

Program Changes Effective 7/1/2018	
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%.

Program Changes Effective 1/1/2019	
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.

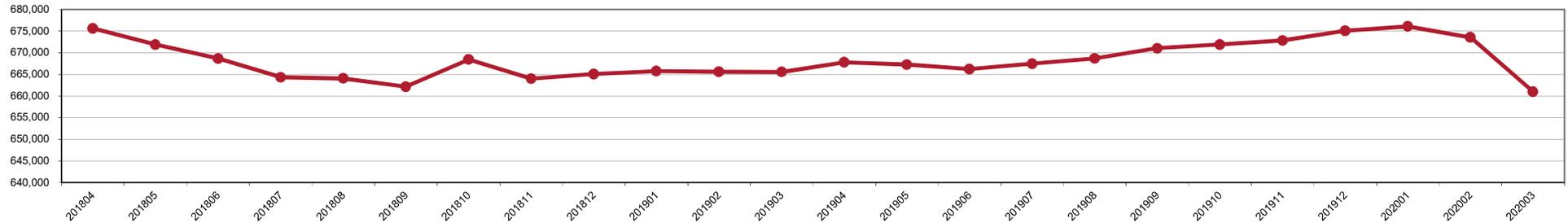
Program Changes Effective 7/1/2019	
E&M Fee Schedule Increase	Increase to all FFS rates for procedure codes 99201–99499 below 90% to 90% of the CY2019 Medicare fee schedules. FFS procedure codes already above 90% remain unchanged. Procedure codes without a corresponding Medicare fee schedule have been 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 Management	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.

Program Changes Effective 10/1/2019	
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 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	

Program Changes Effective 1/1/2020	
Community Hospital – Native Americans Rate Increase	The Community Hospital – Native Americans Rate Increase reflects a 13.0% increase to reimbursement levels for inpatient services for eligible in-state hospitals.
For-Profit & Government-Owned Hospital Rate Increase	The For-Profit & Government Owned Hospital Rate Increase reflects a 2.0% increase to reimbursement levels to inpatient and outpatient services for in-state for-profit/investor-owned and government-owned hospitals (excluding UNM hospitals).
Adult Residential Treatment Center	The Adult RTC adjustment reflects the added benefit for adults to receive SUD services at three adult RTCs.
Photo-Ocular Screening	The Photo-Ocular Screening adjustment effective January 1, 2020 reflects an expansion of vision screenings available during well-child visits that will include procedure code 99177.
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.
NF VBP	The NF VBP adjustment reflects a \$4.5 million increase to Nursing Facilities to improve quality outcomes by comparing the nursing facilities to CMS benchmarks. After the completion of the contract year, a reconciliation will be performed to reflect actual experience.
PCS Minimum Wage Adjustment	The PCS Minimum Wage Adjustment reflects New Mexico's average minimum wage increasing from \$7.50 to \$9.00 per hour.
Long-Acting Reversible Contraception (1/1/2020)	The Long-Acting Reversible Contraception (LARC) fee schedule increase reflects the following additional rate increases: a 100.9% to procedure code 11981, 100.0% to procedure codes 11982, 11983, 58301 and a 152.0% to procedure code 58300.
Leap Day Adjustment	The Leap Day Adjustment reflects an additional day of utilization for nursing facility and HCBS services.
HCQS and NF MBI Adjustments	The Health Care Quality Surcharge (HCQS) and Nursing Facility Market Basket Increase (NF MBI) adjustment reflects a new surcharge for nursing facilities with over 60 beds and a 2.8% market basket increase to all nursing facilities.

