Reported Eligibility for Members Enrolled as of: March 31, 2022 Previous Period: April 1, 2020 to March 31, 2021

Current Period: April 1, 2021 to March 31, 2022

	Program Changes Effective on or after 4/1/2020						
COVID-19 Temporary Fee Increase -	The COVID-19 Temporary Fee Increase - Assisted Living reflects a 5% increase to procedure codes T2030 and T2031 effective April 1, 2020 through June 30, 2020.						
Assisted Living	The GOVID-13 Temporary Lee micrease - Assisted Living Telectis a 37% increase to procedure codes 12000 and 12001 elective April 1, 2020 timough onlie 30, 2020.						
COVID-19 Positive Members in Nursing	The COVID-19 Positive Members in Nursing Facilities is a removal of costs associated with COVID-19 positive members in a Nursing Facility or Skilled Nursing from MCO capitation rates						
Facilities	and moved to a non-risk arrangement within an additional 30% temporary fee increase effective April 1, 2020 through June 30, 2020.						
COVID-19 Temporary Fee Increase - DRG	The COVID-19 Temporary Fee Increase – DRG Hospital reflects a temporary increase to Diagnosis Related Group (DRG) reimbursement for hospital providers effective April 1, 2020 through September						
Hospital	30, 2020, consisting of 12.4% and 50.0% increases to DRG reimbursement for hospital admissions in a non-Intensive Care Unit (ICU) setting and ICU setting, respectively.						
COVID-19 Temporary Fee Increase - Non-	The COVID-19 Temporary Fee Increase – Non-DRG Hospital reflects a temporary increase to reimbursement for hospital providers effective April 1, 2020 through June 30, 2020,						
DRG Hospital	consisting of 12.4% increase to non-DRG reimbursement for hospital admissions.						

	Program Changes Effective on or after 7/1/2020
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:
Trauma riospital Nate increase	Level I Hospitals: 0.9%; Level II Hospitals: No Adjustment; Level III Hospitals: 13.3%; Level IV Hospitals: 37.0%.
Pharmacy Clinicians Adjustment	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 Pharmacy Clinicians
Priarmacy Clinicians Adjustment	adjustment accounts for the increased rates from the incentive fees paid prior to July 1, 2020 to procedure code 99213.
OTP Adjustment	The Opioid Treatment Program (OTP) Adjustment reflects the removal of projected OTP expenses for Dual-eligible members effective October 1, 2020, as Medicare will become the primary payer
OTF Adjustifient	for these services.
RHC 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.
Air Ambulance Rate Increase	The air ambulance 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,
All Allibulatice Nate filtrease	and 68.13% to procedure code A0436.

Program Changes Effective on or after 1/1/2021								
Minimum Wage effective 1/1/2021	The Minimum Wage effective 1/1/2021 reflects New Mexico's average minimum wage increasing from \$9.00 to \$10.50 per hour effective January 1, 2021.							
Crisis Triage Center (CTC) Adjustment	The CTC adjustment reflects the expectation that two additional CTC providers will be providing CTC adult outpatient services by January 1, 2021.							

		Program Changes Effective on or after 7/1/2021
- [	HCQS Per Diem and NF MBI Updates	The HCQS adjustment effective July 1, 2021 reflects an updated surcharge for NFs with over 60 beds. The NF MBI adjustment reflects an update to the MBI increase to all NFs. The MBI
Ľ	ricus rei bieili and Nr Mbi opuates	adjustment compounds with the total MBI percentage effective July 1, 2020.
	IAddition of New Home Visiting Providers	Effective July 1, 2021, two additional providers will offer Nurse Family Partnership and Parents as Teachers programs under the Centennial Home Visiting program which is expected to lead to
ľ		higher utilization of these services.

