

Program Changes Effective on or after 1/1/2022	
COVID-19 Testing	The COVID-19 Testing Costs adjustment reflects the costs of diagnostic and antibody testing for COVID-19.
COVID-19 Treatment	The COVID-19 Treatment Costs adjustment reflects the cost of treatment for COVID-19.
COVID-19 Net Deferred Costs	The COVID-19 Net Deferred Care adjustment reflects net costs that will be delayed, canceled, and recouped due to reduced elective care and reduced access to some non-elective care. For the contract period, Mercer expects a full-return stage level of care, resulting in a net zero adjustment being applied for all programs.
COVID-19 Enrollment Acuity Adjustment	The COVID-19 Enrollment Acuity adjustment accounts for changes in Medicaid enrollment due to members retaining eligibility through the end of the public health emergency who would otherwise be determined ineligible for Medicaid through the redetermination process.
Community Hospital – Native Americans Rate Increase	The Community Hospital – Native Americans Rate Increase reflects a 33.0% increase to reimbursement levels for inpatient and outpatient services to eligible in-state hospitals with high total Medicaid and high Native American utilization and a 13.0% increase to eligible hospitals with high Native American utilization effective January 1, 2022
Trauma Hospital Rate Increase	The Trauma Hospital Rate Increase reflects the following rate increases to reimbursement levels for inpatient and outpatient trauma services for in-state trauma hospitals and developing trauma hospitals: Level I Hospitals: 0.9%; Level II Hospitals: No Adjustment; Level III Hospitals: 13.3%; Level IV Hospitals: 37.0%. Effective January 2022 Sandoval Regional Medical Center has been classified as a Level III Trauma Center and Cibola General has been removed as a Level IV Trauma Center.
Extension of Postpartum Eligibility	The Extension of Postpartum Eligibility adjustment reflects the rating impact of extending postpartum Medicaid eligibility from 60 days to 1 year, effective April 1, 2022.

Program Changes Effective on or after 7/1/2022	
Health Care Quality Surcharge (HCQS) Per Diem	Beginning in January 1, 2020, the HCQS adjustment reflects a per-diem increase to payment rates of eligible NFs with over 60 beds. The CY2023 rates reflect the HCQS add-in rates effective July 1, 2022 for NFs with over 60 beds.
Nursing Facility Market Basket Index (NF MBI)	Beginning in January 1, 2020, the NF MBI adjustment reflects a percentage increase to payment rates of eligible NFs. The CY2023 rates reflect the NF MBI percentage increase effective July 1, 2022, which is compounded with the MBI percentage increases effective July 1, 2019, July 1, 2020, and July 1, 2021.
Earned Sick Leave	The Earned Sick Leave adjustment reflects the cost of employees working in the state (including part-time, seasonal or temporary workers) previously not provided earned sick leave accruing at least one hour of earned sick leave for every 30 hours worked, up to 64 leave hours per year, pursuant to House Bill 20. This adjustment is effective July 1, 2022.
Proposal W.2 Temporary Economic Recovery Payment	The Temporary Home & Community Based Services (HCBS) Fee Increase reflects the cost of HSD's Proposal W.2 as outlined in their American Rescue Plan Act (ARPA) spending plan, as part of their efforts to "enhance, expand, or strengthen" the HCBS workforce. The rating adjustment was revised from 15.0% to 10.0% effective July 1, 2022.
EPSDT Rate Increase	The EPSDT Rate Increase effective July 1, 2022 reflects the following rate increases for selected EPSDT services for members age 0-20 for two provider classes: For Public Duty Nursing (Provider Type 324): 100.3% to procedure code S5125; 92.3% to procedure code S9122; 76.4% to procedure code T1000 with modifier TD; 105.0% to procedure code T1000 with modifier TE; 29.5% to procedure code T1001; 76.4% to procedure code T1002; and 88.9% to procedure code T1003; For Home Health (Provider Type 361): 100.3% to procedure code S5125; 92.3% to procedure code S9122; 76.4% to procedure code T1000 with modifier TD; 105.0% to procedure code T1000 with modifier TE; 29.5% to procedure code T1001; 76.4% to procedure code T1002; and 88.9% to procedure code T1003.
Gross Receipts Tax Reduction	The Gross Receipts Tax Reduction reflects the impact of the New Mexico gross receipts tax rate decreasing from 5.125% to 5.000% effective July 1, 2022, and subsequently decreasing to 4.875% effective July 1, 2023, pursuant to House Bill 163.



Program Changes Effective on or after 1/1/2023	
Expanded Mobile Crisis Initiatives	The Expanded Mobile Crisis Initiatives adjustment effective January 1, 2023 reflects the cost of implementing mobile crisis services in support of state initiatives related to 988.
EBP Rate Enhancements	The EBP Rate Enhancements effective January 1, 2023 reflect the cost of implementing enhanced behavioral health services and evidence-based practices (EBPs) available to all populations, including children in state custody.
Orthodontia Authorization Change	The Orthodontia Authorization Change adjustment effective January 1, 2023 reflects the increased orthodontia service utilization estimated due to changes in the clinical evaluation threshold requirements a member must meet in order to obtain approval for orthodontia services.
Silver Diamine Fluoride	The Silver Diamine Fluoride adjustment effective January 1, 2023 reflects the new benefit coverage of silver diamine fluoride billed as D1354 and D1355 provided to the Medicaid population.
Prenatal Genetic Screenings	The Genetic Screenings adjustment effective January 1, 2023 reflects the new benefit coverage of pre-natal genetic screenings for cystic fibrosis (CF), spinal muscular atrophy (SMA), and cell-free DNA for trisomy for pregnant members of the Medicaid population.
RTC Facility Closure	The RTC Facility Closure adjustment reflects the impacts of members transitioning from receiving behavioral health services at Bernalillo Academy residential treatment center to other providers, following the closure of the facility in December 2021.
NF Ventilator Services	The NF Ventilator Services adjustment was added effective January 1, 2023 reflects the opening of the in-state ventilator wing at the Rehabilitation Center of Albuquerque, at which reimbursement for Medicaid-eligible ventilator-dependent NF residents will include an additional \$305.66 per day on top of the NF daily rate. The state plan amendment was approved by CMS in June 2022.

