

**State of New Mexico**  
**All Centennial Care Populations**  
**Fee & Benefit Change Summary**

**Reported Eligibility for Members Enrolled as of: December 31, 2019**  
**Previous Period: January 1, 2018 to December 30, 2018**  
**Current Period: January 1, 2019 to December 30, 2019**

<b>Program Changes Effective 7/1/2018</b>	
Physician Office Visit Reimbursement Fee Increase	Increase to the FFS reimbursement for physician office visits for procedure code 99213 from 71.2% of the Medicare fee schedule to 75.0% of the Medicare fee schedule.
Nursing Facility Fee increase	Increase to the FFS reimbursement for nursing facilities by 7.84%.
Assisted Living Reimbursement Fee Increase	Increase to the FFS reimbursement for assisted living (procedure codes T2030 and T2031) by 1.0%.
Adult Day Health Reimbursement Fee Increase	Increasing its FFS reimbursement for adult day health (procedure code S5100) by 38.7%.
Phase 1 Behavioral Health Benefit and Fee Changes	Increase to the FFS reimbursement for TFC, ACT, group therapy, CCSS (performed in the community setting) and therapy services performed after hours by 20%.

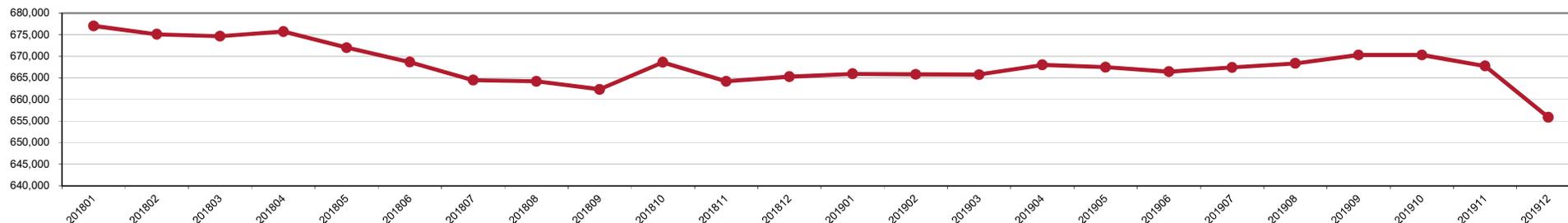
<b>Program Changes Effective 1/1/2019</b>	
Long-Acting Reversible Contraceptive Fee Increase	Increase to the FFS reimbursement for procedure codes 11981 and 11983 by 25% and procedure code 58300 by 200%.
Community Benefit Fee Increase	Increase to the FFS reimbursement for community benefit services by 1%. The CC-OAG ABP exempt population is eligible to receive the community benefit.
Child ARTC Payment Change	Changes to the FFS fee schedule for revenue codes 1001 to increase the daily rate for child ARTCs from \$270 to \$350 per day.
Phase 2 Behavioral Health Benefit and Fee Changes	Expanded billing procedures to allow for increased reimbursement of recovery services provided in a family peer support environment, complex and non-complex interdisciplinary teaming assessments, partial hospitalization services, in addition to expanding OTP to existing clinics, allowing BHA to bill CCSS and adding additional IOPs.
Home visiting pilot programs	New benefit for Home visiting pilot programs NFP and PAT.
SBIRT	Transition from supplemental grant funding to Managed Care coverage for Brief Intervention and Referral to Treatment Services.

<b>Program Changes Effective 7/1/2019</b>	
E&M Fee Schedule Increase	Increase to all FFS rates for procedure codes 99201–99499 below 90% to 90% of the CY2019 Medicare fee schedules. FFS procedure codes already above 90% remain unchanged. Procedure codes without a corresponding Medicare fee schedule have been increased by 14.5%.
Assisted Living Fee Increase	5% increase to procedure codes T2030 and T2031.
Community Pharmacy Dispensing Fee Increase	\$2 increase to dispensing fees for select pharmacies.
Chronic Care Management/Transitional Care	Implementation of new services for non-dual Medicaid populations.
Hospital Fee Increase	Increase of 5% to inpatient services and 10% increase to outpatient services for State Teaching Hospitals; 14% increase to inpatient services and 25% increase to outpatient services for SNCP providers; 12% increase to inpatient services and 18% increase to outpatient services for all remaining in-state hospitals.
Pre-Tenancy	Implementation of new services for members with SMI.
Personal Care Services Fee Increase	\$.50 per hour increase to procedure codes T1019 and 99505.
Dental Fee Schedule Increase	Increase of 2% to dental reimbursement rates.
Dental Fluoride with Varnish	Implementation of new services and procedure codes D1026 and 99188.

<b>Program Changes Effective 10/1/2019</b>	
BH Outpatient Rate Increase	Increase to all BH OP rates below 90% to 90% of the CY2019 Medicare fee schedules. FFS procedure codes already above 90% remain unchanged. Procedure codes without a corresponding Medicare fee schedule have been increased by 30%.
ECHO E&M Reimbursement Adjustments	Increase to program for anticipated additional physician utilization in the Centennial Care program resulting from Project ECHO.
FQHC Base/Dental Rate Increase	Increase to the base PPS rate to a minimum of \$169.77 for all FQHC medical services besides dental. For FQHC dental services, this is an increase to the base PPS rate to a minimum \$200.
Not-For-Profit Community Hospital Rate Increase	Increase of 3.8% for all inpatient and outpatient services for in-state not-for-profit hospitals.

