

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.

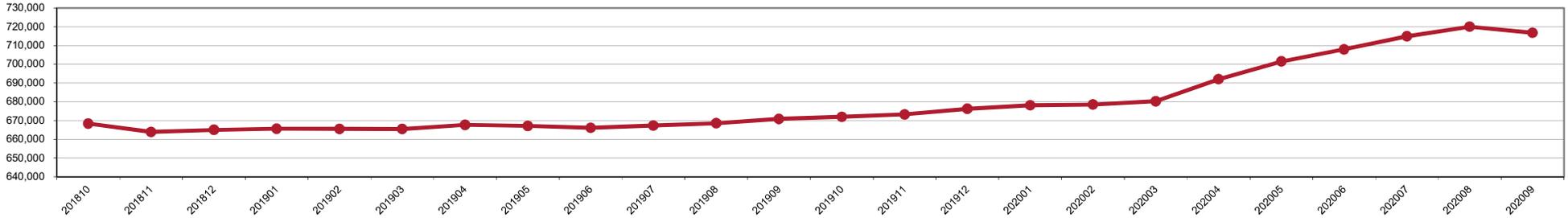
Program Changes Effective 10/1/2019	
BH Outpatient Rate Increase	Increase to all BH OP rates below 90% to 90% of the CY2019 Medicare fee schedules. FFS procedure codes already above 90% remain unchanged. Procedure codes without a Medicare fee schedule have been increased by 30%.
ECHO E&M Reimbursement 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	Increase of 3.8% for all inpatient and outpatient services for in-state not-for-profit hospitals.

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.

Program Changes Effective 7/1/2020	
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 for these services.
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%.
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 adjustment accounts for the increased rates from the incentive fees paid prior to July 1, 2020 to procedure code 99213.

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	4,648,018	4,801,125	3%
Long Term Services and Supports	580,201	587,959	1%
Other Adult Group	2,773,196	2,922,107	5%
Total Member Months	8,001,415	8,311,191	4%

Programs	Aggregate Medical Costs by Program			Per Capita Medical Costs by Program (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	\$ 1,291,513,296	\$ 1,381,266,141	7%	\$ 277.86	\$ 287.70	4%
Long Term Services and Supports	\$ 878,606,450	\$ 1,021,828,742	16%	\$ 1,514.31	\$ 1,737.93	15%
Other Adult Group Physical Health	\$ 1,103,264,569	\$ 1,271,075,503	15%	\$ 397.83	\$ 434.99	9%
Behavioral Health - All Members	\$ 392,311,532	\$ 500,821,409	28%	\$ 49.03	\$ 60.26	23%
Total Medical Costs	\$ 3,665,695,847	\$ 4,174,991,794	14%	\$ 458.13	\$ 502.33	10%

Aggregate Non-Medical Costs	Previous (12 mon)			Current (12 mon)			% Change		
	Amount	Amount	% Change	Amount	Amount	% Change			
Admin, care coordination, Centennial Rewards	\$ 402,361,446	\$ 399,770,298	-1%	\$ 50.29	\$ 48.10	-4%			
NMMIP Assessment	\$ 58,546,336	\$ 79,418,976	36%	\$ 7.32	\$ 9.56	31%			
Premium Tax - Net of NIMMP Offset	\$ 139,440,248	\$ 157,439,211	13%	\$ 17.43	\$ 18.94	9%			
Total Non-Medical Costs	\$ 600,348,029	\$ 636,628,485	6%	\$ 75.03	\$ 76.60	2%			

Estimated Total Centennial Care Costs	Previous (12 mon)	Current (12 mon)	% Change
	\$ 4,266,043,876	\$ 4,811,620,279	13%

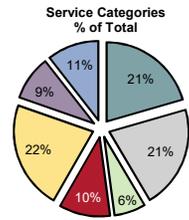
3. Total Program Medical/Pharmacy Dollars