Program Changes Effective on or after 7/1/2023	
Long-Acting Reversible Contraception (1/1/2020)	The Long-Acting Reversible Contraception (LARC) fee schedule increase effective January 1, 2020 reflects the following additional rate increases: 100.9% to procedure code 11981, 100.0% to procedure codes 11982, 11983 and 58301 and 152.0% to procedure code 58300.
Photo Screening	The Photo Screening adjustment effective January 1, 2020 reflects a rate increase of 250% to procedure code 99177 and a rate decrease of 12% to procedure code 99173.
Justice-Involved Transportation to Pharmacies	The Justice-Involved Transportation to Pharmacies adjustment reflects the added benefit for members released from incarceration to be transported to and from a pharmacy within seven days post-discharge to retrieve appropriate medication.
Adult Accredited Residential Treatment Center (ARTC)	Beginning in January 1, 2020, the Adult ARTC adjustment reflects the added benefit for adults to receive SUD services at adult ARTCs. This adjustment was revised effective January 1, 2023 to reflect updated provider information and emerging utilization experience.
Trauma Hospital Rate Increase	Beginning in January 1, 2021, the Trauma Hospital Rate Increase reflects the following rate increases to reimbursement levels for inpatient and outpatient trauma services for in-state trauma hospitals and developing trauma hospitals: Level I Hospitals: 0.9%; Level II Hospitals: No Adjustment; Level III Hospitals: 13.3%; Level IV Hospitals: 37.0%. This adjustment was revised effective January 1, 2022 to reflect Sandoval Regional Medical Center classified as a Level III Trauma Center and Cibola General removed as a Level IV Trauma Center.
Pharmacists With Prescriptive Authority	Effective July 1, 2020, Pharmacists With Prescriptive Authority are allowed to bill naloxone and other additional services to procedure code 99213 at a rate of \$65.66. The adjustment accounts for the increased rates from the incentive fees paid prior to July 1, 2020 to procedure code 99213.
Opioid Treatment Program (OTP) Adjustment	The OTP Adjustment reflects the removal of projected OTP expenses for Dual-eligible members effective October 1, 2020, as Medicare will become the primary payer for these services.
Rural Health Clinic (RHC) Prospective Payment System (PPS) Rate Rebase	The RHC PPS Rate Rebase reflects increasing the PPS rate for RHC to \$169.77 for all RHC medical services effective October 1, 2020.
Addition of New Home Visiting Providers	The Addition of New Home Visiting Providers adjustment reflects two new providers offering Nurse Family Partnership and Parents as Teachers programs effective October 1, 2021 and five new providers will offer Parents as Teachers programs with effective dates between August 2022 and January 2023 under the Centennial Home Visiting program.
Air Ambulance Rate Increase	The air ambulance fee-for-service (FFS) fee schedule increase effective November 15, 2020 reflects the following additional rate increases: 28.56% to procedure code A0430, 35.51% to procedure codes A0431, and 68.13% to procedure code A0436.
Crisis Triage Center (CTC) Adjustment	Beginning in January 1, 2021, the CTC adjustment reflects the inclusion of CTC providers providing adult outpatient services. This adjustment was revised effective January 1, 2023 to reflect updated provider information and emerging utilization experience that illustrates slower ramp up than initial expectations.
Pasteurized Human Donor Milk	The PHDM adjustment effective January 1, 2023 reflects implementation of reimbursement changes to increase access and reimbursement for PHDM in inpatient and outpatient settings for high-risk Medicaid eligible infants up to 12 months old, effective for dates of service from July 1, 2022.
Community Health Worker Benefit	The Community Health Worker (CHW) Benefit adjustment effective July 1, 2023 reflects the new benefit and reimbursement structure for community health workers.
House Bill 2 Provider Reimbursement Increases	The House Bill 2 Provider Reimbursement Increases effective July 1, 2023 reflects the cost of implementing provider reimbursement rate increases for professional and institutional services pursuant to the passage of House Bill 2 in the 2023 New Mexico Legislative Session.
Revised BH Adjustments Effective Prior to July 1, 2023	The following rating adjustments were revised to reflect updated projected enrollment for July 2023–December 2023, but the total CY2023 projected cost assumption was unchanged: Adult Accredited Residential Treatment Center, Crisis Triage Center Adjustment, EBP Rate Enhancements, and Expanded Mobile Crisis Initiatives.