	Program Changes Effective on or after 1/1/2022
COVID-19 Temporary Fee Increase - Federally Qualified Health Centers (FQHC)	The COVID-19 Temporary Fee Increase - FQHC adjustment reflects a \$15.00 per-claim increase to FQHC services effective January 1, 2022 through June 30, 2022.
COVID-19 Temporary Fee Increase - Nursing Facility	The COVID-19 Temporary Fee Increase - Nursing Facility adjustment reflects a 8.10% increase to reimbursement levels for nursing facility services effective January 1, 2022 through June 30, 2022.
COVID-19 Temporary Fee Increase - Non- Emergency Medical Transportation (NEMT)	The COVID-19 Temporary Fee Increase - NEMT adjustment reflects a 6.81% increase to reimbursement levels for NEMT services effective January 1, 2022 through June 30, 2022.
COVID-19 Temporary Fee Increase –	The COVID-19 Temporary Fee Increase – Hospital is a \$137.6 million uniform dollar increase separate payment term directed payment. The uniform dollar increase will vary for frontier/rural
Hospital	and urban hospitals for both inpatient and outpatient services. The separate payment term directed payment will be paid quarterly during the January 1, 2022 through June 30, 2022 time period.
Community Hospital – Native Americans	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
Rate Increase	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 II 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.
Crisis Triage Center (CTC) Adjustment	The Crisis Triage Center (CTC) adjustment effective January 1, 2022 reflects updated provider information and utilization expectations.
Adult Accredited Residential Treatment Center (ARTC)	The Adult Accredited Residential Treatment Center (ARTC) adjustment effective January 1, 2022 reflects updated provider information and utilization expectations.
Minimum Wage effective 1/1/2022	The Minimum Wage effective 1/1/2022 reflects New Mexico's average minimum wage increasing from \$10.50 to \$11.50 per hour effective January 1, 2022.

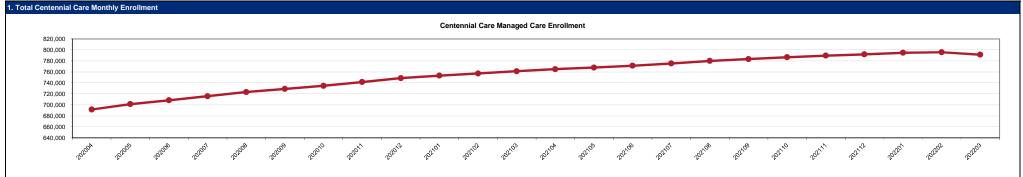


Current Period: April 1, 2021 to March 31, 2022

# All Centennial Care Populations Centennial Care Cost Review

Population

Physical Health



## Long Term Services and Supports 598.131 611.229 2% 3.055.728 3.179.083 Other Adult Group 4% **Total Member Months** 8,767,100 9,393,860 Aggregate Medical Costs by Program Per Capita Medical Costs by Program (PMPM) Previous (12 mon) % Change Previous (12 mon) Current (12 mon) % Change Programs Current (12 mon) Physical Health \$ 1,420,240,534 1,611,941,696 13% 277.76 287.66 Long Term Services and Supports \$ 1,101,079,816 1,109,137,081 1% \$ 1.840.87 1,814.60 -1% Other Adult Group Physical Health \$ 1,365,627,603 1,410,541,846 3% 446.91 443.69 -1% Behavioral Health - All Members \$ 534,621,258 577,533,188 8% 60.98 1% Total Medical Costs \$ 4.421.569.212 4.709.153.811 7% 504.34 \$ 501.30 -1% Aggregate Non-Medical Costs Previous (12 mon) Current (12 mon) % Change Previous (12 mon) Current (12 mon) % Change Admin, care coordination, Centennial Rewards \$ 390,964,008 406,910,598 4% \$ 44.59 \$ 43.32 NMMIP Assessment 89,643,369 86,984,425 -3% 10.22 9.26 Premium Tax - Net of NIMMP Offset \$ 169,101,857 210,008,956 24% 19.29 22.36 16% Total Non-Medical Costs \$ 649 709 234 703 903 979 S 74 11 74 93 1% 8% \$ Estimated Total Centennial Care Costs \$ 5,071,278,446 5,413,057,791 578.44 **Centennial Care Medical Expenditures Centennial Care Member Months** Previous (Q2CY2020 - Q1CY2021) Previous (Q2CY2020 - Q1CY2021) Current (Q2CY2021 - Q1CY2022) Current (Q2CY2021 - Q1CY2022) \*See above for legend. \*See above for legend.