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	4,678,979	4,642,348	-1%
Long Term Services and Supports	581,099	578,985	0%
Other Adult Group	2,741,109	2,817,620	3%
Total Member Months	8,001,187	8,038,953	0%

Aggregate Medical Costs by Program			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 1,267,432,095	\$ 1,363,728,464	8%
Long Term Services and Supports	\$ 856,241,553	\$ 921,889,023	8%
Other Adult Group Physical Health	\$ 1,057,853,238	\$ 1,178,975,849	11%
Behavioral Health - All Members	\$ 386,774,116	\$ 434,532,533	12%
Total Medical Costs	\$ 3,568,301,002	\$ 3,899,125,869	9%

Per Capita Medical Costs by Program (PMPM)			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 270.88	\$ 293.76	8%
Long Term Services and Supports	\$ 1,473.49	\$ 1,592.25	8%
Other Adult Group Physical Health	\$ 385.92	\$ 418.43	8%
Behavioral Health - All Members	\$ 48.34	\$ 54.05	12%
Total	\$ 445.97	\$ 485.03	9%

Aggregate Non-Medical Costs			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 390,854,523	\$ 398,953,244	2%
NMMIP Assessment	\$ 54,377,795	\$ 67,710,385	25%
Premium Tax - Net of NMMIP Offset	\$ 140,181,851	\$ 145,160,156	4%
Total Non-Medical Costs	\$ 585,414,168	\$ 611,823,786	5%

Estimated Total Centennial Care Costs			
Programs	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 3,568,301,002	\$ 3,899,125,869	9%
Non-Medical	\$ 585,414,168	\$ 611,823,786	5%
Total	\$ 4,153,715,170	\$ 4,510,949,655	9%

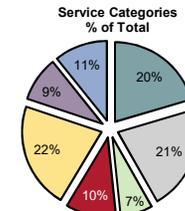
3. Total Program Medical/Pharmacy Dollars

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 729,451,890	\$ 773,391,877	6%
Acute Outp/Phy	\$ 761,407,873	\$ 825,038,259	8%
Nursing Facility	\$ 234,440,507	\$ 230,794,265	-2%
Community Benefit/PCO	\$ 366,267,662	\$ 418,970,392	14%
Other Services	\$ 767,625,023	\$ 861,958,625	12%
Behavioral Health	\$ 323,715,511	\$ 374,833,069	16%
Pharmacy (All)	\$ 385,392,536	\$ 414,139,383	7%
Total Costs	\$ 3,568,301,002	\$ 3,899,125,869	9%

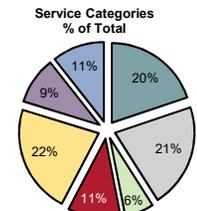
Per Capita Medical Costs by Service Categories (PMPM)			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 91.17	\$ 96.21	6%
Acute Outp/Phy	\$ 95.16	\$ 102.63	8%
Nursing Facility	\$ 29.30	\$ 28.71	-2%
Community Benefit/PCO	\$ 45.78	\$ 52.12	14%
Other Services	\$ 95.94	\$ 107.22	12%
Behavioral Health	\$ 40.46	\$ 46.63	15%
Pharmacy (All)	\$ 48.17	\$ 51.52	7%
Total	\$ 445.97	\$ 485.03	9%

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

Previous (12 mon) service distribution



Current (12 mon) service distribution

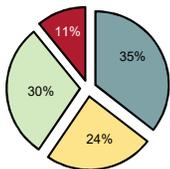


4. Notes

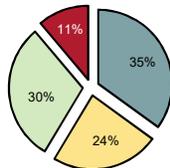
- Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
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- Other Services includes, but is not limited to, the following services: emergent transportation, non-emergent transportation, vision, and dental.
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Centennial Care Medical Expenditures

Previous (Q2CY2018 - Q1CY2019)



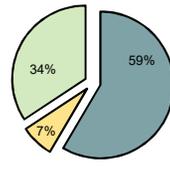
Current (Q2CY2019 - Q1CY2020)



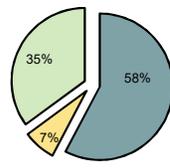
*See above for legend.

Centennial Care Member Months

Previous (Q2CY2018 - Q1CY2019)



Current (Q2CY2019 - Q1CY2020)



*See above for legend.