State of New Mexico - All MCOs

All Centennial Care Populations

Centennial Care Cost Review

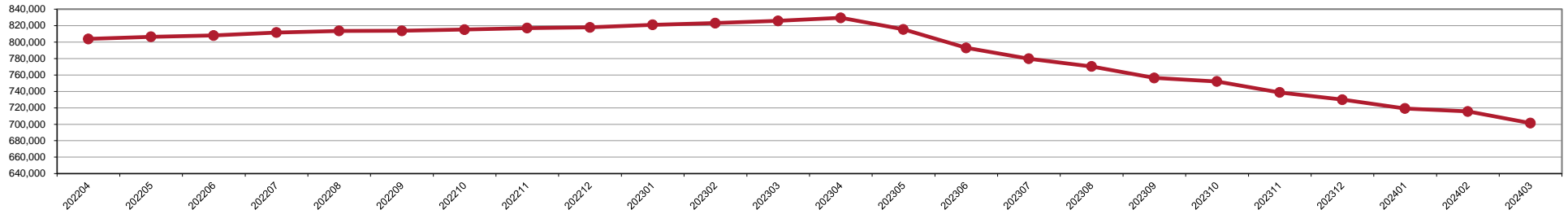
Reported Eligibility for Members Enrolled as of March 31, 2024

Previous Period: April 1, 2022 to March 31, 2023

Current Period: April 1, 2023 to March 31, 2024

1. Total Centennial Care Monthly Enrollment

Centennial Care Managed Care Enrollment



2. Total Centennial Care Dollars and Member Months by Program

Population	Aggregate Member Months by Program		
	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	5,919,632	5,328,496	-10%
Long Term Services and Supports	630,037	617,553	-2%
Other Adult Group	3,227,403	3,155,175	-2%
Total Member Months	9,777,072	9,101,224	-7%

Programs	Aggregate Medical Costs by Program		
	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 1,796,712,839	\$ 1,652,297,861	-8%
Long Term Services and Supports	\$ 1,274,496,459	\$ 1,310,194,145	3%
Other Adult Group Physical Health	\$ 1,452,681,389	\$ 1,476,846,610	2%
Behavioral Health - All Members	\$ 614,405,246	\$ 704,930,114	15%
Total Medical Costs	\$ 5,138,295,932	\$ 5,144,268,730	0%

Aggregate Non-Medical Costs	Aggregate Non-Medical Costs		
	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 437,924,339	\$ 424,783,294	-3%
NMMP Assessment	\$ 109,858,875	\$ 134,173,020	22%
Premium Tax - Net of NMMP Offset	\$ 366,205,597	\$ 349,745,598	-4%
Total Non-Medical Costs	\$ 913,988,811	\$ 908,701,911	-1%

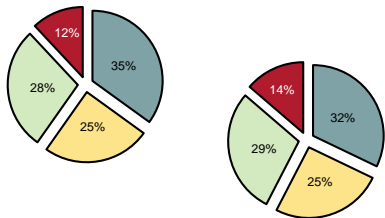
Estimated Total Centennial Care Costs	Estimated Total Centennial Care Costs		
	Previous (12 mon)	Current (12 mon)	% Change
	\$ 6,052,284,743	\$ 6,052,970,641	0%

Per Capita Medical Costs by Program (PMPM)	Per Capita Medical Costs by Program (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 303.52	\$ 310.09	2%
Long Term Services and Supports	\$ 2,022.89	\$ 2,121.59	5%
Other Adult Group Physical Health	\$ 450.11	\$ 468.07	4%
Behavioral Health - All Members	\$ 62.84	\$ 77.45	23%
Total	\$ 525.55	\$ 565.23	8%

Per Capita Non-Medical Costs by Program (PMPM)	Per Capita Non-Medical Costs by Program (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 44.79	\$ 46.67	4%
NMMP Assessment	\$ 11.24	\$ 14.74	31%
Premium Tax - Net of NMMP Offset	\$ 37.46	\$ 38.43	3%
Total	\$ 93.48	\$ 99.84	7%

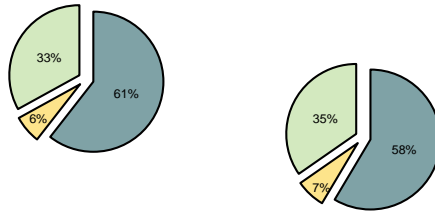
Estimated Total Centennial Care Costs	Estimated Total Centennial Care Costs		
	Previous (12 mon)	Current (12 mon)	% Change
	\$ 619.03	\$ 665.07	7%

Centennial Care Medical Expenditures



*See above for legend.

Centennial Care Member Months



*See above for legend.

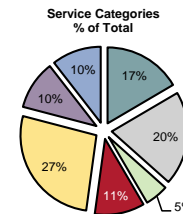
3. Total Program Medical/Pharmacy Dollars

Medical	Aggregate Costs by Service Categories			Per Capita Medical Costs by Service Categories (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 4,597,862,095	\$ 4,601,309,709	0%	\$ 470.27	\$ 505.57	8%
Pharmacy	\$ 540,433,838	\$ 542,959,021	0%	\$ 55.28	\$ 59.66	8%
Total	\$ 5,138,295,932	\$ 5,144,268,730	0%	\$ 525.55	\$ 565.23	8%

