

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

FY 2019-20															
	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	
Acute Care	Physician Service	\$68,135,518												\$68,135,518	
	EPSDT Screening	\$3,239,716												\$3,239,716	
	Emergency Transportation	\$3,672,169												\$3,672,169	
	Non-Emergency Medical Transportation	\$5,460,769												\$5,460,769	
	Dental Service	\$24,021,155												\$24,021,155	
	Family Planning	\$0												\$0	
	Health Maintenance Organization	\$33,358,655												\$33,358,655	
	Inpatient Hospital	\$60,137,440												\$60,137,440	
	Outpatient Hospital	\$49,349,659												\$49,349,659	
	Laboratory and X-Ray	\$12,671,535												\$12,671,535	
	Durable Medical Equipment (DME)	\$14,788,508												\$14,788,508	
	Pharmacy	\$93,542,459												\$93,542,459	
	Drug Rebates - Standard	\$0												\$0	
	Rural Health Centers	\$4,939,804												\$4,939,804	
	Federally Qualified Health Centers	\$12,710,014												\$12,710,014	
	Co-Insurance (Title XVIII)- Breast and Cervical Cancer Treatment Program	\$0												\$0	
	Prepaid Inpatient Health Plan Services	\$0												\$0	
	Other Medical Services	\$0												\$0	
	Preventive Services	\$6,183,990												\$6,183,990	
	Acute Home Health	\$3,286,365												\$3,286,365	
<b>Acute Care Subtotal</b>		\$405,927,128												\$405,927,128	
Community Based Long Term Care	HCBS - Elderly, Blind, and Disabled	\$44,066,261												\$44,066,261	
	HCBS - Community Behavioral Health Supports	\$4,262,718												\$4,262,718	
	HCBS - Children's HCBS	\$4,465,342												\$4,465,342	
	HCBS - Consumer Directed Attendant Support	\$0												\$0	
	HCBS - Brain Injury	\$5,564												\$5,564	
	HCBS - Children with Autism	\$2,236,097												\$2,236,097	
	HCBS - Children with Life Limiting Illness	\$0												\$0	
	HCBS - Spinal Cord Injury	\$95,059												\$95,059	
	CCT - Services	\$54,449												\$54,449	
	Private Duty Nursing	\$9,259,900												\$9,259,900	
	Long-Term Home Health	\$35,219,753												\$35,219,753	
	Hospice	\$5,155,113												\$5,155,113	
	<b>CBLTC Subtotal</b>		\$104,820,256												\$104,820,256
	Long Term Care and Insurance	Class I Nursing Facilities	\$63,080,319												\$63,080,319
Class II Nursing Facilities		\$432,715												\$432,715	
Program of All-Inclusive Care for the Elderly		\$14,545,184												\$14,545,184	
Supplemental Medicare Insurance Benefit		\$16,655,638												\$16,655,638	
Health Insurance Buy-In Program		\$166,496												\$166,496	
<b>LTC + Insurance Subtotal</b>			\$94,880,352												\$94,880,352
Service Mgmt.	Single Entry Points	\$0												\$0	
	Disease Management	\$0												\$0	
	Prepaid Inpatient Health Plan Administration	\$15,776,536												\$15,776,536	
<b>Service Management Subtotal</b>		\$15,776,536												\$15,776,536	
Financing	Nursing Facility Upper Payment Limit	\$0												\$0	
	Outpatient Hospital Upper Payment Limit	\$0												\$0	
	Home Health Service Upper Payment Limit	\$0												\$0	
	Hospital Supplemental Medicaid Payments	\$89,672,194												\$89,672,194	
	Nursing Facility Supplemental Payments	\$7,994,970												\$7,994,970	
	Physician Supplemental Payments	\$0												\$0	
	Outstationing Payments	\$0												\$0	
	University of Colorado School of Medicine Payments	\$0												\$0	
	Accounting Adjustments	(\$5,662,183)													(\$5,662,183)
	<b>Other Categories Subtotal</b>		\$92,004,981												\$92,004,981
	<b>Number of Weeks in Month</b>		5												5
<b>Total Expenditures</b>		\$713,409,253												\$713,409,253	

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.

