program Caseload Per Month															
	Program	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	FY 2019-20 Average YTD	FY 2019-20 Authorized Maximum Enrollment
DIDD	HCBS - Developmental Disabilities	6,082	6,105	6,162	6,212	6,242	6,292	6,327	6,362	6,393				6,242	6,884
	HCBS - Developmental Disabilities - Regional Centers	99	100	99	100	98	96	95	93	93				97	-
	HCBS - Supported Living Services	4,726	4,688	4,674	4,667	4,654	4,641	4,624	4,611	4,619				4,656	-
	HCBS - Children's Extensive Support	1,991	2,003	2,018	2,011	2,032	2,028	2,024	2,036	2,033				2,020	-
	HCBS - Children's Habilitation Residential Program	27	24	28	36	41	47	50	57	65				42	-
	HCBS - Targeted Case Management	12,925	12,920	12,981	13,026	13,067	13,104	13,120	13,159	13,203				13,056	-
	DIDD Subtotal		12,925	12,920	12,981	13,026	13,067	13,104	13,120	13,159	13,203				13,056
HCBS - DD Authorizations ⁶	Waiting List Authorizations	<30	<30	<30	88	30	<30	44	41	<30				-	-
	Reserved Capacity Authorizations	<30	<30	<30	47	<30	43	<30	32	51				-	-

FY 2019-20 Division for Intellectual and Developmental Disabilities (DIDD) Waiver and State Only Program Expenditure Per Month																
	Program	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	FY 2019-20 YTD	FY 2019-20 Appropriation	Percent of FY 2019-20 Appropriation Spent
DIDD	HCBS - Developmental Disabilities	\$40,992,110	\$37,549,969	\$44,899,484	\$38,658,011	\$40,342,198	\$42,041,589	\$39,910,185	\$41,260,533	\$46,029,716				\$371,683,794	\$501,229,517	74.15%
	HCBS - Developmental Disabilities - Regional Centers	\$1,133,259	\$3,353,053	\$2,073,976	\$1,955,227	\$1,989,742	\$1,894,687	\$1,902,443	\$2,038,519	\$1,769,379				\$18,110,285	N/A	N/A
	HCBS - Supported Living Services	\$6,058,767	\$4,840,579	\$5,062,516	\$3,974,074	\$4,091,032	\$4,344,211	\$4,247,141	\$4,696,295	\$6,868,580				\$44,183,195	\$72,177,350	61.21%
	HCBS - Children's Extensive Support	\$3,025,485	\$2,574,322	\$2,582,787	\$2,163,868	\$2,125,585	\$2,447,592	\$2,337,127	\$2,133,626	\$2,847,030				\$22,237,421	\$29,624,162	75.07%
	HCBS - Children's Habilitation Residential Program	\$150,800	\$107,040	\$211,297	\$103,608	\$171,420	\$239,735	\$96,328	\$121,064	\$151,314				\$1,352,606	\$2,724,321	49.65%
	HCBS - Targeted Case Management	\$2,859,924	\$2,693,389	\$1,767,368	\$3,943,978	\$1,650,204	\$1,629,217	\$78,858	\$646,198	\$225,909				\$15,495,046	\$32,115,910	48.25%
	Quality Assurance, Utilization Review and Supports Intensity Scale	\$0	\$0	\$464,028	\$456,536	\$913,503	\$464,818	\$469,782	\$0	\$941,084				\$3,709,750	\$5,831,152	63.62%
	DIDD Subtotal	\$54,220,345	\$51,118,351	\$57,061,455	\$51,255,302	\$51,283,684	\$53,061,848	\$49,041,863	\$50,896,234	\$58,833,013				\$476,772,095	\$643,702,412	74.07%
	Number of Weeks in Month	5	4	5	4	4	5	4	4	5				4	0	0
	Expenditure Per Week	\$10,844,069	\$12,779,588	\$11,412,291	\$12,813,826	\$12,820,921	\$10,612,370	\$12,260,466	\$12,724,058	\$11,766,603				\$11,919,302	\$0	\$0
State Only Programs	State Only Supported Living Services	\$0	\$0	\$1,030,782	\$652,431	\$2,165,544	\$666,777	\$651,256	\$0	\$657,648				\$5,824,438	\$9,908,518	58.78%
	Family Support Services Program	\$0	\$0	\$610,387	\$610,387	\$1,218,705	\$608,318	\$608,318	\$0	\$0				\$3,656,116	\$7,755,304	47.14%
	State Only Case Management	\$0	\$0	\$176,749	\$176,230	\$351,906	\$176,229	\$176,263	\$0	\$175,757				\$1,233,135	\$2,156,935	57.17%
	State Only Programs Subtotal	\$0	\$0	\$1,817,918	\$1,439,048	\$3,736,155	\$1,451,325	\$1,435,838	\$0	\$833,405				\$10,713,689	\$19,820,757	54.05%
	Expenditure Per Week	\$0	\$0	\$363,584	\$359,762	\$934,039	\$290,265	\$358,959	\$0	\$166,681				\$2,473,290	\$0	\$0

Notes:
 1) Historically, DIDD State Only Programs and QAURISIS 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 2019-20 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.
 7) Expenditure for previous months has been slightly restated due to reporting corrections.

**Department of Health Care Policy and Financing
FY 2019-20 Medical Premiums Expenditure and Caseload Report**

FY 2019-20 Medicare Modernization Act State Contribution Payment Expenditures and Caseload		
	Total Expenditures	Medicare Modernization Act State Contribution Payment Caseload
July	\$12,751,651	79,286
August	\$14,491,375	84,542
September	\$13,003,104	78,027
October	\$13,031,966	77,477
November	\$13,031,966	76,926
December	\$13,864,543	75,269
January	\$13,864,543	82,113
February	\$11,520,365	78,056
March	\$14,106,756	
April		
May		
June		
Total Year-to-Date	\$119,666,270	78,962
Total Year-to-Date Appropriation	\$160,395,424	
Remaining in Appropriation	\$40,729,154	

Notes:

- 1) Caseload for Medicare Modernization Act State Contribution Payment is from the Centers for Medicare and Medicaid Services Summary Accounting Statement for the State Contribution for Prescription Drug Benefit. This caseload includes 35 months of retroactivity, and is not comparable to the official Medicaid caseload included in this report.
- 2) Medicare Modernization Act State Contribution Payments lag by two months. As a result, 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 2019-20 Year-to-Date Appropriation includes HB 20-1246

**Department of Health Care Policy and Financing
FY 2019-20 Medical Premiums Expenditure and Caseload Report**

FY 2019-20 Old Age Pension State Medical Program Expenditures and Caseload		
	Total Expenditures	Old Age Pension State Medical Program Caseload
July	\$10,338	<30
August	\$10,578	<30
September	\$14,021	<30
October	\$2,389	<30
November	\$13,149	<30
December	\$10,410	<30
January	\$7,379	44
February	\$21,348	44
March	\$20,107	37
April		
May		
June		
Total Year-to-Date	\$109,719	42
Total Year-to-Date Appropriation	\$10,000,000	
Remaining in Appropriation	\$9,890,281	

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 2019-20 Year-to-Date Appropriation includes SB 19-207 (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.