State of New Mexico - All MCOs

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

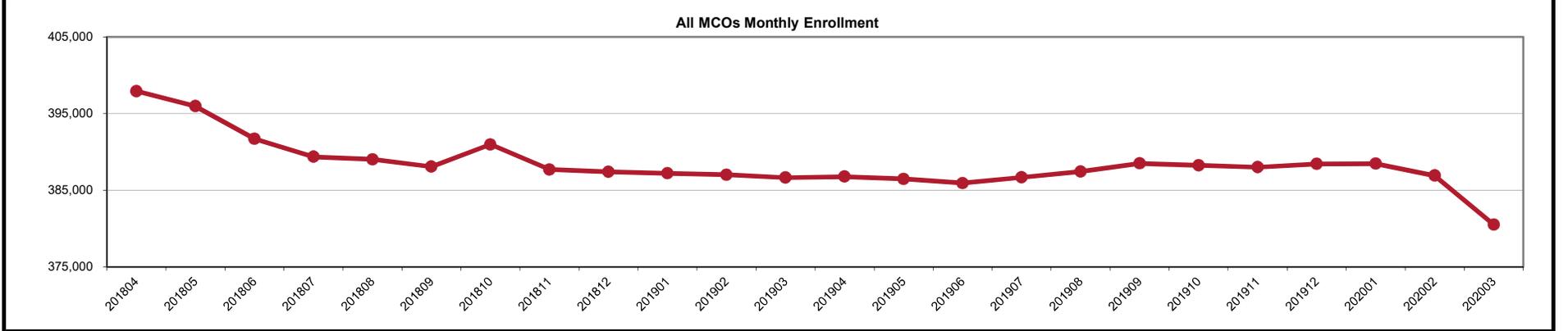
Physical Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2020

Previous Period: April 1, 2018 to March 31, 2019

Current Period: April 1, 2019 to March 31, 2020

1. Total Population Monthly Enrollment



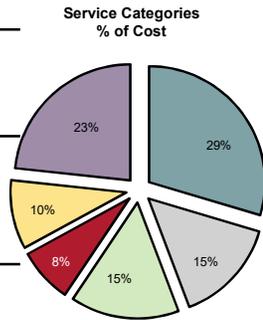
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,147,920,922	\$ 1,232,520,040	7%
Pharmacy	\$ 119,511,172	\$ 131,208,424	10%
Total	\$ 1,267,432,095	\$ 1,363,728,464	8%

Aggregate Costs by Service Categories

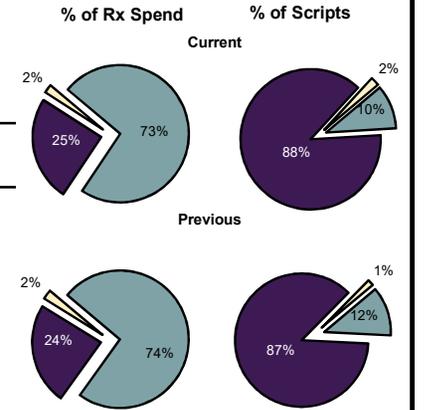
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 376,361,759	\$ 403,458,269	7%
Outpatient (OP)	\$ 183,637,961	\$ 199,744,554	9%
Physician (PH)	\$ 205,430,866	\$ 207,014,676	1%
Emergency Department (ED)	\$ 88,828,701	\$ 104,255,628	17%
Pharmacy (RX)	\$ 119,511,172	\$ 131,208,424	10%
Other (OTH)	\$ 293,661,636	\$ 318,046,913	8%
Total Population Costs	\$ 1,267,432,095	\$ 1,363,728,464	8%
Per Capita Cost (PMPM)	\$ 270.88	\$ 293.76	8%
Total Member Months	4,678,979	4,642,348	-1%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 88,199,639	\$ 96,123,076	9%
Generic	\$ 28,562,236	\$ 32,389,308	13%
Other Rx	\$ 2,749,298	\$ 2,696,039	-2%
Total	\$ 119,511,172	\$ 131,208,424	10%