Medical Pharmacy	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	\$ 3,277,685,451	\$ 3,735,389,469	14%	\$ 409.64	\$ 449.44	10%
Pharmacy	\$ 388,010,396	\$ 439,602,325	13%	\$ 48.49	\$ 52.89	9%
Total	\$ 3,665,695,847	\$ 4,174,991,794	14%	\$ 458.13	\$ 502.33	10%

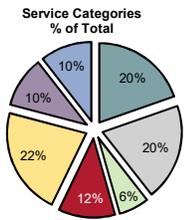
Service Categories	Aggregate Costs by Service Categories			Per Capita Medical Costs by Service Categories (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 752,979,817	\$ 821,804,883	9%	\$ 94.11	\$ 98.88	5%
Acute Outp/Phy	\$ 768,240,573	\$ 824,096,406	7%	\$ 96.01	\$ 99.16	3%
Nursing Facility	\$ 234,585,122	\$ 257,817,987	10%	\$ 29.32	\$ 31.02	6%
Community Benefit/PCO	\$ 381,042,828	\$ 482,646,230	27%	\$ 47.62	\$ 58.07	22%
Other Services	\$ 808,515,317	\$ 915,363,021	13%	\$ 101.05	\$ 110.14	9%
Behavioral Health	\$ 332,321,793	\$ 433,660,941	30%	\$ 41.53	\$ 52.18	26%
Pharmacy (All)	\$ 388,010,396	\$ 439,602,325	13%	\$ 48.49	\$ 52.89	9%
Total Costs	\$ 3,665,695,847	\$ 4,174,991,794	14%	\$ 458.13	\$ 502.33	10%

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

Previous (12 mon) service distribution



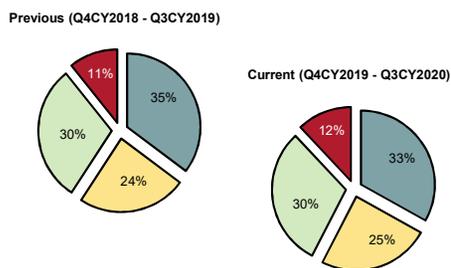
Current (12 mon) service distribution



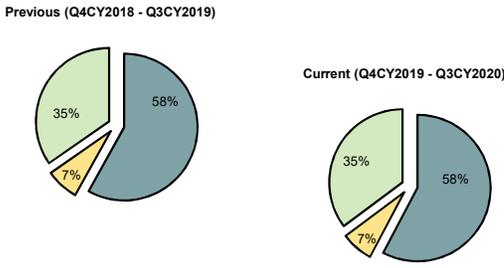
4. Notes

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.

Centennial Care Medical Expenditures



Centennial Care Member Months



*See above for legend.

*See above for legend.

State of New Mexico - All MCOs

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

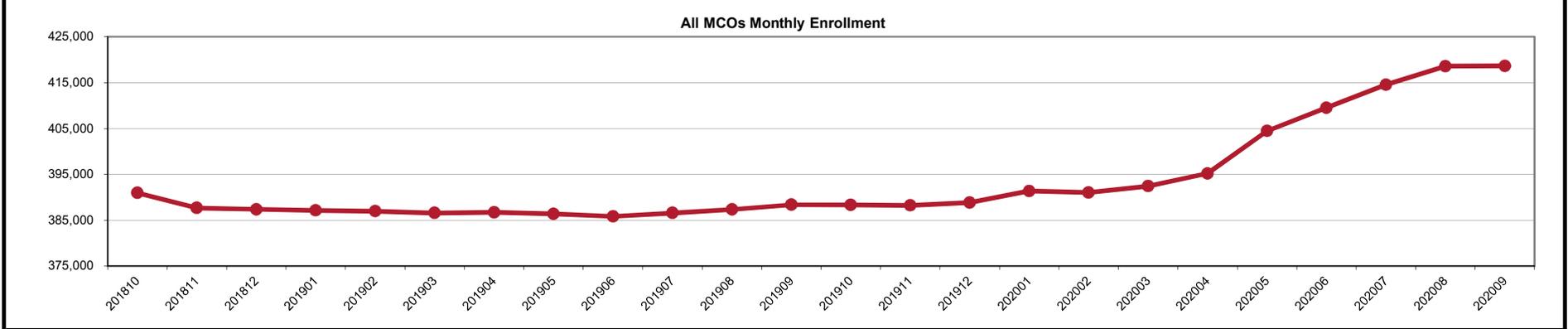
Physical Health Utilization and Cost Review