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

<b>FY 2019-20 Appropriation</b>	
FY 2019-20 Long Bill Appropriation (HB 19-207)	\$7,869,382,428
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
<b>FY 2019-20 Appropriation YTD</b>	<b>\$7,895,417,528</b>
FY 2019-20 YTD Expenditures	\$713,409,253
<b>Remaining FY 2019-20 Appropriation</b>	<b>\$7,182,008,275</b>

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

FY 2018-19 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												\$40,378,187
	Medicaid Disproportionate Share Hospital (DSH) and Other Payments	\$0												\$0
	Medicaid Hospital Quality Incentive Payments	\$5,209,567												\$5,209,567
	Uncompensated Care Supplemental Hospital Medicaid Payment	\$5,273,045												\$5,273,045
	Public High Volume Hospital Payment	\$2,150,690												\$2,150,690
	Outpatient Medicaid Supplemental Payments	\$36,660,705												\$36,660,705
	<b>Total Medical Services Premiums Payments</b>	<b>\$89,672,194</b>												
CICP	CICP Disproportionate Share Hospital (DSH) Payment	\$17,032,483												\$17,032,483
	<b>Total CICP Payments</b>	<b>\$17,032,483</b>												<b>\$17,032,483</b>
<b>Total Supplemental Payments</b>		<b>\$106,704,677</b>												<b>\$106,704,677</b>



Department of Health Care Policy and Financing  
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MEDICAID CASELOAD BY PROGRAM WITHOUT RETROACTIVITY <sup>1</sup>																
	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
<b>Medicaid Fee for Service<sup>2</sup></b>																
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																
September 2019																
October 2019																
November 2019																
December 2019																
January 2020																
February 2020																
March 2020																
April 2020																
May 2020																
June 2020																
<b>FY 2019-20 Year-to-Date AVERAGE</b>	<b>39,482</b>	<b>10,838</b>	<b>60,660</b>	<b>8,712</b>	<b>149,937</b>	<b>51,255</b>	<b>274,912</b>	<b>127</b>	<b>382,996</b>	<b>50,963</b>	<b>21,029</b>	<b>10,862</b>	<b>1,922</b>	<b>2,717</b>	<b>33,847</b>	<b>1,100,259</b>
<b>Medicaid Managed Care<sup>3</sup></b>																
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																
September 2019																
October 2019																
November 2019																
December 2019																
January 2020																
February 2020																
March 2020																
April 2020																
May 2020																
June 2020																
<b>FY 2019-20 Year-to-Date AVERAGE</b>	<b>8,834</b>	<b>2,175</b>	<b>7,200</b>	<b>901</b>	<b>18,607</b>	<b>6,806</b>	<b>41,130</b>	<b>0</b>	<b>29,455</b>	<b>3,833</b>	<b>599</b>	<b>1,471</b>	<b>279</b>	<b>3</b>	<b>0</b>	<b>121,293</b>
<b>Rocky Mountain Health Plans HMO</b>																
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																
September 2019																
October 2019																
November 2019																
December 2019																
January 2020																
February 2020																
March 2020																
April 2020																
May 2020																
June 2020																
<b>FY 2019-20 Year-to-Date AVERAGE</b>	<b>2,070</b>	<b>713</b>	<b>3,245</b>	<b>576</b>	<b>8,319</b>	<b>3,491</b>	<b>15,177</b>	<b>0</b>	<b>32</b>	<b>14</b>	<b>86</b>	<b>648</b>	<b>157</b>	<b>2</b>	<b>0</b>	<b>34,530</b>

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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
<b>Denver Health &amp; Hospital Authority HMO</b>																
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																
September 2019																
October 2019																
November 2019																
December 2019																
January 2020																
February 2020																
March 2020																
April 2020																
May 2020																
June 2020																
<b>FY 2019-20 Year-to-Date AVERAGE</b>	<b>3,205</b>	<b>953</b>	<b>3,730</b>	<b>325</b>	<b>10,288</b>	<b>3,315</b>	<b>25,953</b>	<b>0</b>	<b>29,423</b>	<b>3,819</b>	<b>513</b>	<b>823</b>	<b>122</b>	<b>1</b>	<b>0</b>	<b>82,470</b>
<b>PACE - Program of All-Inclusive Care for the Elderly</b>																
July 2019	3,559	509	225	0	0	0	0	0	0	0	0	0	0	0	0	4,293
August 2019																
September 2019																
October 2019																
November 2019																
December 2019																
January 2020																
February 2020																
March 2020																
April 2020																
May 2020																
June 2020																
<b>FY 2019-20 Year-to-Date AVERAGE</b>	<b>3,559</b>	<b>509</b>	<b>225</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,293</b>
<b>ACC - Accountable Care Collaborative<sup>4,6</sup></b>																
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																
September 2019																
October 2019																
November 2019																
December 2019																
January 2020																
February 2020																
March 2020																
April 2020																
May 2020																
June 2020																
<b>FY 2019-20 Year-to-Date AVERAGE</b>	<b>44,512</b>	<b>12,457</b>	<b>67,294</b>	<b>9,500</b>	<b>167,182</b>	<b>57,489</b>	<b>307,782</b>	<b>120</b>	<b>408,792</b>	<b>54,089</b>	<b>20,737</b>	<b>12,154</b>	<b>2,160</b>	<b>7</b>	<b>0</b>	<b>1,164,275</b>