**1. Total Centennial Care Monthly Enrollment**

Centennial Care Managed Care Enrollment



**2. Total Centennial Care Dollars and Member Months by Program**

Aggregate Member Months by Program			
Population	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	4,715,152	4,633,526	-2%
Long Term Services and Supports	580,775	576,863	-1%
Other Adult Group	2,736,184	2,788,859	2%
<b>Total Member Months</b>	<b>8,032,111</b>	<b>7,999,248</b>	<b>0%</b>

Aggregate Medical Costs by Program				Per Capita Medical Costs by Program (PMPM)			
Programs	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change	
Physical Health	\$ 1,258,808,358	\$ 1,342,145,856	7%	\$ 266.97	\$ 289.66	8%	
Long Term Services and Supports	\$ 848,938,831	\$ 895,538,993	5%	\$ 1,461.73	\$ 1,552.43	6%	
Other Adult Group Physical Health	\$ 1,065,917,658	\$ 1,147,503,747	8%	\$ 389.56	\$ 411.46	6%	
Behavioral Health - All Members	\$ 387,923,338	\$ 415,879,387	7%	\$ 48.30	\$ 51.99	8%	
<b>Total Medical Costs</b>	<b>\$ 3,561,588,185</b>	<b>\$ 3,801,067,982</b>	<b>7%</b>	<b>\$ 443.42</b>	<b>\$ 475.18</b>	<b>7%</b>	

Aggregate Non-Medical Costs			
	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 382,774,268	\$ 400,994,287	5%
NMMIP Assessment	\$ 57,480,192	\$ 63,146,169	10%
Premium Tax - Net of NIMMP Offset	\$ 139,657,475	\$ 139,913,661	0%
<b>Total Non-Medical Costs</b>	<b>\$ 579,911,935</b>	<b>\$ 604,054,117</b>	<b>4%</b>

Estimated Total Centennial Care Costs			
	Previous (12 mon)	Current (12 mon)	% Change
	\$ 4,141,500,120	\$ 4,405,122,099	6%
	\$ 515.62	\$ 550.69	7%

**3. Total Program Medical/Pharmacy Dollars**

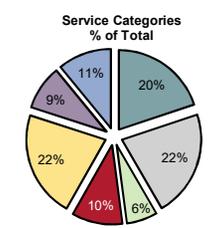
Aggregate Costs by Service Categories				Per Capita Medical Costs by Service Categories (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
<b>Medical</b>	\$ 3,171,937,149	\$ 3,404,206,047	7%	\$ 394.91	\$ 425.57	8%
<b>Pharmacy</b>	\$ 389,651,035	\$ 396,861,936	2%	\$ 48.51	\$ 49.61	2%
<b>Total</b>	<b>\$ 3,561,588,185</b>	<b>\$ 3,801,067,982</b>	<b>7%</b>	<b>\$ 443.42</b>	<b>\$ 475.18</b>	<b>7%</b>

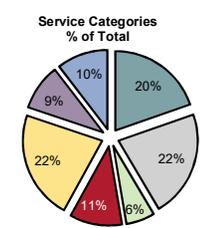
Aggregate Costs by Service Categories				Per Capita Medical Costs by Service Categories (PMPM)		
Service Categories	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 708,922,383	\$ 748,219,574	6%	\$ 88.26	\$ 93.54	6%
Acute Outp/Phy	\$ 773,589,123	\$ 828,517,881	7%	\$ 96.31	\$ 103.57	8%
Nursing Facility	\$ 224,073,746	\$ 222,751,015	-1%	\$ 27.90	\$ 27.85	0%
Community Benefit/PCO	\$ 367,718,916	\$ 404,939,437	10%	\$ 45.78	\$ 50.62	11%
Other Services	\$ 773,828,356	\$ 842,460,335	9%	\$ 96.34	\$ 105.32	9%
Behavioral Health	\$ 323,804,624	\$ 357,317,805	10%	\$ 40.31	\$ 44.67	11%
Pharmacy (All)	\$ 389,651,035	\$ 396,861,936	2%	\$ 48.51	\$ 49.61	2%
<b>Total Costs</b>	<b>\$ 3,561,588,185</b>	<b>\$ 3,801,067,982</b>	<b>7%</b>	<b>\$ 443.42</b>	<b>\$ 475.18</b>	<b>7%</b>