Reported Eligibility for Members Enrolled as of: September 30, 2020

Previous Period: October 1, 2018 to September 30, 2019

Current Period: October 1, 2019 to September 30, 2020

1. Total Population Monthly Enrollment



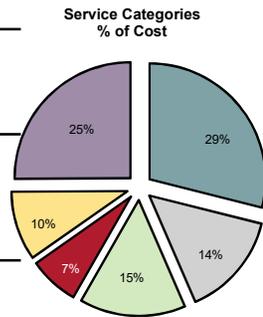
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,169,069,362	\$ 1,247,989,888	7%
Pharmacy	\$ 122,443,933	\$ 133,276,253	9%
Total	\$ 1,291,513,296	\$ 1,381,266,141	7%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 385,161,533	\$ 399,343,133	4%
Outpatient (OP)	\$ 185,529,207	\$ 201,340,257	9%
Physician (PH)	\$ 199,083,701	\$ 204,326,559	3%
Emergency Department (ED)	\$ 88,845,631	\$ 96,450,520	9%
Pharmacy (RX)	\$ 122,443,933	\$ 133,276,253	9%
Other (OTH)	\$ 310,449,290	\$ 346,529,419	12%
Total Population Costs	\$ 1,291,513,296	\$ 1,381,266,141	7%
Per Capita Cost (PMPM)	\$ 277.86	\$ 287.70	4%
Total Member Months	4,648,018	4,801,125	3%

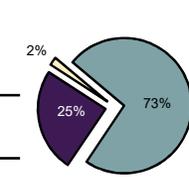


3. Retail Pharmacy Usage (Definitions in Glossary)

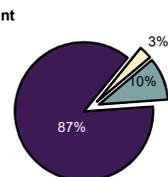
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 90,961,812	\$ 97,711,339	7%
Generic	\$ 28,805,801	\$ 32,949,325	14%
Other Rx	\$ 2,676,320	\$ 2,615,589	-2%
Total	\$ 122,443,933	\$ 133,276,253	9%

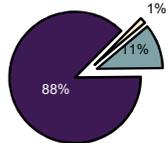
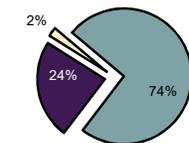
% of Rx Spend