Aggregate Member Months by Program

Current (12 mon)

5,603,548

% Change

Previous (12 mon)

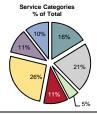
5,113,241

		harmacy Dollars								
		Aggrega	ate C	osts by Service Cate	egories	Pe	r Capita Medic	al Costs	by Service Categ	ories (PMPM)
	F	Previous (12 mon)		Current (12 mon)	% Change	Prev	ious (12 mon)	Cur	rent (12 mon)	% Change
Medical	\$	3,966,579,792	\$	4,212,706,774	6%	\$	452.44	\$	448.45	-1%
Pharmacy	\$	454,989,420	\$	496,447,037	9%	\$	51.90	\$	52.85	2%
Total	\$	4,421,569,212	\$	4,709,153,811	7%	\$	504.34	\$	501.30	-1%
		Aggrega	ate C	osts by Service Cate	egories	Pe	r Capita Medic	al Costs	by Service Categ	ories (PMPM)
Service Categories	F	Previous (12 mon) Current (12 mon) % Change			% Change	Prev	ious (12 mon)	Cur	rent (12 mon)	% Change
<ul> <li>Acute Inpatient</li> </ul>	\$	884,237,753	\$	764,037,194	-14%	\$	100.86	\$	81.33	-19%
Acute Outp/Phy	\$	803,286,483	\$	1,012,777,772	26%	\$	91.63	\$	107.81	18%
<ul> <li>Nursing Facility</li> </ul>	\$	255,582,063	\$	216,834,240	-15%	\$	29.15	\$	23.08	-21%
Community Benefit/PCO	\$	446,681,467	\$	497,223,494	11%	\$	50.95	\$	52.93	4%
Other Services	\$	1,117,320,730	\$	1,220,297,060	9%	\$	127.44	\$	129.90	2%
Behavioral Health	\$	459,471,297	\$	501,537,014	9%	\$	52.41	\$	53.39	2%
<ul><li>Pharmacy (All)</li></ul>	\$	454,989,420	\$	496,447,037	9%	\$	51.90	\$	52.85	2%
					7%	\$	504.34		501.30	-1%

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

Previous (12 mon) service distribution

# Service Categories % of Total



Current (12 mon) service distribution

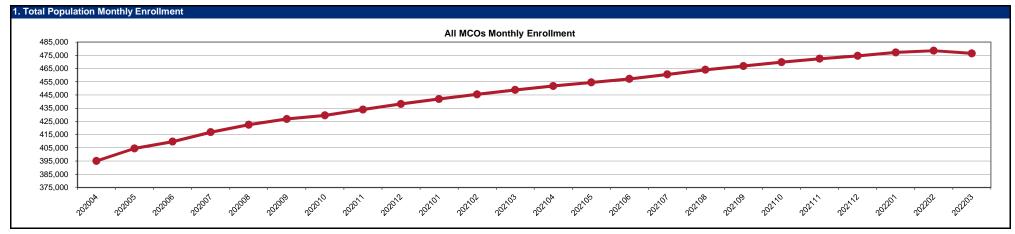
- Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
- 2. Amounts are based on expenditures for medical and pharmacy services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

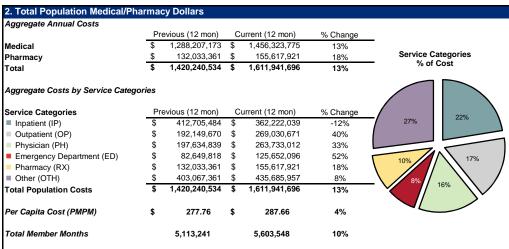


Current Period: April 1, 2021 to March 31, 2022

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

**Physical Health Utilization and Cost Review** 





3. Retail Pharma	cy Usage (Defini	tions in Glossary)			
				% of Rx Spend	% of Scripts
				Cur	rent
Total Generic / B	rand Rx			1%	1%
	Previous Costs	Current Costs	%		
	(12 mon)	(12 mon)	Change		14%
Brand	\$ 99,285,356	\$ 117,082,017	18%	24% 75%	
■ Generic	\$ 30,544,650	\$ 36,589,158	20%		85%
Other Rx	\$ 2,203,354	\$ 1,946,746	-12%		
Total	\$ 132,033,361	\$ 155,617,921	18%		
				Previ	ous
				_	2%
				2%	
					440%
					87%
				23% 75%	87 /8
* "Other Rx" repre	esents supplies such	as diabetic test strips			
11					