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

Previous (12 mon) service distribution

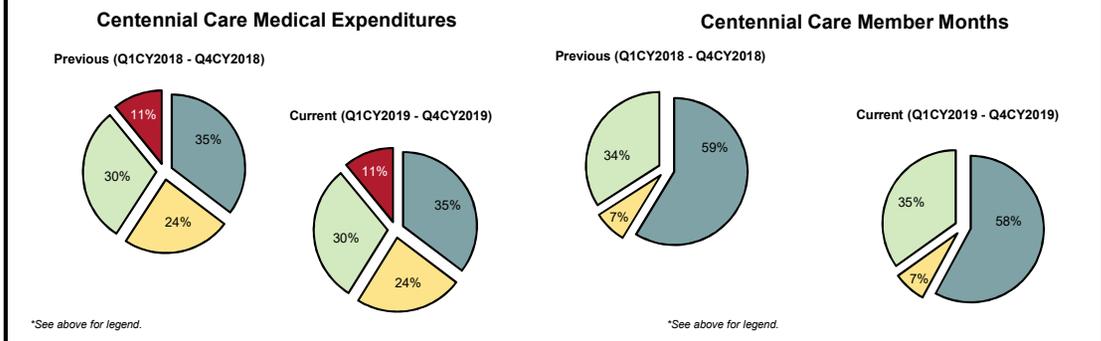


Current (12 mon) service distribution



**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 includes, but is not limited to, the following services: emergent transportation, non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.



**State of New Mexico - All MCOs**

Total Population (TANF, Aged, Blind, Disabled, CYFD, Pregnant Women)

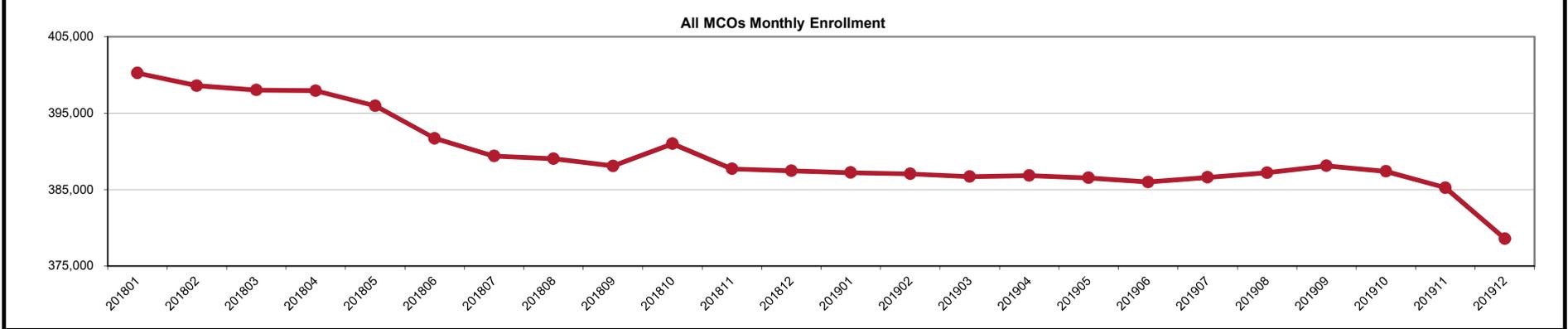
Physical Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2019

Previous Period: January 1, 2018 to December 30, 2018

Current Period: January 1, 2019 to December 30, 2019

**1. Total Population Monthly Enrollment**



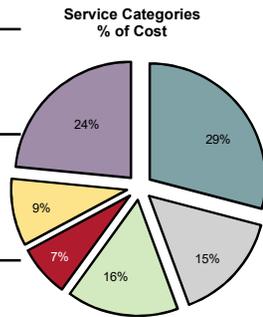
**2. Total Population Medical/Pharmacy Dollars**

**Aggregate Annual Costs**

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,137,113,080	\$ 1,216,584,423	7%
Pharmacy	\$ 121,695,277	\$ 125,561,433	3%
<b>Total</b>	<b>\$ 1,258,808,358</b>	<b>\$ 1,342,145,856</b>	<b>7%</b>

**Aggregate Costs by Service Categories**

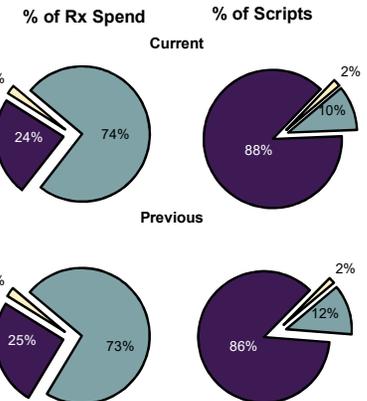
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 350,700,450	\$ 390,146,053	11%
Outpatient (OP)	\$ 179,586,859	\$ 205,782,687	15%
Physician (PH)	\$ 217,327,076	\$ 209,177,090	-4%
Emergency Department (ED)	\$ 88,930,726	\$ 96,351,325	8%
Pharmacy (RX)	\$ 121,695,277	\$ 125,561,433	3%
Other (OTH)	\$ 300,567,969	\$ 315,127,267	5%
<b>Total Population Costs</b>	<b>\$ 1,258,808,358</b>	<b>\$ 1,342,145,856</b>	<b>7%</b>
<b>Per Capita Cost (PMPM)</b>	<b>\$ 266.97</b>	<b>\$ 289.66</b>	<b>8%</b>
<b>Total Member Months</b>	<b>4,715,152</b>	<b>4,633,526</b>	<b>-2%</b>