% of Scripts



Previous



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

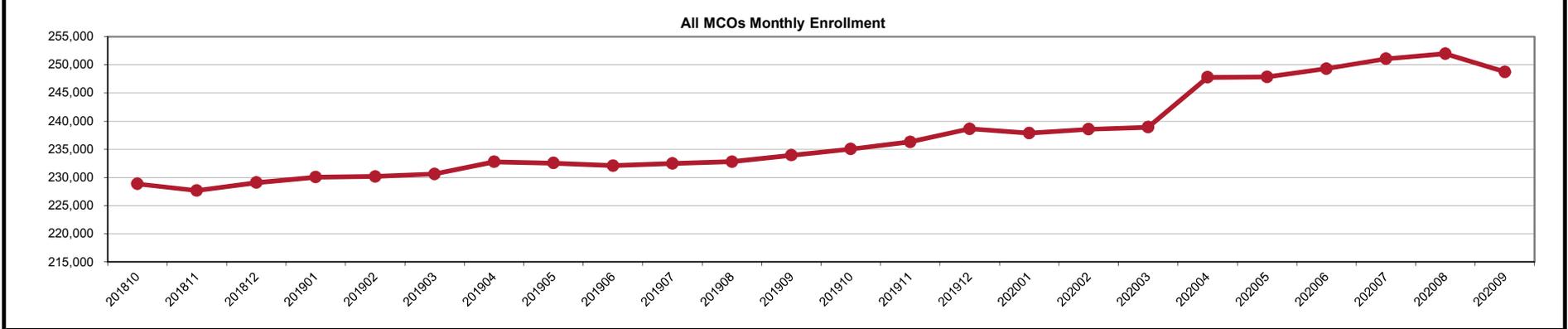
4. Notes

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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: September 30, 2020
 Previous Period: October 1, 2018 to September 30, 2019
 Current Period: October 1, 2019 to September 30, 2020

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

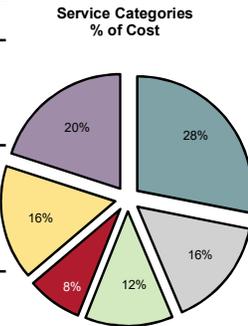
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 926,197,549	\$ 1,065,437,051	15%
Pharmacy	\$ 177,067,020	\$ 205,638,452	16%
Total	\$ 1,103,264,569	\$ 1,271,075,503	15%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 303,834,544	\$ 356,874,043	17%
Outpatient (OP)	\$ 172,992,105	\$ 197,762,136	14%
Physician (PH)	\$ 149,477,575	\$ 157,522,132	5%
Emergency Department (ED)	\$ 89,051,010	\$ 98,682,390	11%
Pharmacy (RX)	\$ 177,067,020	\$ 205,638,452	16%
Other (OTH)	\$ 210,842,314	\$ 254,596,351	21%
Total Population Costs	\$ 1,103,264,569	\$ 1,271,075,503	15%

Per Capita Cost (PMPM) \$ 397.83 \$ 434.99 9%

Total Member Months 2,773,196 2,922,107 5%

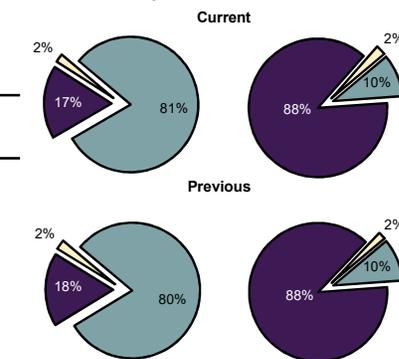


3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 142,022,379	\$ 165,544,223	17%
Generic	\$ 30,913,494	\$ 35,880,851	16%
Other Rx	\$ 4,131,146	\$ 4,213,377	2%
Total	\$ 177,067,020	\$ 205,638,452	16%