- 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.
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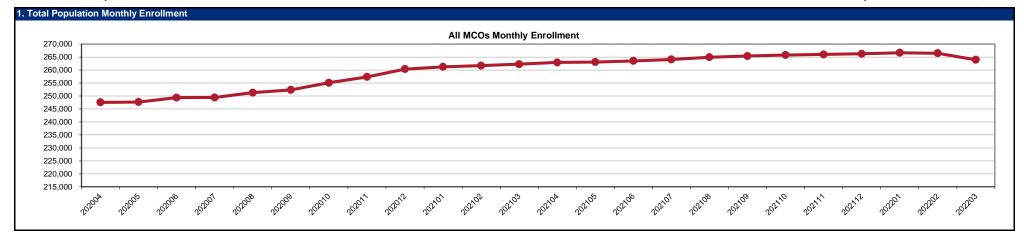


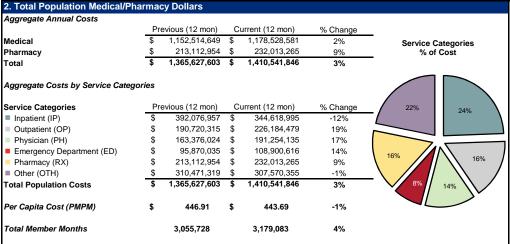
Total Population

Other Adult Group Utilization and Cost Review

Previous Period: April 1, 2020 to March 31, 2021

Current Period: April 1, 2021 to March 31, 2022





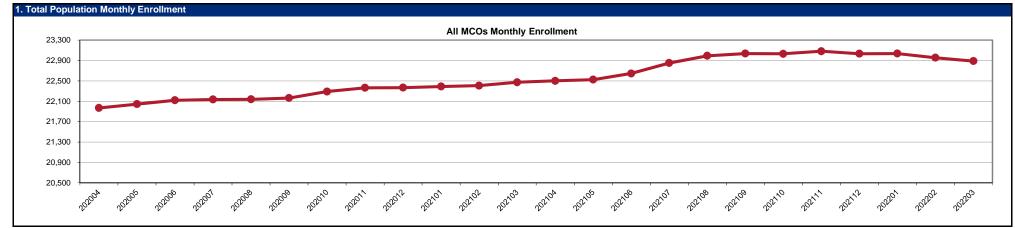
3. Retail Pharm	acy Usage (Definit	ons in Glossary)			
				% of Rx Spend	% of Scripts
				Curr	ent
Total Generic /	Brand Rx			2%	<b>1</b> %
	Previous Costs	Current Costs	%		
	(12 mon)	(12 mon)	Change		14%
Brand	\$ 171,912,964	\$ 188,562,015	10%	17%	85%
<ul><li>Generic</li></ul>	\$ 37,332,741	\$ 40,177,773	8%		\ 65%
Other Rx	\$ 3,867,249	\$ 3,273,477	-15%		
Total	\$ 213,112,954	\$ 232,013,265	9%		
				Previo	ous
				17% 81%	87%
* "Other Rx" rep	presents supplies such	as diabetic strips.			

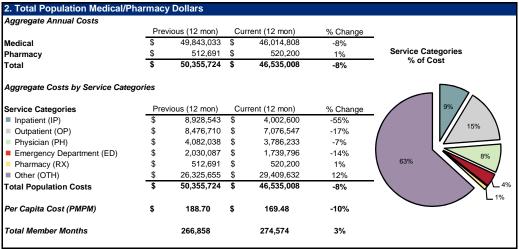
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LTSS - Healthy Dual Population