**3. Retail Pharmacy Usage (Definitions in Glossary)**

**Total Generic / Brand Rx**

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 88,215,236	\$ 93,411,986	6%
Generic	\$ 30,727,628	\$ 29,472,351	-4%
Other Rx	\$ 2,752,413	\$ 2,677,096	-3%
<b>Total</b>	<b>\$ 121,695,277</b>	<b>\$ 125,561,433</b>	<b>3%</b>



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

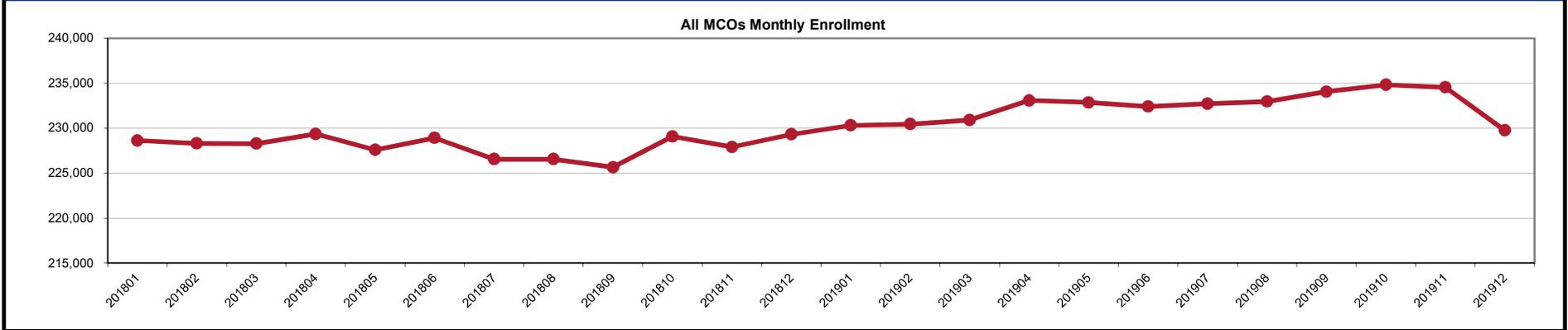
**4. Notes**

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3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

**State of New Mexico - All MCOs**  
**Total Population**  
**Other Adult Group Utilization and Cost Review**

Reported Eligibility for Members Enrolled as of: December 31, 2019  
 Previous Period: January 1, 2018 to December 30, 2018  
 Current Period: January 1, 2019 to December 30, 2019

**1. Total Population Monthly Enrollment**



**2. Total Population Medical/Pharmacy Dollars**

**Aggregate Annual Costs**

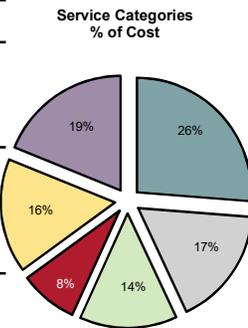
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 892,485,406	\$ 962,244,318	8%
Pharmacy	\$ 173,432,251	\$ 185,259,429	7%
<b>Total</b>	<b>\$ 1,065,917,658</b>	<b>\$ 1,147,503,747</b>	<b>8%</b>

**Aggregate Costs by Service Categories**

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 293,613,007	\$ 301,066,775	3%
Outpatient (OP)	\$ 168,325,301	\$ 192,616,196	14%
Physician (PH)	\$ 152,984,637	\$ 158,078,594	3%
Emergency Department (ED)	\$ 86,082,178	\$ 93,914,703	9%
Pharmacy (RX)	\$ 173,432,251	\$ 185,259,429	7%
Other (OTH)	\$ 191,480,284	\$ 216,568,051	13%
<b>Total Population Costs</b>	<b>\$ 1,065,917,658</b>	<b>\$ 1,147,503,747</b>	<b>8%</b>

**Per Capita Cost (PMPM)**      \$      389.56      \$      411.46      6%

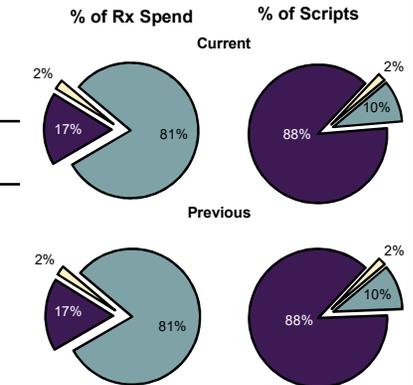
**Total Member Months**      2,736,184      2,788,859      2%



**3. Retail Pharmacy Usage (Definitions in Glossary)**

**Total Generic / Brand Rx**

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 139,685,106	\$ 149,061,688	7%
Generic	\$ 29,865,357	\$ 31,883,756	7%
Other Rx	\$ 3,881,788	\$ 4,313,985	11%
<b>Total</b>	<b>\$ 173,432,251</b>	<b>\$ 185,259,429</b>	<b>7%</b>