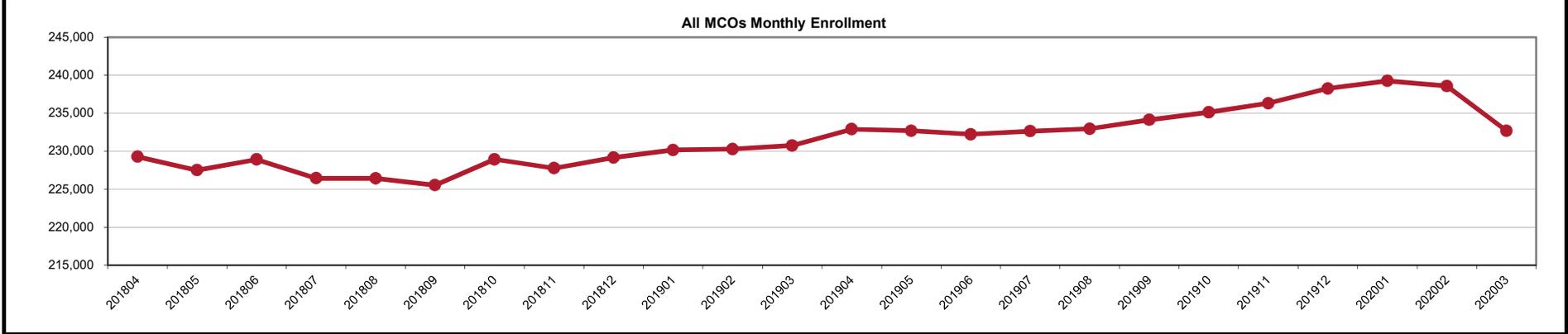


* "Other Rx" represents supplies such as diabetic test strips.

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.

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 884,778,977	\$ 985,294,819	11%
Pharmacy	\$ 173,074,261	\$ 193,681,030	12%
Total	\$ 1,057,853,238	\$ 1,178,975,849	11%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 288,637,265	\$ 311,670,006	8%
Outpatient (OP)	\$ 166,108,146	\$ 193,141,705	16%
Physician (PH)	\$ 148,822,193	\$ 158,017,555	6%
Emergency Department (ED)	\$ 85,837,181	\$ 103,100,314	20%
Pharmacy (RX)	\$ 173,074,261	\$ 193,681,030	12%
Other (OTH)	\$ 195,374,192	\$ 219,365,240	12%
Total Population Costs	\$ 1,057,853,238	\$ 1,178,975,849	11%
Per Capita Cost (PMPM)	\$ 385.92	\$ 418.43	8%
Total Member Months	2,741,109	2,817,620	3%

Service Categories % of Cost	
Inpatient (IP)	27%
Outpatient (OP)	16%
Physician (PH)	16%
Emergency Department (ED)	9%
Pharmacy (RX)	13%
Other (OTH)	19%

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 140,197,807	\$ 154,783,174	10%
Generic	\$ 28,937,842	\$ 34,534,803	19%
Other Rx	\$ 3,938,612	\$ 4,363,053	11%
Total	\$ 173,074,261	\$ 193,681,030	12%