% of Rx Spend % of Scripts

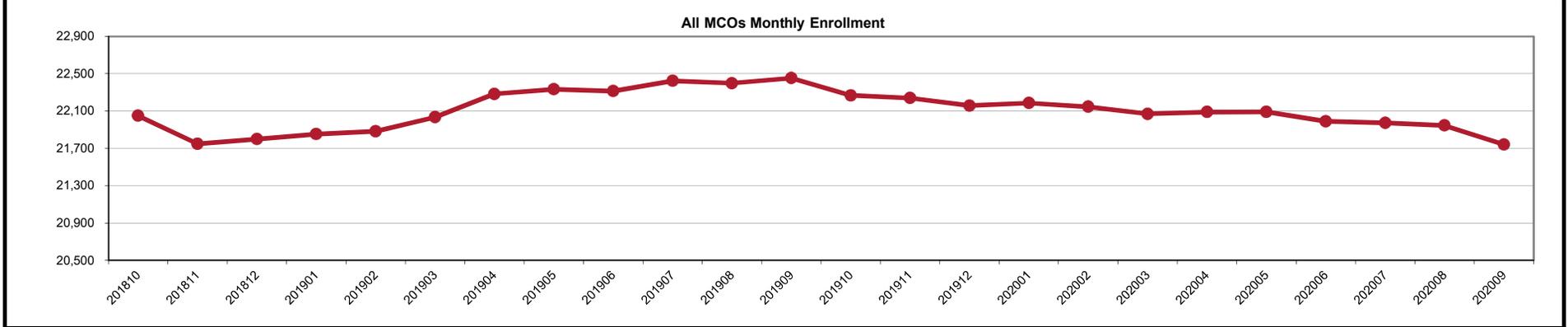


* "Other Rx" represents supplies such as diabetic strips.

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

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 44,556,011	\$ 46,528,303	4%
Pharmacy	\$ 797,347	\$ 540,816	-32%
Total	\$ 45,353,358	\$ 47,069,119	4%

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 7,549,673	\$ 7,194,141	-5%
Outpatient (OP)	\$ 8,980,185	\$ 8,758,551	-2%
Physician (PH)	\$ 5,205,886	\$ 5,631,992	8%
Emergency Department (ED)	\$ 2,939,699	\$ 2,513,465	-14%
Pharmacy (RX)	\$ 797,347	\$ 540,816	-32%
Other (OTH)	\$ 19,880,568	\$ 22,430,154	13%
Total Population Costs	\$ 45,353,358	\$ 47,069,119	4%

Per Capita Cost (PMPM)	Previous (12 mon)	Current (12 mon)	% Change
	\$ 170.77	\$ 177.68	4%

Total Member Months	Previous (12 mon)	Current (12 mon)	% Change
	265,577	264,906	0%

3. Retail Pharmacy Usage (Definitions in Glossary)

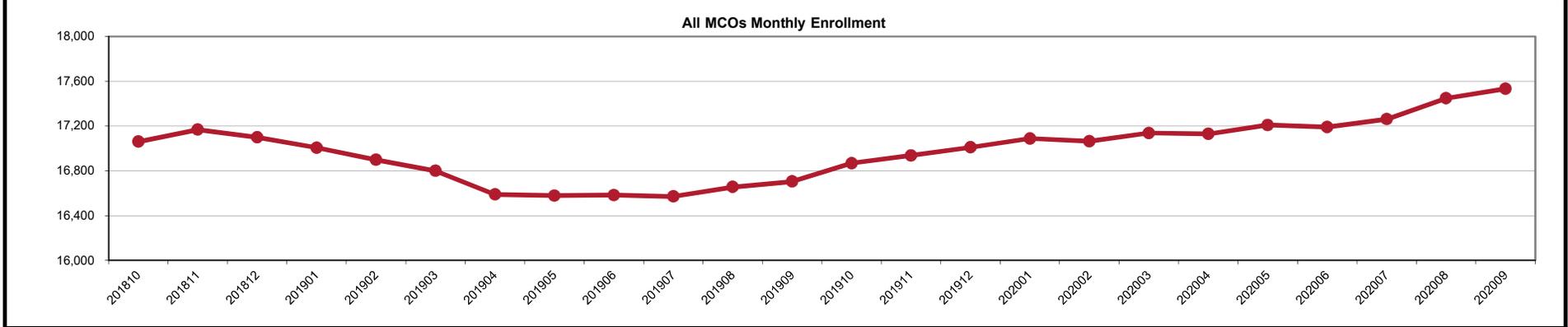
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 547,366	\$ 291,129	-47%
Generic	\$ 208,569	\$ 176,579	-15%
Other Rx	\$ 41,413	\$ 73,108	77%
Total	\$ 797,347	\$ 540,816	-32%