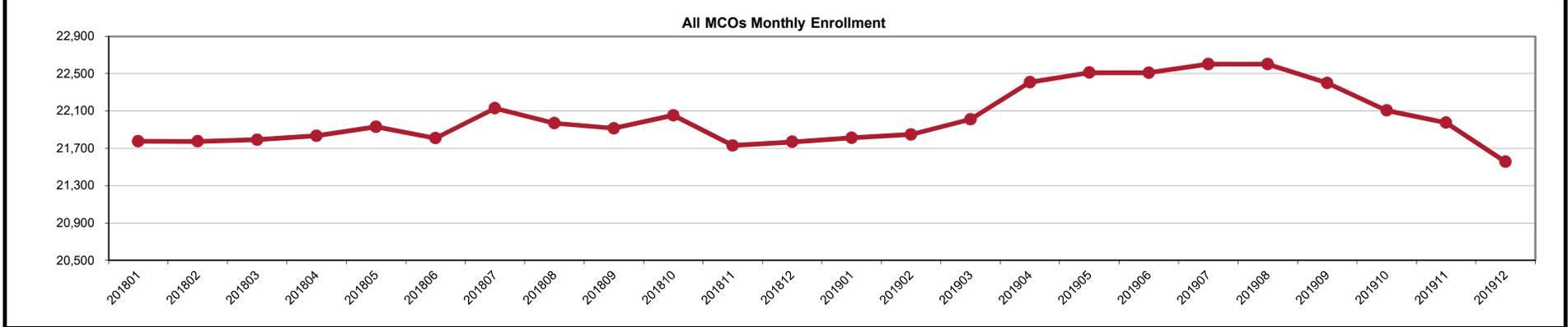


\* "Other Rx" represents supplies such as diabetic strips.

**4. Notes**

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3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

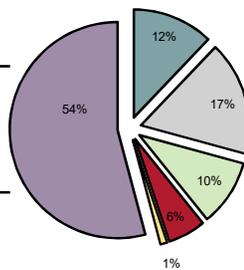
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 41,848,781	\$ 51,253,006	22%
Pharmacy	\$ 1,036,503	\$ 526,608	-49%
<b>Total</b>	<b>\$ 42,885,284</b>	<b>\$ 51,779,614</b>	<b>21%</b>

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 6,671,125	\$ 6,269,541	-6%
Outpatient (OP)	\$ 8,054,678	\$ 8,866,631	10%
Physician (PH)	\$ 5,109,503	\$ 5,173,217	1%
Emergency Department (ED)	\$ 2,454,624	\$ 2,920,100	19%
Pharmacy (RX)	\$ 1,036,503	\$ 526,608	-49%
Other (OTH)	\$ 19,558,852	\$ 28,023,516	43%
<b>Total Population Costs</b>	<b>\$ 42,885,284</b>	<b>\$ 51,779,614</b>	<b>21%</b>
<b>Per Capita Cost (PMPM)</b>	<b>\$ 163.38</b>	<b>\$ 194.40</b>	<b>19%</b>
<b>Total Member Months</b>	<b>262,494</b>	<b>266,353</b>	<b>1%</b>

Service Categories  
% of Cost

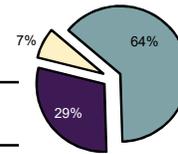


3. Retail Pharmacy Usage (Definitions in Glossary)

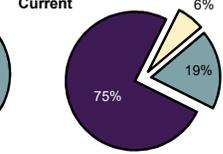
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 742,148	\$ 333,840	-55%
Generic	\$ 254,238	\$ 154,436	-39%
Other Rx	\$ 40,117	\$ 38,333	-4%
<b>Total</b>	<b>\$ 1,036,503</b>	<b>\$ 526,608</b>	<b>-49%</b>

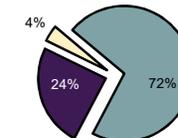
% of Rx Spend



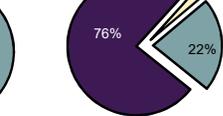
% of Scripts



Current



Previous

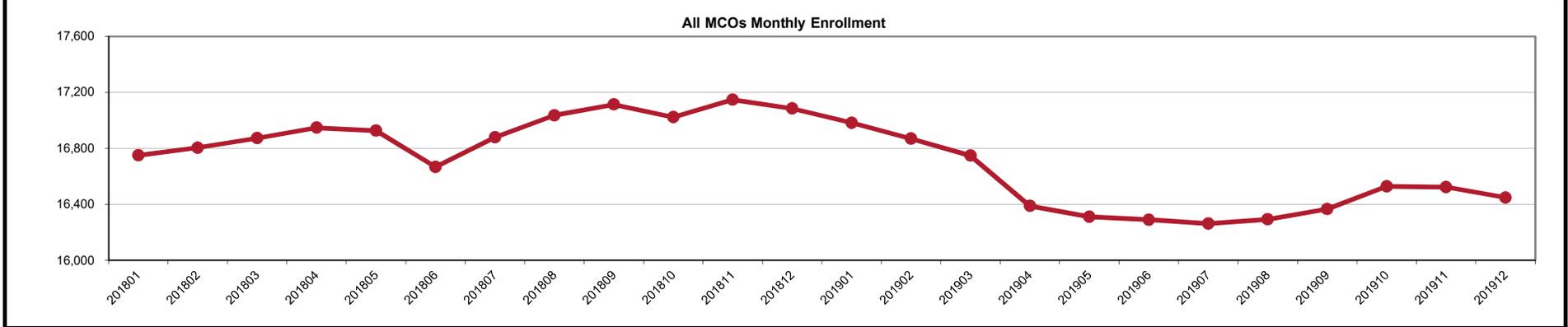


\* "Other Rx" represents supplies such as diabetic strips.