**Utilization and Cost Review** Current Period: April 1, 2021 to March 31, 2022



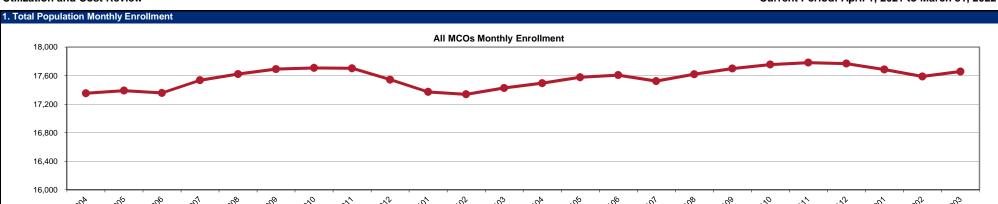


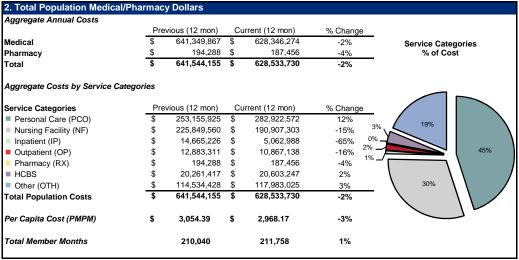
						% of Rx Spend	% of Script
						Cur	rent
otal Generic /	Brand	Rx				^<	
	Prev	ious Costs	Cur	rent Costs	%	59%	
	(	12 mon)	Curr	ent (12 mon)	Change		W2
Brand	\$	326,317	\$	308,450	-5%		78%
Generic	\$	156,865	\$	172,042	10%	33%	
Other Rx	\$	29,510	\$	39,709	35%		
Total	\$	512,691	\$	520,200	1%	Previ	
						rievi	ious
						64%	77%

- 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.
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Current Period: April 1, 2021 to March 31, 2022





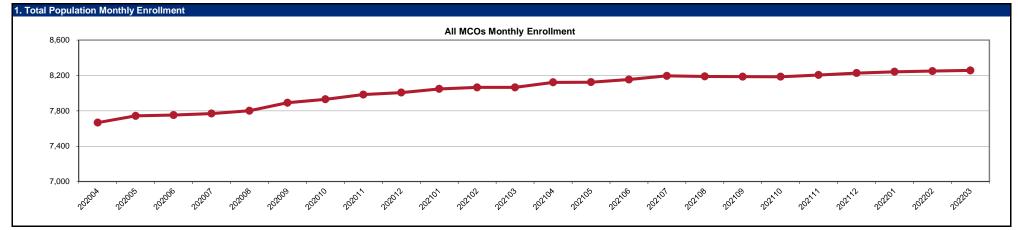
3. Retail Pharma	acy Usage	(Definitior	s in Glossar	у)		
			·		% of Rx Spend	% of Scripts
					Cui	rrent
Total Generic /						3%
			irrent Costs	%		
	(12 m	on) Cur	rent (12 mon)	Change	8%	150/
Brand	\$ 110	0,890 \$	128,049	15%	68%	15%
<ul><li>Generic</li></ul>	\$ 6	1,816 \$	45,232	-27%	24%	82%
Other Rx	\$ 2	1,583 \$	14,174	-34%		
Total	\$ 194	4,288 \$	187,456	-4%		
					Prev	rious
					11% 57%	83%
* "Other Rx" rep	resents suppl	ies such as	diabetic test stri	ips.		

- 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.
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- 3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
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Current Period: April 1, 2021 to March 31, 2022

# LTSS - Nursing Facility Level of Care Medicaid Only Population **Utilization and Cost Review**



Per Capita Cost (PMPM)	\$	3,442.30	\$	3,503.25	2%	
Total Population Costs	\$	326,054,807	\$	344,491,989	6%	13%
Other (OTH)	\$	69,903,117	\$	80,056,434	15%	11%
■ HCBS	\$	10,717,690	\$	14,130,307	32%	8%
Pharmacy (RX)	\$	30,507,601	\$	28,994,365	-5%	170
Outpatient (OP)	\$	30,551,809	\$	36,994,013	21%	4%
Inpatient (IP)	\$	51,641,279	\$	44,535,099	-14%	33%
■ Nursing Facility (NF)	\$	29,415,829	\$	25,678,500	-13%	23%
Personal Care (PCO)	\$	103,317,481	\$	114,103,272	10%	
Service Categories	Pre	vious (12 mon)	Cu	rrent (12 mon)	% Change	
Aggregate Costs by Service Ca	itegories					
Total	\$	326,054,807	\$	344,491,989	6%	
Pharmacy	\$	30,507,601	\$	28,994,365	-5%	% of Cost
Medical	\$	295,547,206	\$	315,497,624	7%	Service Categories
	Pre	vious (12 mon)	Cu	rrent (12 mon)	% Change	