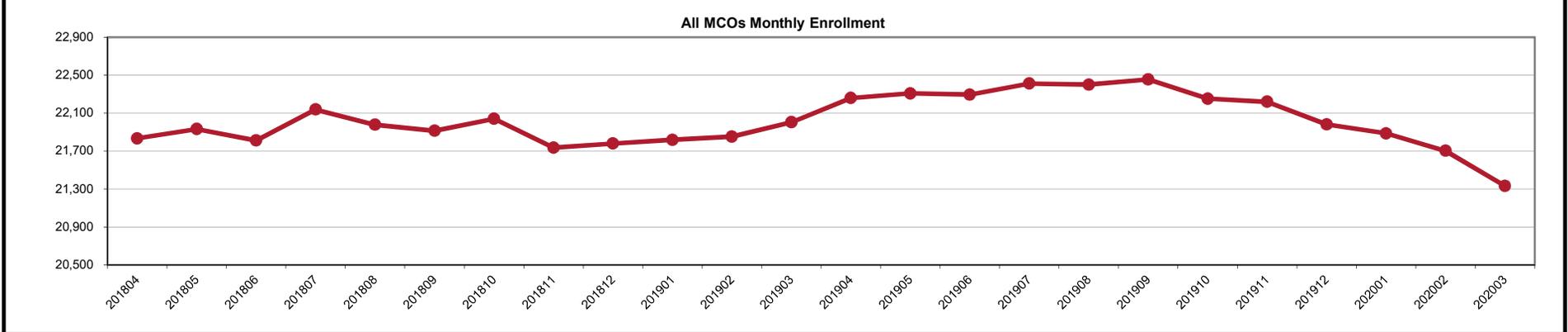
% of Rx Spend		% of Scripts	
Brand	80%	88%	10%
Generic	18%	8%	2%
Other Rx	2%	4%	2%

* "Other Rx" represents supplies such as diabetic 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	\$ 41,432,464	\$ 44,100,157	6%
Pharmacy	\$ 915,806	\$ 484,530	-47%
Total	\$ 42,348,270	\$ 44,584,687	5%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 7,208,133	\$ 5,933,090	-18%
Outpatient (OP)	\$ 8,254,024	\$ 9,069,467	10%
Physician (PH)	\$ 4,914,995	\$ 5,823,773	18%
Emergency Department (ED)	\$ 2,559,028	\$ 3,049,030	19%
Pharmacy (RX)	\$ 915,806	\$ 484,530	-47%
Other (OTH)	\$ 18,496,284	\$ 20,224,797	9%
Total Population Costs	\$ 42,348,270	\$ 44,584,687	5%

Per Capita Cost (PMPM)	Previous (12 mon)	Current (12 mon)	% Change
	\$ 161.13	\$ 167.93	4%

Total Member Months	Previous (12 mon)	Current (12 mon)	% Change
	262,824	265,492	1%

3. Retail Pharmacy Usage (Definitions in Glossary)

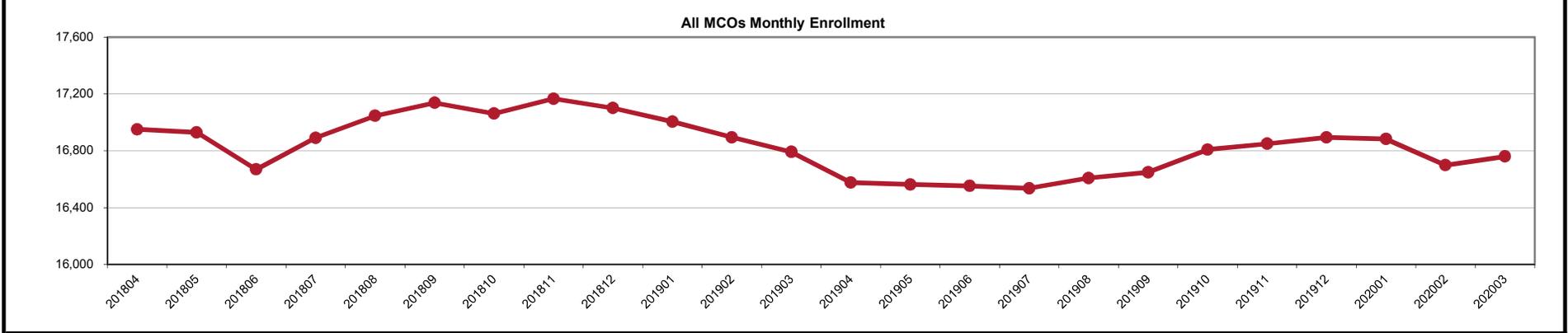
Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 655,376	\$ 277,061	-58%
Generic	\$ 223,363	\$ 158,752	-29%
Other Rx	\$ 37,067	\$ 48,717	31%
Total	\$ 915,806	\$ 484,530	-47%