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

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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	\$ 492,951,270	\$ 574,233,754	16%
Pharmacy	\$ 388,801	\$ 199,645	-49%
Total	\$ 493,340,071	\$ 574,433,399	16%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 209,388,394	\$ 264,550,177	26%
Nursing Facility (NF)	\$ 209,168,720	\$ 229,897,289	10%
Inpatient (IP)	\$ 11,162,235	\$ 9,315,797	-17%
Outpatient (OP)	\$ 13,244,946	\$ 13,193,657	0%
Pharmacy (RX)	\$ 388,801	\$ 199,645	-49%
HCBS	\$ 14,947,488	\$ 20,578,127	38%
Other (OTH)	\$ 35,039,487	\$ 36,698,707	5%
Total Population Costs	\$ 493,340,071	\$ 574,433,399	16%

Per Capita Cost (PMPM)	Previous (12 mon)	Current (12 mon)	% Change
	\$ 2,445.73	\$ 2,790.20	14%

Total Member Months	Previous (12 mon)	Current (12 mon)	% Change
	201,715	205,875	2%

3. Retail Pharmacy Usage (Definitions in Glossary)

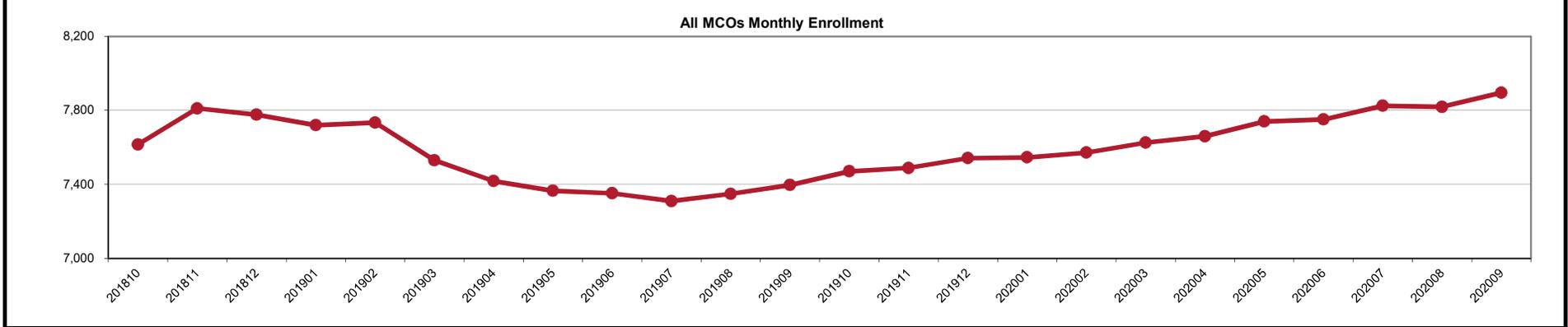
Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 271,709	\$ 92,817	-66%
Generic	\$ 93,336	\$ 75,629	-19%
Other Rx	\$ 23,756	\$ 31,198	31%
Total	\$ 388,801	\$ 199,645	-49%

* "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	\$ 245,356,378	\$ 283,795,444	16%
Pharmacy	\$ 23,479,374	\$ 29,223,830	24%
Total	\$ 268,835,752	\$ 313,019,274	16%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 92,374,947	\$ 111,296,100	20%
Nursing Facility (NF)	\$ 25,062,779	\$ 27,687,208	10%
Inpatient (IP)	\$ 42,231,965	\$ 46,671,113	11%
Outpatient (OP)	\$ 30,391,224	\$ 31,903,960	5%
Pharmacy (RX)	\$ 23,479,374	\$ 29,223,830	24%
HCBS	\$ 9,275,885	\$ 15,184,850	64%
Other (OTH)	\$ 46,019,578	\$ 51,052,212	11%
Total Population Costs	\$ 268,835,752	\$ 313,019,274	16%

Service Categories % of Cost			
Service Category	%		
Personal Care (PCO)	36%		
Nursing Facility (NF)	9%		
Inpatient (IP)	15%		
Outpatient (OP)	10%		
Pharmacy (RX)	9%		
HCBS	5%		
Other (OTH)	16%		