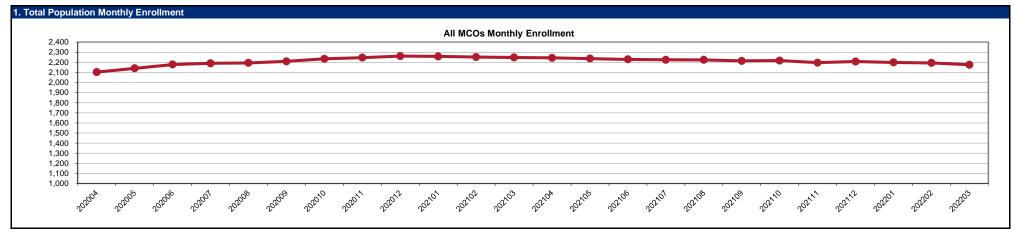
			% of Rx Spend	% of Scripts
			Curr	ent
otal Generic /				2%
	Previous Costs Current Costs	%	2%	
	(12 mon) Current (12 mon)	Change		
Brand	\$ 24,580,782 \$ 23,299,806	-5%	18%	11%
Generic	\$ 5,336,730 \$ 5,238,422	-2%	18% 80%	7-
Other Rx	\$ 590,089 \$ 456,138	-23%		87%
Total	\$ 30,507,601 \$ 28,994,365	-5%		
			Previou	ıs
			17% 81%	87%

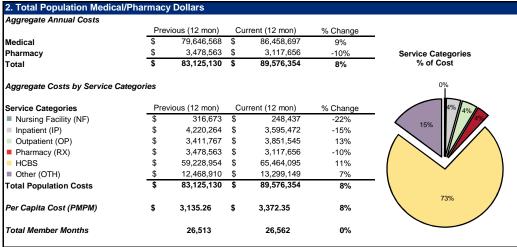
- 1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
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- 4. Amounts 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.

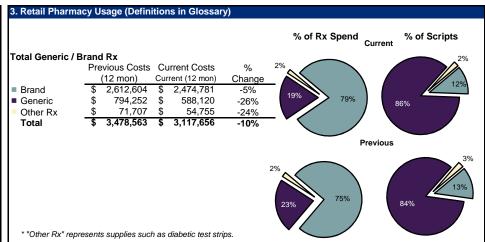


Current Period: April 1, 2021 to March 31, 2022

LTSS - Self Directed Population **Utilization and Cost Review** 







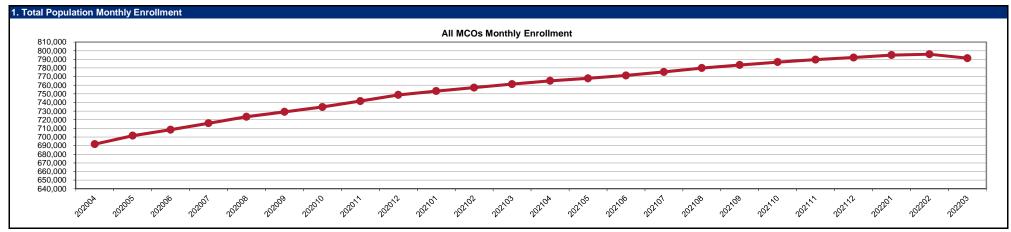
- 1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
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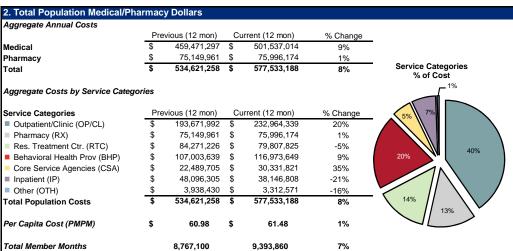


Current Period: April 1, 2021 to March 31, 2022

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

**Behavioral Health Utilization and Cost Review** 





			% of Rx Spend	% of Scripts
Total Generic	/ Brand Rx			
	Previous Costs Current Costs (12 mon) Current (12 mon)	% Change	55%	4%
■ Brand ■ Generic	\$ 38,920,176  \$ 41,851,751 \$ 36,229,785  \$ 34,144,423	8% -6%		
Total	\$ 75,149,961 \$ 75,996,174	1%	45% Previo	96% us
			52%	96%

- 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.
- 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.