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  
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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
<b>RAE 1<sup>2</sup></b>	Archuleta	3,168												3,168
	Delta	8,767												8,767
	Dolores	561												561
	Eagle	5,384												5,384
	Garfield	11,470												11,470
	Grand	1,394												1,394
	Gunnison	2,789												2,789
	Hinsdale	155												155
	Jackson	243												243
	La Plata	10,776												10,776
	Larimer	50,755												50,755
	Mesa	39,422												39,422
	Moffat	3,372												3,372
	Montezuma	8,463												8,463
	Montrose	10,830												10,830
	Ouray	584												584
	Pitkin	1,305												1,305
	Rio Blanco	1,201												1,201
	Routt	2,846												2,846
	San Juan	156												156
	San Miguel	917												917
Summit	2,765												2,765	
Residence Outside RAE Area <sup>(1)</sup>	10,526													10,526
<b>Total</b>		<b>177,849</b>												<b>177,849</b>
<b>RAE 2</b>	Cheyenne	394												394
	Kit Carson	1,847												1,847
	Lincoln	1,074												1,074
	Logan	4,275												4,275
	Morgan	7,432												7,432
	Phillips	906												906
	Sedgwick	625												625
	Washington	1,015												1,015
	Weld	48,817												48,817
	Yuma	2,404												2,404
	Residence Outside RAE Area <sup>(1)</sup>	9,726												9,726
<b>Total</b>		<b>78,515</b>												<b>78,515</b>
<b>RAE 3</b>	Adams	97,329												97,329
	Arapahoe	97,543												97,543
	Douglas	22,708												22,708
	Elbert	2,269												2,269
	Residence Outside RAE Area <sup>(1)</sup>	49,027												49,027
	<b>Total</b>		<b>268,876</b>											

**Department of Health Care Policy and Financing  
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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
<b>RAE 4</b>	Alamosa	6,426												6,426
	Baca	1,265												1,265
	Bent	1,587												1,587
	Chaffee	3,241												3,241
	Conejos	3,060												3,060
	Costilla	1,802												1,802
	Crowley	1,304												1,304
	Custer	742												742
	Fremont	11,861												11,861
	Huerfano	2,541												2,541
	Kiowa	347												347
	Lake	1,072												1,072
	Las Animas	5,446												5,446
	Mineral	135												135
	Otero	7,117												7,117
	Prowers	4,418												4,418
	Pueblo	59,362												59,362
	Rio Grande	3,937												3,937
	Saguache	2,039												2,039
	Residence Outside RAE Area <sup>(1)</sup>	5,038												5,038
<b>Total</b>		<b>122,740</b>												<b>122,740</b>
<b>RAE 5<sup>2</sup></b>	Denver	144,773												144,773
	Residence Outside RAE Area <sup>(1)</sup>	57,395												57,395
	<b>Total</b>		<b>202,168</b>											<b>202,168</b>
<b>RAE 6</b>	Boulder	41,410												41,410
	Broomfield	4,724												4,724
	Clear Creek	1,052												1,052
	Gilpin	829												829
	Jefferson	59,904												59,904
	Residence Outside RAE Area <sup>(1)</sup>	34,066												34,066
<b>Total</b>		<b>141,985</b>											<b>141,985</b>	
<b>RAE 7</b>	El Paso	156,575												156,575
	Park	1,174												1,174
	Teller	4,890												4,890
	Residence Outside RAE Area <sup>(1)</sup>	9,503												9,503
	<b>Total</b>		<b>172,142</b>											<b>172,142</b>
<b>Total ACC Caseload</b>			<b>1,164,275</b>											<b>0</b>

(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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<b>FY 2019-20 Medicaid Behavioral Health Community Programs Expenditures</b>			
	<b>Total Expenditures</b>	<b>Behavioral Health Capitation Payments</b>	<b>Behavioral Health Fee for Service Payments</b>
July	\$53,889,166	\$53,732,776	\$156,390
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
<b>Total Year-to-Date Expenditures</b>	<b>\$53,889,166</b>	<b>\$53,732,776</b>	<b>\$156,390</b>
Total Year-to-Date Appropriation	\$723,074,435	\$712,830,202	\$10,244,233
<b>Remaining in Appropriation</b>	<b>\$669,185,269</b>	<b>\$659,097,426</b>	<b>\$10,087,843</b>

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 2018-19 Year-to-Date Appropriation includes HB 19-207 (Long 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.