Per Capita Cost (PMPM)			
	Previous (12 mon)	Current (12 mon)	% Change
Per Capita Cost (PMPM)	\$ 2,974.47	\$ 3,404.71	14%

Total Member Months			
	Previous (12 mon)	Current (12 mon)	% Change
Total Member Months	90,381	91,937	2%

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 18,750,395	\$ 23,434,019	25%
Generic	\$ 4,091,095	\$ 5,117,832	25%
Other Rx	\$ 637,884	\$ 671,979	5%
Total	\$ 23,479,374	\$ 29,223,830	24%

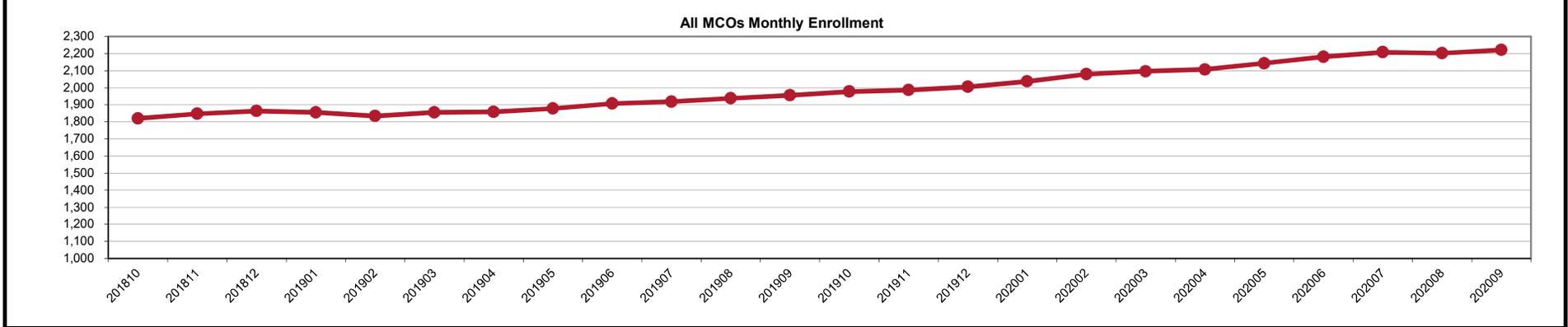
% of Rx Spend		% of Scripts	
Current	Previous	Current	Previous
Brand: 80%	Brand: 80%	Generic: 86%	Generic: 87%
Generic: 18%	Generic: 17%	Brand: 11%	Brand: 11%
Other Rx: 2%	Other Rx: 3%	Other Rx: 3%	Other Rx: 2%

* "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.

1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 67,233,088	\$ 83,744,088	25%
Pharmacy	\$ 3,844,181	\$ 3,562,862	-7%
Total	\$ 71,077,269	\$ 87,306,950	23%

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	\$ 353,624	\$ 233,490	-34%
Inpatient (IP)	\$ 3,039,867	\$ 2,406,657	-21%
Outpatient (OP)	\$ 3,335,743	\$ 3,657,162	10%
Pharmacy (RX)	\$ 3,844,181	\$ 3,562,862	-7%
HCBS	\$ 55,056,114	\$ 71,036,977	29%
Other (OTH)	\$ 5,447,740	\$ 6,409,802	18%
Total Population Costs	\$ 71,077,269	\$ 87,306,950	23%

Per Capita Cost (PMPM)	Previous (12 mon)	Current (12 mon)	% Change
	\$ 3,155.06	\$ 3,458.93	10%

Total Member Months	Previous (12 mon)	Current (12 mon)	% Change
	22,528	25,241	12%