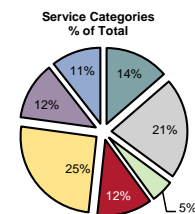
Service Categories	Aggregate Costs by Service Categories			Per Capita Medical Costs by Service Categories (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 850,317,321	\$ 700,192,806	-18%	\$ 86.97	\$ 76.93	-12%
Acute Outpatient/Phy	\$ 1,029,138,809	\$ 1,105,928,331	7%	\$ 105.26	\$ 121.51	15%
Nursing Facility	\$ 256,186,807	\$ 249,706,311	-3%	\$ 26.20	\$ 27.44	5%
Community Benefit/PCO	\$ 544,800,201	\$ 602,972,916	11%	\$ 55.72	\$ 66.25	19%
Other Services	\$ 1,382,416,702	\$ 1,310,547,240	-5%	\$ 141.39	\$ 144.00	2%
Behavioral Health	\$ 535,002,256	\$ 631,962,105	18%	\$ 54.72	\$ 69.44	27%
Pharmacy (All)	\$ 540,433,838	\$ 542,959,021	0%	\$ 55.28	\$ 59.66	8%
Total Costs	\$ 5,138,295,932	\$ 5,144,268,730	0%	\$ 525.55	\$ 565.23	8%

* Per capita not normalized for case mix changes between periods.

Previous (12 mon) service distribution



Current (12 mon) service distribution

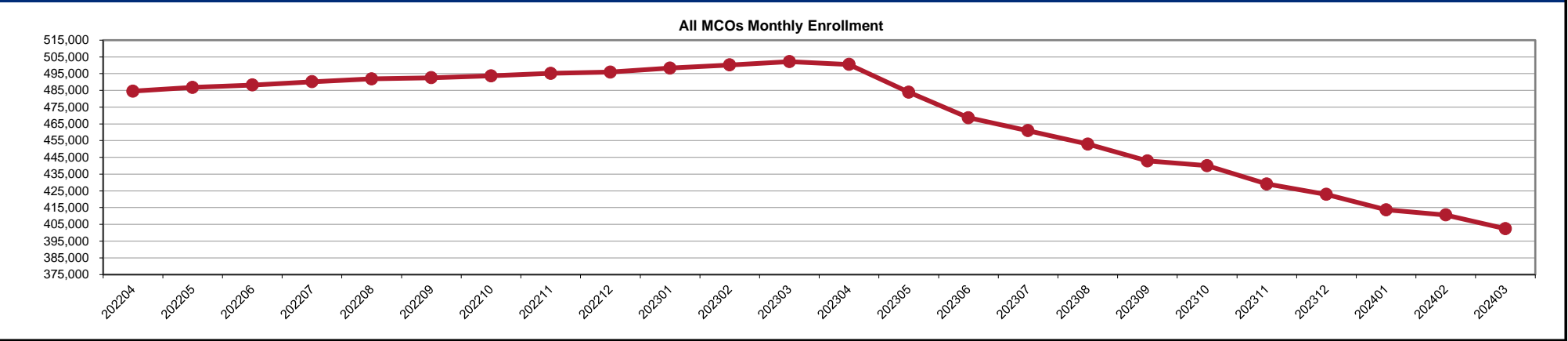


4. Notes

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1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

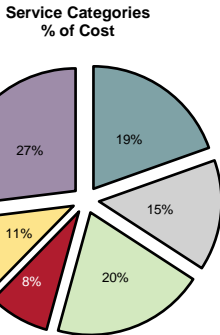
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,615,493,247	\$ 1,475,403,266	-9%
Pharmacy	\$ 181,219,592	\$ 176,894,595	-2%
Total	\$ 1,796,712,839	\$ 1,652,297,861	-8%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 419,066,182	\$ 323,289,490	-23%
Outpatient (OP)	\$ 254,353,626	\$ 241,356,504	-5%
Physician (PH)	\$ 294,141,860	\$ 331,916,105	13%
Emergency Department (ED)	\$ 143,355,966	\$ 133,306,942	-7%
Pharmacy (RX)	\$ 181,219,592	\$ 176,894,595	-2%
Other (OTH)	\$ 504,575,613	\$ 445,534,225	-12%
Total Population Costs	\$ 1,796,712,839	\$ 1,652,297,861	-8%

Per Capita Cost (PMPM)	\$ 303.52	\$ 310.09	2%
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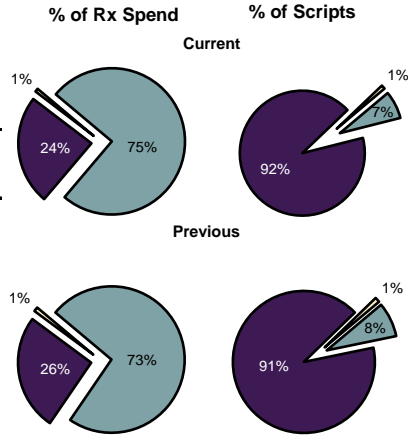
Total Member Months	5,919,632	5,328,496	-10%
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3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 133,061,942	\$ 132,805,918	0%
Generic	\$ 46,402,606	\$ 42,772,516	-8%
Other Rx	\$ 1,755,044	\$ 1,316,161	-25%
Total	\$ 181,219,592	\$ 176,894,595	-2%