* "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	\$ 482,127,583	\$ 507,865,134	5%
Pharmacy	\$ 482,767	\$ 123,042	-75%
Total	\$ 482,610,350	\$ 507,988,176	5%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 200,574,778	\$ 227,031,240	13%
Nursing Facility (NF)	\$ 209,342,300	\$ 205,231,531	-2%
Inpatient (IP)	\$ 11,322,024	\$ 6,927,578	-39%
Outpatient (OP)	\$ 12,136,718	\$ 13,609,181	12%
Pharmacy (RX)	\$ 482,767	\$ 123,042	-75%
HCBS	\$ 14,847,061	\$ 19,006,212	28%
Other (OTH)	\$ 33,904,702	\$ 36,059,392	6%
Total Population Costs	\$ 482,610,350	\$ 507,988,176	5%

Service Categories % of Cost			
Personal Care (PCO)	45%		
Nursing Facility (NF)	40%		
Other (OTH)	7%		
HCBS	4%		
Outpatient (OP)	3%		
Inpatient (IP)	1%		
Pharmacy (RX)	0%		

Per Capita Cost (PMPM)			
	Previous (12 mon)	Current (12 mon)	% Change
Per Capita Cost (PMPM)	\$ 2,369.97	\$ 2,535.20	7%

Total Member Months			
	Previous (12 mon)	Current (12 mon)	% Change
Total Member Months	203,636	200,374	-2%

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 353,822	\$ 45,343	-87%
Generic	\$ 99,834	\$ 60,693	-39%
Other Rx	\$ 29,111	\$ 17,006	-42%
Total	\$ 482,767	\$ 123,042	-75%

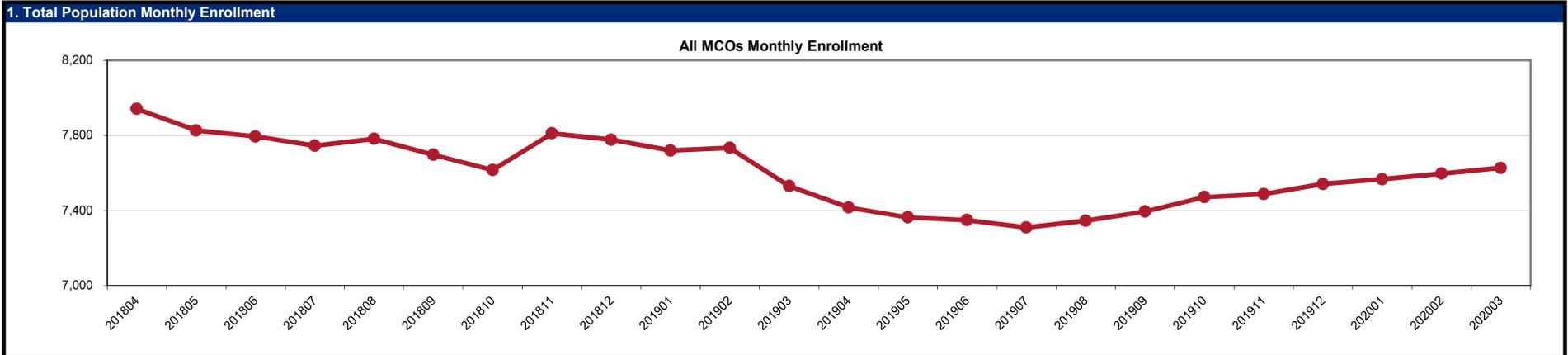
% of Rx Spend		% of Scripts	
Brand	37%	10%	9%
Generic	63%	81%	91%
Other Rx	14%	9%	0%