3. Retail Pharmacy Usage (Definitions in Glossary)

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 3,131,841	\$ 2,660,070	-15%
Generic	\$ 621,902	\$ 824,058	33%
Other Rx	\$ 90,438	\$ 78,734	-13%
Total	\$ 3,844,181	\$ 3,562,862	-7%

* "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

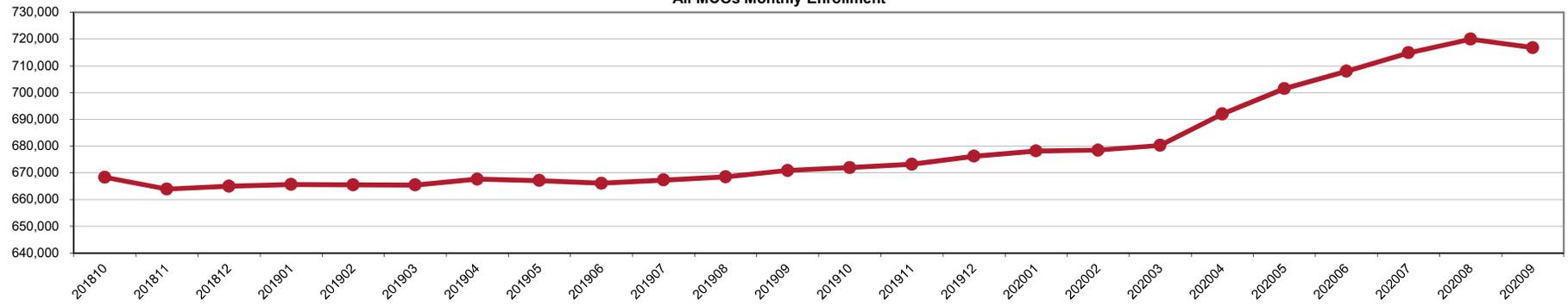
Reported Eligibility for Members Enrolled as of: September 30, 2020

Previous Period: October 1, 2018 to September 30, 2019

Current Period: October 1, 2019 to September 30, 2020

1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

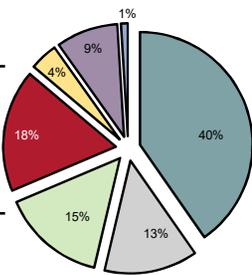
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 332,321,793	\$ 433,660,941	30%
Pharmacy	\$ 59,989,740	\$ 67,160,468	12%
Total	\$ 392,311,532	\$ 500,821,409	28%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 146,003,300	\$ 201,817,213	38%
Pharmacy (RX)	\$ 59,989,740	\$ 67,160,468	12%
Res. Treatment Ctr. (RTC)	\$ 67,801,720	\$ 74,619,179	10%
Behavioral Health Prov (BHP)	\$ 53,475,818	\$ 87,914,156	64%
Core Service Agencies (CSA)	\$ 15,750,185	\$ 20,042,563	27%
Inpatient (IP)	\$ 43,509,644	\$ 44,444,460	2%
Other (OTH)	\$ 5,781,127	\$ 4,823,370	-17%
Total Population Costs	\$ 392,311,532	\$ 500,821,409	28%
Per Capita Cost (PMPM)	\$ 49.03	\$ 60.26	23%
Total Member Months	8,001,415	8,311,191	4%

Services Categories % of Cost

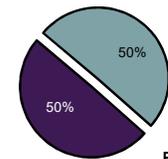


3. Retail Pharmacy Usage (Definitions in Glossary)

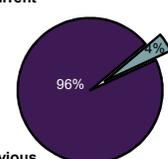
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 32,929,003	\$ 33,848,573	3%
Generic	\$ 27,060,737	\$ 33,311,895	23%
Total	\$ 59,989,740	\$ 67,160,468	12%

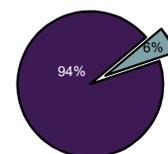
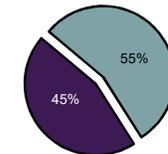
% of Rx Spend



% of Scripts



Previous



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.