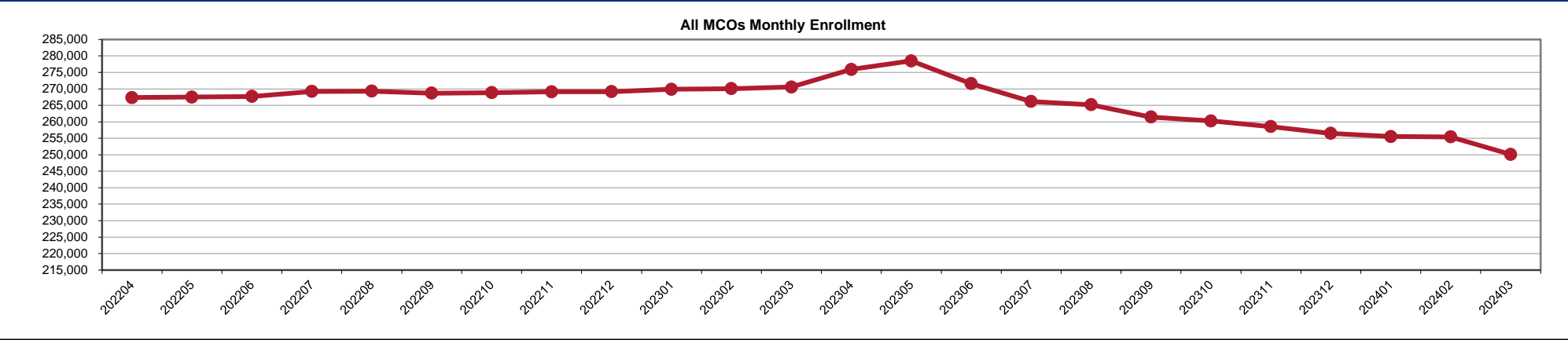
* "Other Rx" represents supplies such as diabetic test strips.

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1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,209,721,865	\$ 1,224,117,080	1%
Pharmacy	\$ 242,959,524	\$ 252,729,531	4%
Total	\$ 1,452,681,389	\$ 1,476,846,610	2%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 352,289,981	\$ 317,125,519	-10%
Outpatient (OP)	\$ 214,727,373	\$ 215,711,391	0%
Physician (PH)	\$ 195,690,497	\$ 246,973,001	26%
Emergency Department (ED)	\$ 107,297,241	\$ 115,374,895	8%
Pharmacy (RX)	\$ 242,959,524	\$ 252,729,531	4%
Other (OTH)	\$ 339,716,773	\$ 328,932,273	-3%
Total Population Costs	\$ 1,452,681,389	\$ 1,476,846,610	2%
Per Capita Cost (PMPM)	\$ 450.11	\$ 468.07	4%
Total Member Months	3,227,403	3,155,175	-2%

Service Categories % of Cost

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 198,371,067	\$ 206,395,979	4%
Generic	\$ 42,094,145	\$ 44,165,262	5%
Other Rx	\$ 2,494,312	\$ 2,168,290	-13%
Total	\$ 242,959,524	\$ 252,729,531	4%

% of Rx Spend

% of Scripts

Previous

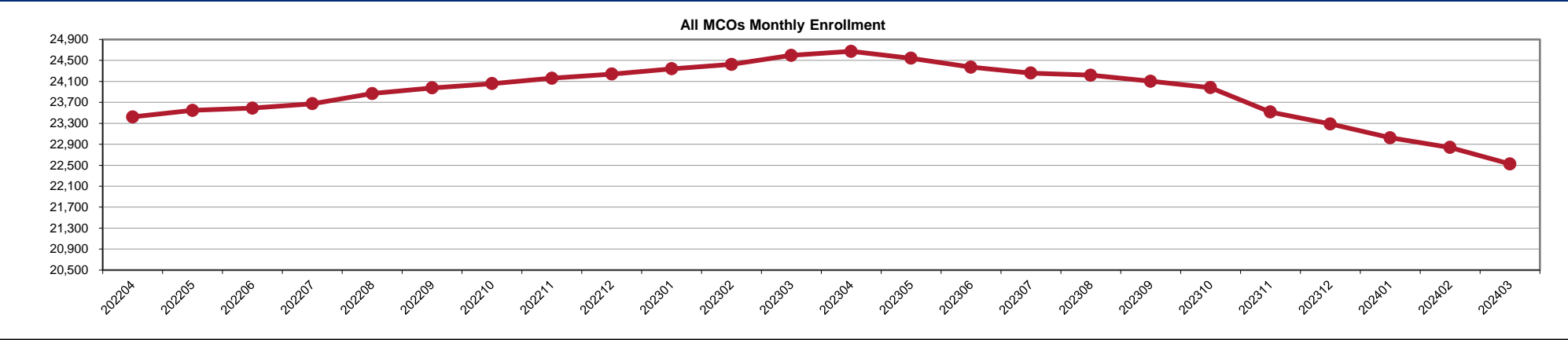
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1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 66,944,529	\$ 61,251,196	-9%
Pharmacy	\$ 1,103,648	\$ 1,412,362	28%
Total	\$ 68,048,177	\$ 62,663,558	-8%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 10,331,644	\$ 4,306,679	-58%
Outpatient (OP)	\$ 9,930,265	\$ 8,530,003	-14%
Physician (PH)	\$ 5,513,002	\$ 5,809,339	5%
Emergency Department (ED)	\$ 2,387,519	\$ 2,166,733	-9%
Pharmacy (RX)	\$ 1,103,648	\$ 1,412,362	28%
Other (OTH)	\$ 38,782,098	\$ 40,438,442	4%
Total Population Costs	\$ 68,048,177	\$ 62,663,558	-8%
Per Capita Cost (PMPM)	\$ 236.37	\$ 219.61	-7%
Total Member Months	287,888	285,336	-1%