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**FY 2019-20 Medicaid Community Behavioral Health Program Expenditures by Regional Accountable Entity**

	<b>Total</b>	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 <sup>1</sup>
July	\$53,732,776	\$7,843,496	\$3,191,883	\$11,091,862	\$6,057,718	\$10,867,546	\$7,990,309	\$6,690,535	(\$573)
August									
September									
October									
November									
December									
January									
February									
March									
April									
May									
June									
<b>Total Year-to-Date Expenditures</b>	<b>\$53,732,776</b>	<b>\$7,843,496</b>	<b>\$3,191,883</b>	<b>\$11,091,862</b>	<b>\$6,057,718</b>	<b>\$10,867,546</b>	<b>\$7,990,309</b>	<b>\$6,690,535</b>	<b>(\$573)</b>
Total Year-to-Date Appropriation	\$712,830,202								
<b>Remaining in Appropriation</b>	<b>\$659,097,426</b>								

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 2019-20 Medicaid Community Behavioral Health Program Caseload by Regional Accountable Entity**

	<b>Total</b>	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	1,184,985	177,846	78,515	268,875	122,740	202,167	141,983	172,142	20,717
August									
September									
October									
November									
December									
January									
February									
March									
April									
May									
June									
<b>Total Year-to-Date Average</b>	<b>1,184,985</b>	<b>177,846</b>	<b>78,515</b>	<b>268,875</b>	<b>122,740</b>	<b>202,167</b>	<b>141,983</b>	<b>172,142</b>	<b>20,717</b>
Total Year-to-Date Appropriation	1,253,704								

Notes:

- "Other" category includes clients enrolled in the Program of All-Inclusive Care for the Elderly and clients ineligible for Medicaid Behavioral Health Benefits.
- 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.
- 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  
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<b>FY 2019-20 Children's Basic Health Plan Expenditures</b>				
	<b>Total Expenditures</b>	<b>Children Medical Expenditures</b>	<b>Children Dental Expenditures</b>	<b>Prenatal Medical Expenditures</b>
July	\$15,828,532	\$13,637,661	\$1,566,282	\$913,418
August				
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				
<b>Total Year-to-Date Expenditures</b>	<b>\$15,828,532</b>	<b>\$13,637,661</b>	<b>\$1,566,282</b>	<b>\$913,418</b>
Total Year-to-Date Appropriation	\$209,101,718	\$177,996,818	\$18,723,103	\$12,381,797
<b>Remaining in Appropriation</b>	<b>\$193,273,186</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Notes:

1) FY 2019-20 Year-to-Date Appropriation includes SB 19-207 (Long 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  
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<b>CHILDREN'S BASIC HEALTH PLAN CASELOAD WITHOUT RETROACTIVITY</b>						
	<b>Children to 205% FPL</b>	<b>Expansion Children to 259% FPL</b>	<b>Total Children</b>	<b>Prenatal to 205% FPL</b>	<b>Expansion Prenatal to 259% FPL</b>	<b>Total Prenatal</b>
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
<b>FY 2016-17 Actuals</b>	<b>43,970</b>	<b>21,289</b>	<b>65,260</b>	<b>225</b>	<b>493</b>	<b>719</b>
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
<b>FY 2017-18 Actuals</b>	<b>53,253</b>	<b>26,206</b>	<b>79,458</b>	<b>294</b>	<b>537</b>	<b>831</b>
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
<b>FY 2018-19 Actuals</b>	<b>53,752</b>	<b>26,958</b>	<b>80,709</b>	<b>365</b>	<b>571</b>	<b>936</b>
July 2019	51,765	27,516	79,281	429	537	966
August 2019						
September 2019						
October 2019						
November 2019						
December 2019						
January 2020						
February 2020						
March 2020						
April 2020						
May 2020						
June 2020						
<b>FY 2019-20 Year-to-Date Average</b>	<b>51,765</b>	<b>27,516</b>	<b>79,281</b>	<b>429</b>	<b>537</b>	<b>966</b>
FY 2019-20 Year-to-Date Appropriation	52,373	28,754	81,127	340	614	954
Monthly Growth	(671)	693	22	(33)	6	(27)
Monthly Growth Rate	-1.28%	2.58%	0.03%	-7.14%	1.13%	-2.72%
Over-the-year Growth	(4,256)	1,215	(3,041)	80	28	108
Over-the-year Growth Rate	-8.47%	5.01%	-4.08%	28.67%	5.57%	13.81%