Previous		Current	
Brand	73%	73%	73%
Generic	21%	21%	21%
Other Rx	6%	6%	6%

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

4. Notes

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



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 240,266,316	\$ 264,183,313	10%
Pharmacy	\$ 24,588,025	\$ 25,340,582	3%
Total	\$ 264,854,341	\$ 289,523,894	9%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 91,152,094	\$ 97,727,702	7%
Nursing Facility (NF)	\$ 24,810,382	\$ 25,247,435	2%
Inpatient (IP)	\$ 42,883,484	\$ 43,029,040	0%
Outpatient (OP)	\$ 28,993,129	\$ 34,490,912	19%
Pharmacy (RX)	\$ 24,588,025	\$ 25,340,582	3%
HCBS	\$ 8,625,879	\$ 11,993,172	39%
Other (OTH)	\$ 43,801,349	\$ 51,695,052	18%
Total Population Costs	\$ 264,854,341	\$ 289,523,894	9%
Per Capita Cost (PMPM)	\$ 2,848.69	\$ 3,235.74	14%
Total Member Months	92,974	89,477	-4%

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	\$ 19,685,743	\$ 20,221,665	3%
Generic	\$ 4,265,072	\$ 4,460,619	5%
Other Rx	\$ 637,210	\$ 658,298	3%
Total	\$ 24,588,025	\$ 25,340,582	3%

% of Rx Spend

Current

Previous

% of Scripts

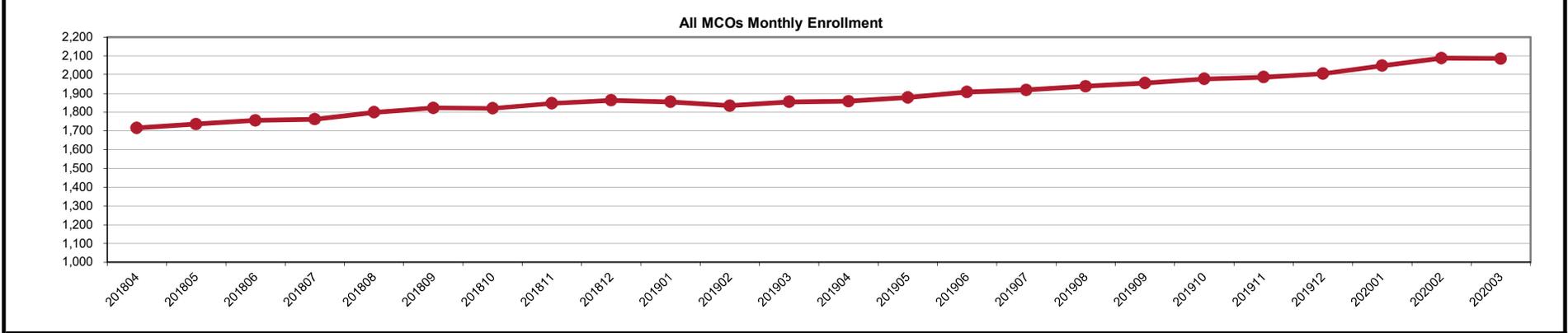
Current

Previous

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- ### 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	\$ 62,666,692	\$ 76,189,954	22%
Pharmacy	\$ 3,761,899	\$ 3,602,312	-4%
Total	\$ 66,428,592	\$ 79,792,266	20%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	\$ 287,825	\$ 315,299	10%
Inpatient (IP)	\$ 3,039,226	\$ 2,373,894	-22%
Outpatient (OP)	\$ 3,109,841	\$ 4,126,435	33%
Pharmacy (RX)	\$ 3,761,899	\$ 3,602,312	-4%
HCBS	\$ 51,067,851	\$ 63,212,066	24%
Other (OTH)	\$ 5,161,951	\$ 6,162,260	19%
Total Population Costs	\$ 66,428,592	\$ 79,792,266	20%

Per Capita Cost (PMPM)			
	Previous (12 mon)	Current (12 mon)	% Change
Per Capita Cost (PMPM)	\$ 3,066.17	\$ 3,375.02	10%

Total Member Months			
	Previous (12 mon)	Current (12 mon)	% Change
Total Member Months	21,665	23,642	9%