Service Categories % of Cost

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 805,664	\$ 916,612	14%
Generic	\$ 255,755	\$ 425,279	66%
Other Rx	\$ 42,228	\$ 70,471	67%
Total	\$ 1,103,648	\$ 1,412,362	28%

% of Rx Spend

% of Scripts

Current

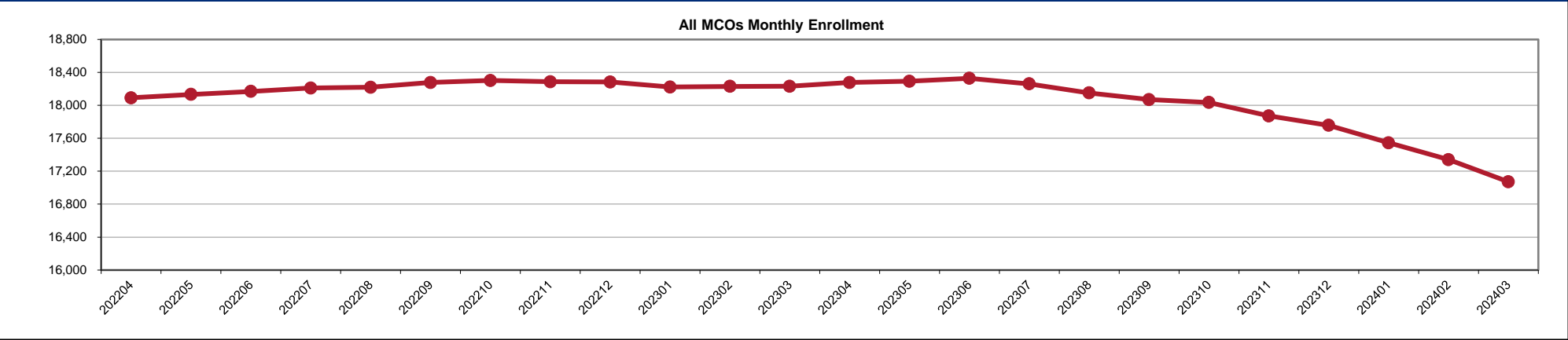
Previous

* "Other Rx" represents supplies such as diabetic strips.

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1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 719,661,995	\$ 742,066,165	3%
Pharmacy	\$ 237,628	\$ 315,276	33%
Total	\$ 719,899,623	\$ 742,381,441	3%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 304,433,941	\$ 349,432,410	15%
Nursing Facility (NF)	\$ 224,066,102	\$ 216,385,517	-3%
Inpatient (IP)	\$ 11,433,192	\$ 5,557,464	-51%
Outpatient (OP)	\$ 13,613,249	\$ 11,624,160	-15%
Pharmacy (RX)	\$ 237,628	\$ 315,276	33%
HCBS	\$ 24,506,524	\$ 23,876,617	-3%
Other (OTH)	\$ 141,608,988	\$ 135,189,997	-5%
Total Population Costs	\$ 719,899,623	\$ 742,381,441	3%
Per Capita Cost (PMPM)	\$ 3,292.40	\$ 3,452.95	5%
Total Member Months	218,655	214,999	-2%

Service Categories % of Cost

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 123,681	\$ 183,336	48%
Generic	\$ 83,265	\$ 92,506	11%
Other Rx	\$ 30,682	\$ 39,435	29%
Total	\$ 237,628	\$ 315,276	33%

% of Rx Spend

% of Scripts

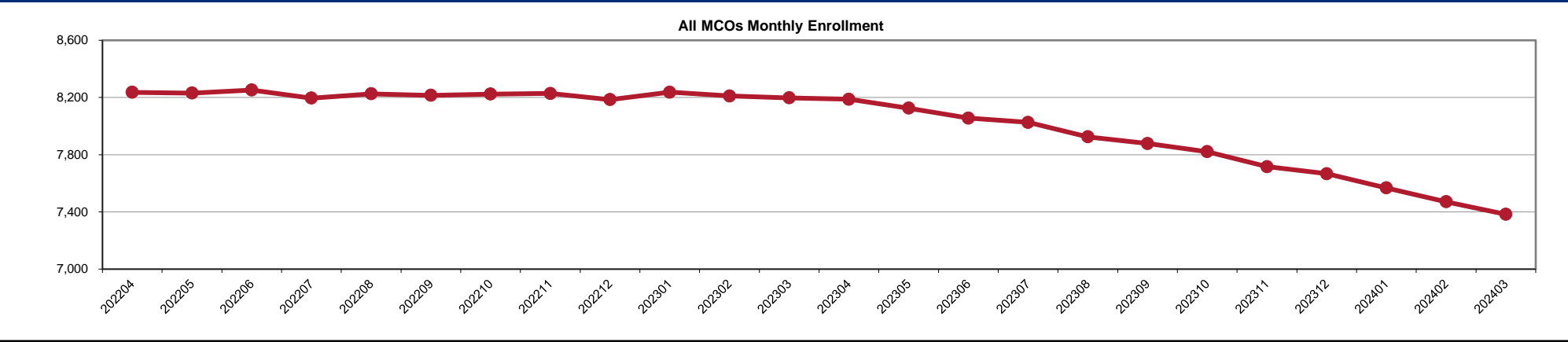
Previous

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1. Total Population Monthly Enrollment