**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 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												6,082	6,884
	HCBS - Developmental Disabilities - Regional Centers	99												99	-
	HCBS - Supported Living Services	4,726												4,726	-
	HCBS - Children's Extensive Support	1,991												1,991	-
	HCBS - Children's Habilitation Residential Program	27												27	-
	HCBS - Targeted Case Management	12,925												12,925	-
	<b>DIDD Subtotal</b>	<b>12,925</b>												<b>12,925</b>	<b>-</b>
HCBS - DD Authorizations <sup>(6)</sup>	Waiting List Authorizations	<30	-	-	-	-	-	-	-	-	-	-	-	-	-
	Reserved Capacity Authorizations	<30	-	-	-	-	-	-	-	-	-	-	-	-	-

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	\$41,111,478												\$41,111,478	\$507,255,278	8.17%	
	HCBS - Developmental Disabilities - Regional Centers	\$2,414,227												\$2,414,227	N/A	N/A	
	HCBS - Supported Living Services	\$6,040,760												\$6,040,760	\$76,596,238	7.89%	
	HCBS - Children's Extensive Support	\$3,025,485												\$3,025,485	\$27,062,419	11.18%	
	HCBS - Children's Habilitation Residential Program	\$161,984												\$161,984	\$5,152,220	3.14%	
	HCBS - Targeted Case Management	\$2,245,997												\$2,245,997	\$33,362,828	6.73%	
	Quality Assurance, Utilization Review and Supports Intensity Scale	\$0												\$0	\$9,686,530	0.00%	
		<b>DIDD Subtotal</b>	<b>\$54,999,932</b>												<b>\$54,999,932</b>	<b>\$655,115,513</b>	<b>8.40%</b>
		<b>Number of Weeks in Month</b>	<b>5</b>												<b>5</b>		
		<b>Expenditure Per Week</b>	<b>\$10,999,986</b>												<b>\$10,999,986</b>	<b>\$0</b>	<b>\$0</b>
State Only Programs	State Only Supported Living Services	\$0												\$0	\$10,135,919	0.00%	
	Family Support Services Program	\$0												\$0	\$7,811,600	0.00%	
	State Only Case Management	\$0												\$0	\$2,156,935	0.00%	
	<b>State Only Programs Subtotal</b>	<b>\$0</b>												<b>\$0</b>	<b>\$20,104,454</b>	<b>0.00%</b>	
	<b>Expenditure Per Week</b>	<b>\$0</b>												<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

Notes:  
 1) Historically, DIDD State Only Programs and QAU/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.  
 7) Targeted Case Management enrollment was restated January 2019 to reflect the addition of CHRP clients beginning to receive services July 1, 2018.

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<b>FY 2019-20 Old Age Pension State Medical Program Expenditures and Caseload</b>		
	<b>Total Expenditures</b>	<b>Old Age Pension State Medical Program Caseload</b>
July	\$10,338	N/A
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
<b>Total Year-to-Date</b>	<b>\$10,338</b>	
Total Year-to-Date Appropriation	\$10,000,000	
<b>Remaining in Appropriation</b>	<b>\$9,989,662</b>	
Notes:		
<p>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.</p> <p>2) Year-to-Date Totals are calculated as the sum of monthly expenditures and the average of monthly caseload.</p> <p>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.</p> <p>4) FY 2019-20 Year-to-Date Appropriation includes SB 19-207 (Long Bill)</p> <p>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.</p>		

**Department of Health Care Policy and Financing  
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<b>FY 2019-20 Medicare Modernization Act State Contribution Payment Expenditures and Caseload</b>		
	<b>Total Expenditures</b>	<b>Medicare Modernization Act State Contribution Payment Caseload</b>
July	\$12,751,651	79,286
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
<b>Total Year-to-Date</b>	<b>\$12,751,651</b>	<b>79,286</b>
Total Year-to-Date Appropriation	\$151,073,595	76,640
<b>Remaining in Appropriation</b>	<b>\$138,321,944</b>	<b>-</b>

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