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 2,951,286	\$ 2,854,726	-3%
Generic	\$ 706,189	\$ 670,130	-5%
Other Rx	\$ 104,425	\$ 77,455	-26%
Total	\$ 3,761,899	\$ 3,602,312	-4%

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)

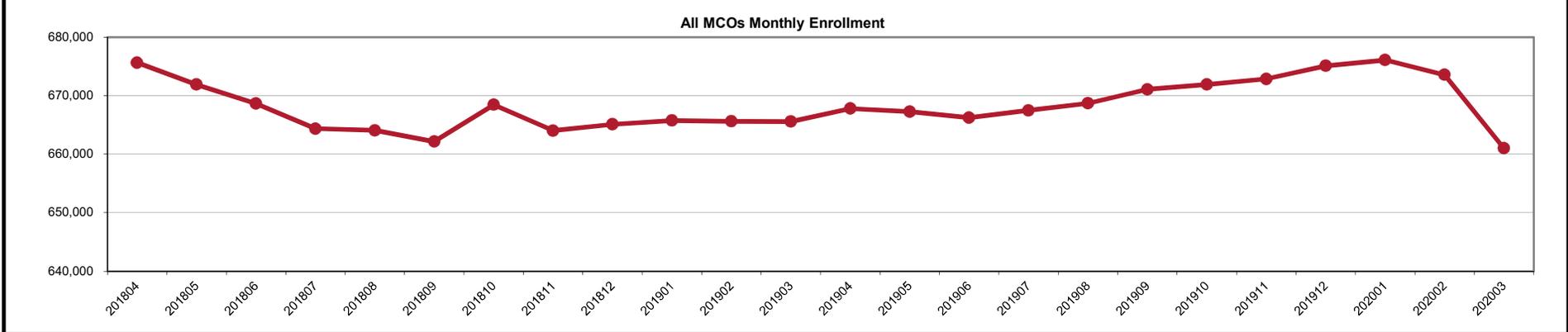
Behavioral Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: March 31, 2020

Previous Period: April 1, 2018 to March 31, 2019

Current Period: April 1, 2019 to March 31, 2020

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 323,715,511	\$ 374,833,069	16%
Pharmacy	\$ 63,058,604	\$ 59,699,464	-5%
Total	\$ 386,774,116	\$ 434,532,533	12%

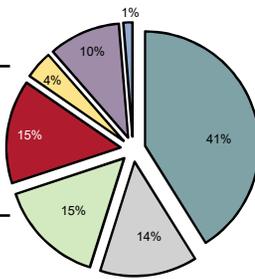
Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 140,993,735	\$ 178,686,508	27%
Pharmacy (RX)	\$ 63,058,604	\$ 59,699,464	-5%
Res. Treatment Ctr. (RTC)	\$ 69,803,492	\$ 65,470,215	-6%
Behavioral Health Prov (BHP)	\$ 45,174,382	\$ 63,776,133	41%
Core Service Agencies (CSA)	\$ 16,928,559	\$ 17,142,252	1%
Inpatient (IP)	\$ 44,567,858	\$ 44,159,105	-1%
Other (OTH)	\$ 6,247,485	\$ 5,598,856	-10%
Total Population Costs	\$ 386,774,116	\$ 434,532,533	12%

Per Capita Cost (PMPM) \$ 48.34 \$ 54.05 12%

Total Member Months 8,001,187 8,038,953 0%

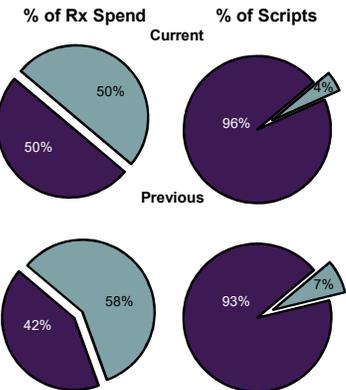
Services Categories % of Cost



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 36,812,114	\$ 29,854,704	-19%
Generic	\$ 26,246,491	\$ 29,844,760	14%
Total	\$ 63,058,604	\$ 59,699,464	-5%



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.