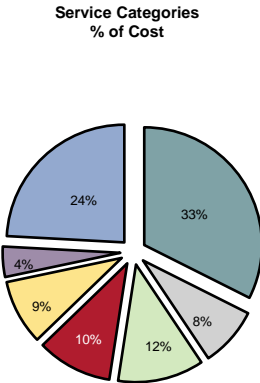
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 345,606,390	\$ 362,371,438	5%
Pharmacy	\$ 32,542,634	\$ 35,505,990	9%
Total	\$ 378,149,025	\$ 397,877,427	5%

Aggregate Costs by Service Categories

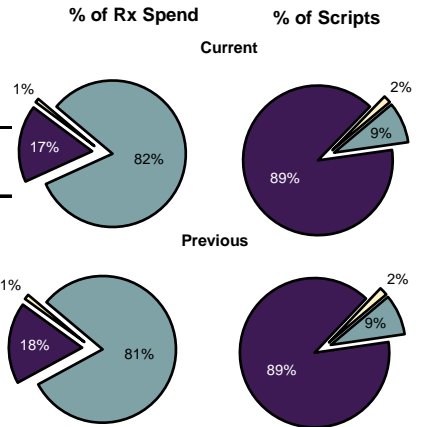
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 117,397,624	\$ 128,936,295	10%
Nursing Facility (NF)	\$ 31,689,426	\$ 32,707,558	3%
Inpatient (IP)	\$ 53,998,204	\$ 47,001,649	-13%
Outpatient (OP)	\$ 37,426,995	\$ 41,109,421	10%
Pharmacy (RX)	\$ 32,542,634	\$ 35,505,990	9%
HCBS	\$ 15,160,042	\$ 16,560,460	9%
Other (OTH)	\$ 89,934,098	\$ 96,056,055	7%
Total Population Costs	\$ 378,149,025	\$ 397,877,427	5%
Per Capita Cost (PMPM)	\$ 3,833.71	\$ 4,240.68	11%
Total Member Months	98,638	93,824	-5%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 26,348,494	\$ 29,152,978	11%
Generic	\$ 5,830,187	\$ 6,030,751	3%
Other Rx	\$ 363,954	\$ 322,261	-11%
Total	\$ 32,542,634	\$ 35,505,990	9%



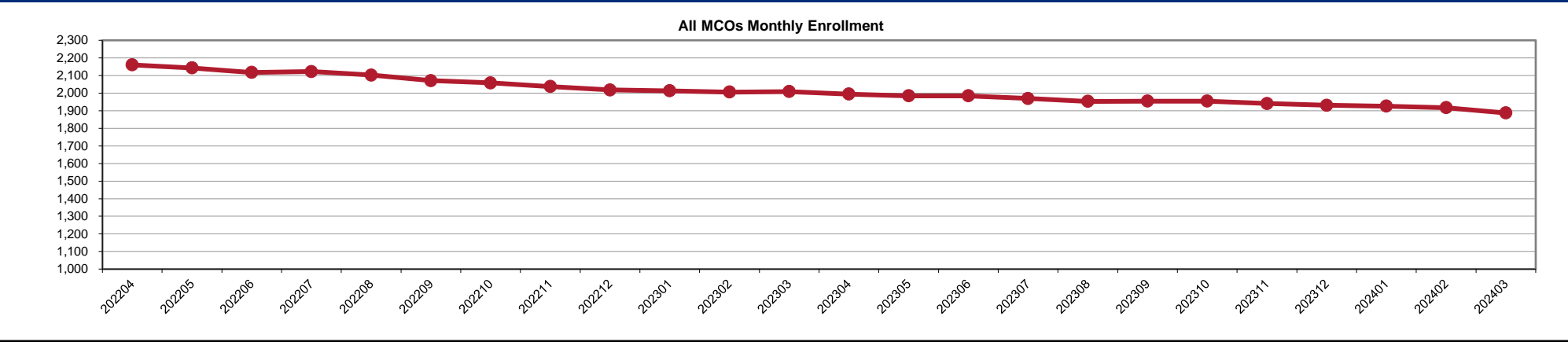
* "Other Rx" represents supplies such as diabetic test strips.

4. Notes

- 1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
- 2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
- 3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
- 4. Amounts are reported based on dates of service within the previous and current periods.
- 5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.



1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

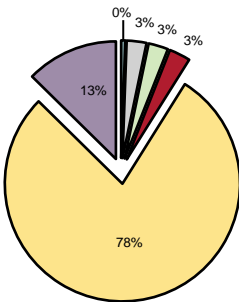
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 105,431,812	\$ 104,138,460	-1%
Pharmacy	\$ 2,967,822	\$ 3,133,258	6%
Total	\$ 108,399,633	\$ 107,271,718	-1%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	\$ 431,279	\$ 613,236	42%
Inpatient (IP)	\$ 3,198,118	\$ 2,912,004	-9%
Outpatient (OP)	\$ 3,741,940	\$ 2,898,406	-23%
Pharmacy (RX)	\$ 2,967,822	\$ 3,133,258	6%
HCBS	\$ 83,302,070	\$ 84,167,134	1%
Other (OTH)	\$ 14,758,405	\$ 13,547,679	-8%
Total Population Costs	\$ 108,399,633	\$ 107,271,718	-1%
Per Capita Cost (PMPM)	\$ 4,361.11	\$ 4,585.44	5%
Total Member Months	24,856	23,394	-6%