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3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 473,696,877	\$ 493,009,086	4%
Pharmacy	\$ 394,700	\$ 336,381	-15%
<b>Total</b>	<b>\$ 474,091,578</b>	<b>\$ 493,345,467</b>	<b>4%</b>

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 199,547,203	\$ 223,825,509	12%
Nursing Facility (NF)	\$ 199,968,047	\$ 197,838,378	-1%
Inpatient (IP)	\$ 11,953,695	\$ 7,495,256	-37%
Outpatient (OP)	\$ 11,711,331	\$ 12,831,087	10%
Pharmacy (RX)	\$ 394,700	\$ 336,381	-15%
HCBS	\$ 15,799,174	\$ 17,034,345	8%
Other (OTH)	\$ 34,717,427	\$ 33,984,512	-2%
<b>Total Population Costs</b>	<b>\$ 474,091,578</b>	<b>\$ 493,345,467</b>	<b>4%</b>

	Previous (12 mon)	Current (12 mon)	% Change
<b>Per Capita Cost (PMPM)</b>	<b>\$ 2,332.46</b>	<b>\$ 2,491.42</b>	<b>7%</b>
<b>Total Member Months</b>	<b>203,258</b>	<b>198,018</b>	<b>-3%</b>

3. Retail Pharmacy Usage (Definitions in Glossary)

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 292,993	\$ 222,062	-24%
Generic	\$ 81,240	\$ 89,051	10%
Other Rx	\$ 20,467	\$ 25,268	23%
<b>Total</b>	<b>\$ 394,700</b>	<b>\$ 336,381</b>	<b>-15%</b>

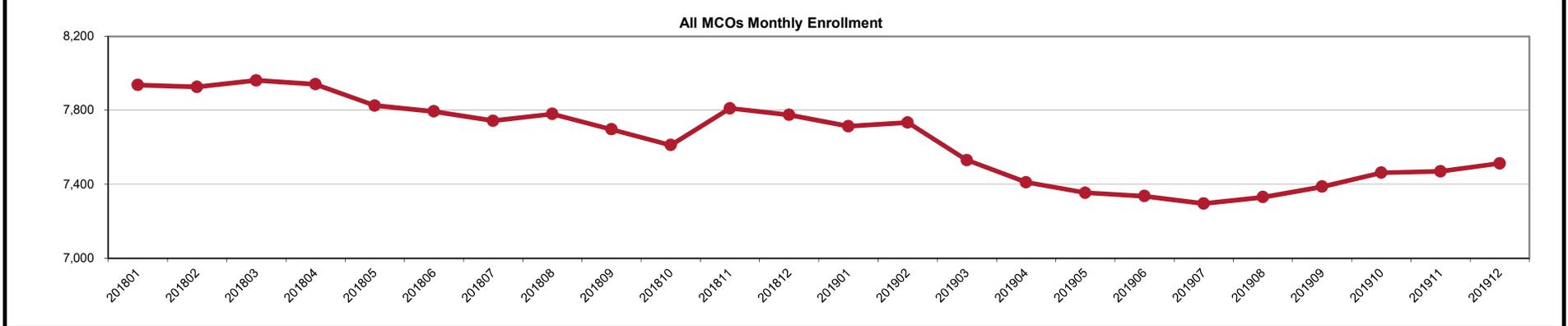
  

\* "Other Rx" represents supplies such as diabetic test strips.

4. Notes

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**1. Total Population Monthly Enrollment**



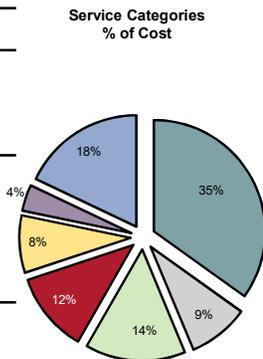
**2. Total Population Medical/Pharmacy Dollars**

**Aggregate Annual Costs**

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 240,825,906	\$ 254,645,789	6%
Pharmacy	\$ 25,246,743	\$ 23,113,813	-8%
<b>Total</b>	<b>\$ 266,072,649</b>	<b>\$ 277,759,602</b>	<b>4%</b>

**Aggregate Costs by Service Categories**

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 92,217,480	\$ 96,834,144	5%
Nursing Facility (NF)	\$ 23,802,144	\$ 24,606,113	3%
Inpatient (IP)	\$ 43,118,521	\$ 40,443,084	-6%
Outpatient (OP)	\$ 27,407,875	\$ 32,326,400	18%
Pharmacy (RX)	\$ 25,246,743	\$ 23,113,813	-8%
HCBS	\$ 9,483,120	\$ 10,611,058	12%
Other (OTH)	\$ 44,796,767	\$ 49,824,991	11%
<b>Total Population Costs</b>	<b>\$ 266,072,649</b>	<b>\$ 277,759,602</b>	<b>4%</b>
<b>Per Capita Cost (PMPM)</b>	<b>\$ 2,836.38</b>	<b>\$ 3,102.07</b>	<b>9%</b>
<b>Total Member Months</b>	<b>93,807</b>	<b>89,540</b>	<b>-5%</b>