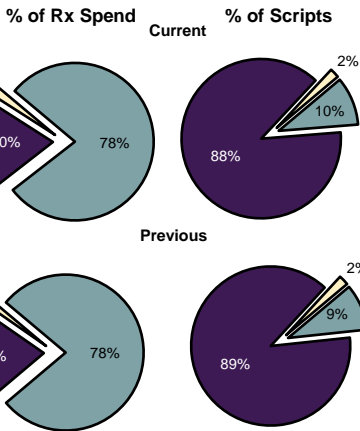
Service Categories
% of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 2,306,917	\$ 2,455,431	6%
Generic	\$ 617,769	\$ 613,444	-1%
Other Rx	\$ 43,136	\$ 64,383	49%
Total	\$ 2,967,822	\$ 3,133,258	6%



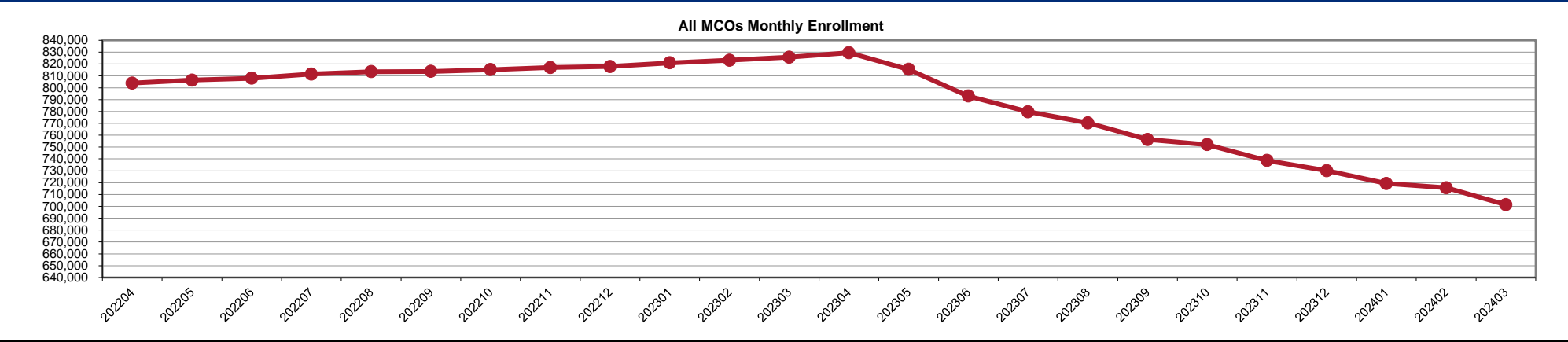
* "Other Rx" represents supplies such as diabetic test strips.

4. Notes

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1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

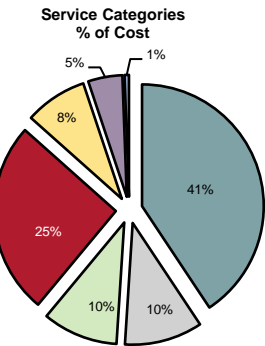
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 535,002,256	\$ 631,962,105	18%
Pharmacy	\$ 79,402,990	\$ 72,968,009	-8%
Total	\$ 614,405,246	\$ 704,930,114	15%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 232,259,325	\$ 286,654,338	23%
Pharmacy (RX)	\$ 79,402,990	\$ 72,968,009	-8%
Res. Treatment Ctr. (RTC)	\$ 87,996,361	\$ 70,627,391	-20%
Behavioral Health Prov (BHP)	\$ 152,084,193	\$ 180,070,711	18%
Core Service Agencies (CSA)	\$ 39,226,475	\$ 58,442,977	49%
Inpatient (IP)	\$ 20,777,409	\$ 32,047,824	54%
Other (OTH)	\$ 2,658,493	\$ 4,118,863	55%
Total Population Costs	\$ 614,405,246	\$ 704,930,114	15%

Per Capita Cost (PMPM) \$ 62.84 \$ 77.45 23%

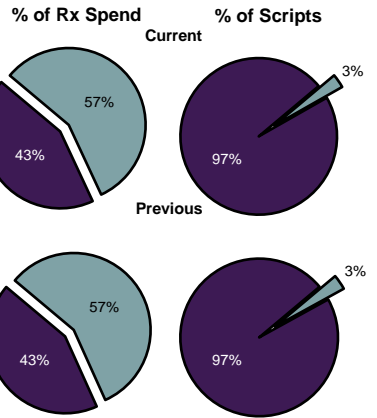
Total Member Months 9,777,072 9,101,224 -7%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 45,374,829	\$ 41,554,194	-8%
Generic	\$ 34,028,161	\$ 31,413,816	-8%
Total	\$ 79,402,990	\$ 72,968,009	-8%



4. Notes

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- 2. Amounts are based on expenditures for medical and pharmacy services only. Expenditures for Indian Health Services, Tribal 638, and non-state plan services are excluded.
- 3. Other Services category includes, but is not limited to, the following services: Psychosocial Rehab and Skills Training & Development (Behavioral Management Services).
- 4. Amounts are reported based on dates of service within the previous and current periods.
- 5. Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information becomes available.