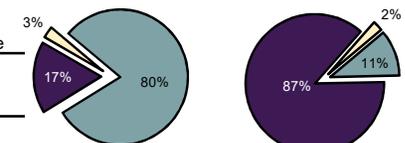
**3. Retail Pharmacy Usage (Definitions in Glossary)**

**Total Generic / Brand Rx**

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 20,106,101	\$ 18,512,875	-8%
Generic	\$ 4,511,555	\$ 3,962,548	-12%
Other Rx	\$ 629,087	\$ 638,390	1%
<b>Total</b>	<b>\$ 25,246,743</b>	<b>\$ 23,113,813</b>	<b>-8%</b>

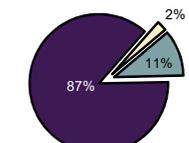
**% of Rx Spend**

**Current**

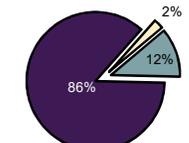
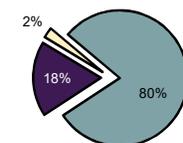


**% of Scripts**

**Current**



**Previous**

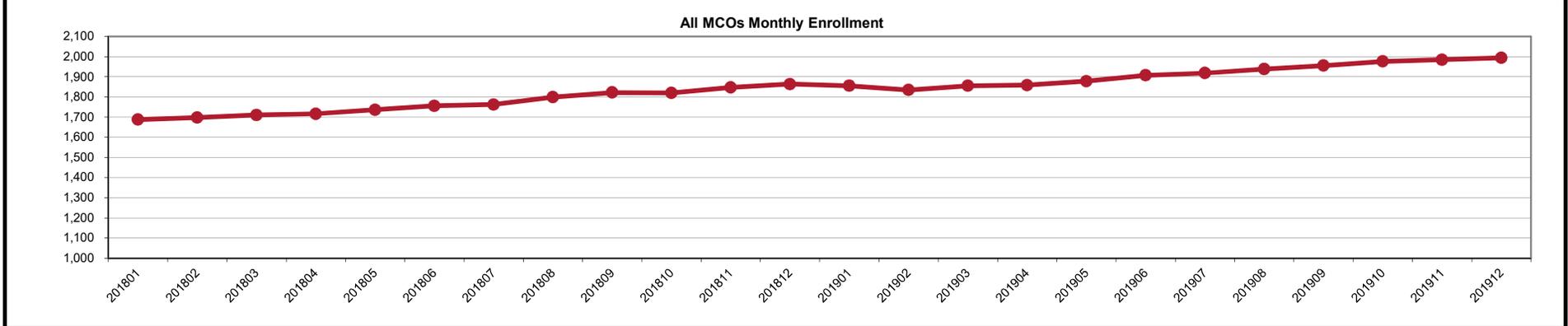


\* "Other Rx" represents supplies such as diabetic test strips.

**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, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

1. Total Population Monthly Enrollment



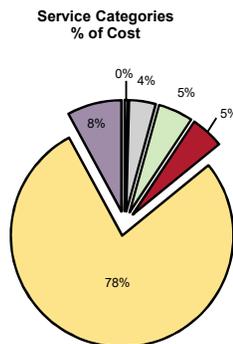
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 62,162,473	\$ 69,151,620	11%
Pharmacy	\$ 3,726,847	\$ 3,502,690	-6%
<b>Total</b>	<b>\$ 65,889,320</b>	<b>\$ 72,654,310</b>	<b>10%</b>

Aggregate Costs by Service Categories

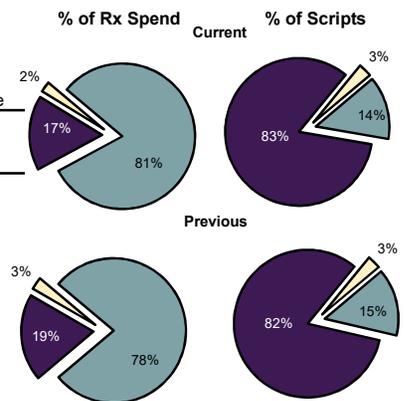
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	\$ 303,554	\$ 306,524	1%
Inpatient (IP)	\$ 2,865,585	\$ 2,798,864	-2%
Outpatient (OP)	\$ 3,081,863	\$ 3,665,980	19%
Pharmacy (RX)	\$ 3,726,847	\$ 3,502,690	-6%
HCBS	\$ 50,671,940	\$ 56,634,382	12%
Other (OTH)	\$ 5,239,530	\$ 5,745,869	10%
<b>Total Population Costs</b>	<b>\$ 65,889,320</b>	<b>\$ 72,654,310</b>	<b>10%</b>
<b>Per Capita Cost (PMPM)</b>	<b>\$ 3,105.64</b>	<b>\$ 3,165.49</b>	<b>2%</b>
<b>Total Member Months</b>	<b>21,216</b>	<b>22,952</b>	<b>8%</b>



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 2,897,212	\$ 2,838,068	-2%
Generic	\$ 725,891	\$ 581,640	-20%
Other Rx	\$ 103,744	\$ 82,981	-20%
<b>Total</b>	<b>\$ 3,726,847</b>	<b>\$ 3,502,690</b>	<b>-6%</b>



\* "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, and dental.
4. Amounts are reported based on dates of service within the previous and current periods.

**State of New Mexico - All MCOs**

Total Population (Physical Health, Long Term Services and Support, and Other Adult Group)

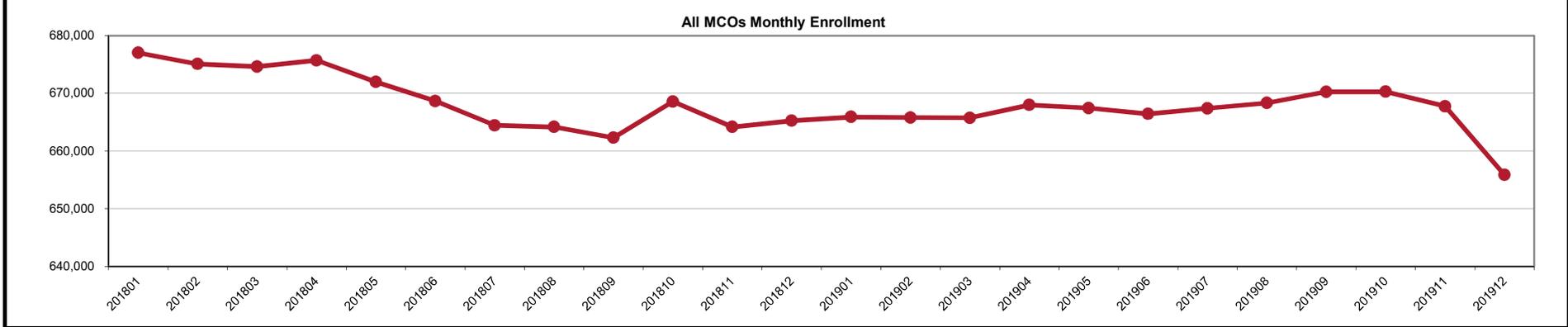
Behavioral Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: December 31, 2019

Previous Period: January 1, 2018 to December 30, 2018

Current Period: January 1, 2019 to December 30, 2019

**1. Total Population Monthly Enrollment**



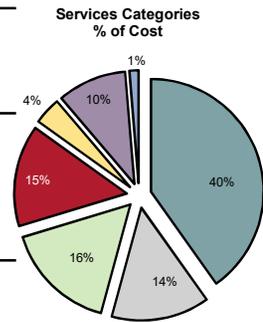
**2. Total Population Medical/Pharmacy Dollars**

**Aggregate Annual Costs**

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 323,804,624	\$ 357,317,805	10%
Pharmacy	\$ 64,118,713	\$ 58,561,582	-9%
<b>Total</b>	<b>\$ 387,923,338</b>	<b>\$ 415,879,387</b>	<b>7%</b>

**Aggregate Costs by Service Categories**

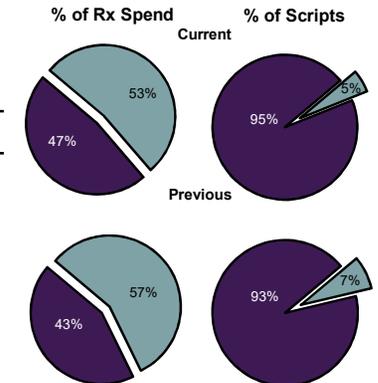
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 147,589,464	\$ 166,989,193	13%
Pharmacy (RX)	\$ 64,118,713	\$ 58,561,582	-9%
Res. Treatment Ctr. (RTC)	\$ 67,501,900	\$ 66,874,640	-1%
Behavioral Health Prov (BHP)	\$ 40,007,069	\$ 60,605,519	51%
Core Service Agencies (CSA)	\$ 17,606,574	\$ 16,133,111	-8%
Inpatient (IP)	\$ 44,773,457	\$ 41,259,499	-8%
Other (OTH)	\$ 6,326,161	\$ 5,455,843	-14%
<b>Total Population Costs</b>	<b>\$ 387,923,338</b>	<b>\$ 415,879,387</b>	<b>7%</b>
<b>Per Capita Cost (PMPM)</b>	<b>\$ 48.30</b>	<b>\$ 51.99</b>	<b>8%</b>
<b>Total Member Months</b>	<b>8,032,111</b>	<b>7,999,248</b>	<b>0%</b>



**3. Retail Pharmacy Usage (Definitions in Glossary)**

**Total Generic / Brand Rx**

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 36,326,031	\$ 30,797,115	-15%
Generic	\$ 27,792,682	\$ 27,764,467	0%
<b>Total</b>	<b>\$ 64,118,713</b>	<b>\$ 58,561,582</b>	<b>-9%</b>



**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: Psychosocial Rehab and Skills Training & Development (Behavioral Management Services).
4. Amounts are reported based on dates of service within the previous and current periods.