

Program Changes Effective on or after 1/1/2021

Crisis Triage Center (CTC) Adjustment	Beginning in January 1, 2021, the CTC adjustment reflects the inclusion of CTC providers providing adult outpatient services.
Minimum Wage Increases	The Minimum Wage Adjustment reflects increases in the hourly minimum wage from the base period to the contract period in New Mexico over time.

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 adjustment compounds with the total MBI percentage effective July 1, 2020.
Addition of New Home Visiting Providers	The Addition of New Home Visiting Providers adjustment reflects two new providers offering Nurse Family Partnership and Parents as Teachers programs effective October 1, 2021 and three new providers will offer Parents as Teachers programs effective November 1, 2021 under the Centennial Home Visiting program.
Proposal W.2 Temporary Economic Recovery Payment	The Temporary Home & Community Based Services (HCBS) Fee Increase reflects the cost of HSD's Proposal W.2 as outlined in their American Rescue Plan Act (ARPA) spending plan, as part of their efforts to "enhance, expand, or strengthen" the HCBS workforce. The rating adjustment applied as a 15.0% increase effective July 1, 2021.

Program Changes Effective on or after 1/1/2022

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



Program Changes Effective on or after 7/1/2022

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

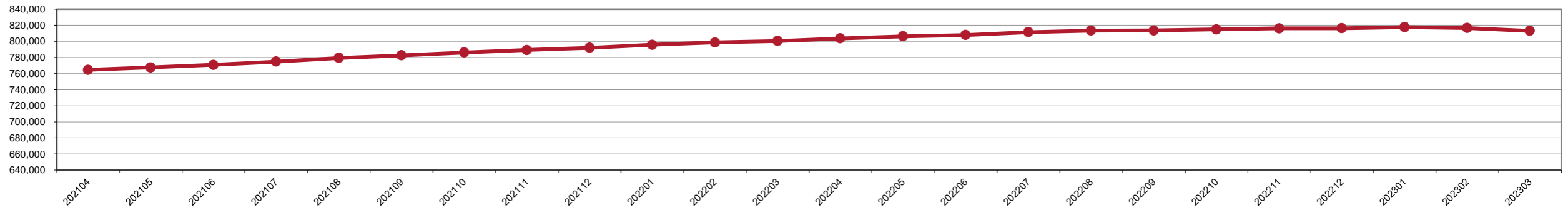
Program Changes Effective on or after 1/1/2023

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



1. Total Centennial Care Monthly Enrollment

Centennial Care Managed Care Enrollment



2. Total Centennial Care Dollars and Member Months by Program

Population	Aggregate Member Months by Program		
	Previous (12 mon)	Current (12 mon)	% Change
Physical Health	5,610,015	5,909,376	5%
Long Term Services and Supports	614,199	624,622	2%
Other Adult Group	3,178,756	3,217,016	1%
Total Member Months	9,402,970	9,751,014	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	\$ 1,707,233,006	\$ 1,771,866,464	4%	\$ 304.32	\$ 299.84	-1%
Long Term Services and Supports	\$ 1,185,808,877	\$ 1,267,667,648	7%	\$ 1,930.66	\$ 2,029.50	5%
Other Adult Group Physical Health	\$ 1,490,918,929	\$ 1,438,176,858	-4%	\$ 469.03	\$ 447.05	-5%
Behavioral Health - All Members	\$ 571,284,471	\$ 614,561,372	8%	\$ 60.76	\$ 63.03	4%
Total Medical Costs	\$ 4,955,245,282	\$ 5,092,272,340	3%	\$ 526.99	\$ 522.23	-1%

Aggregate Non-Medical Costs	Aggregate Non-Medical Costs			Per Capita Medical Costs by Program (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Admin, care coordination, Centennial Rewards	\$ 404,092,056	\$ 435,136,779	8%	\$ 42.97	\$ 44.62	4%
NMMIP Assessment	\$ 89,209,621	\$ 109,718,059	23%	\$ 9.49	\$ 11.25	19%
Premium Tax - Net of NIMMP Offset	\$ 222,562,353	\$ 361,367,684	62%	\$ 23.67	\$ 37.06	57%
Total Non-Medical Costs	\$ 715,864,030	\$ 906,222,522	27%	\$ 76.13	\$ 92.94	22%

Estimated Total Centennial Care Costs	Previous (12 mon)	Current (12 mon)	% Change
	\$ 5,671,109,312	\$ 5,998,494,863	6%

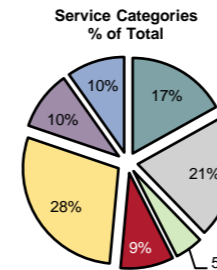
3. Total Program Medical/Pharmacy Dollars

Medical	Aggregate Costs by Service Categories			Per Capita Medical Costs by Service Categories (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 4,470,101,861	\$ 4,547,525,295	2%	\$ 475.39	\$ 466.36	-2%
Pharmacy	\$ 485,143,421	\$ 544,747,046	12%	\$ 51.59	\$ 55.87	8%
Total	\$ 4,955,245,282	\$ 5,092,272,340	3%	\$ 526.99	\$ 522.23	-1%

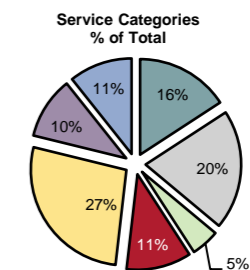
Service Categories	Aggregate Costs by Service Categories			Per Capita Medical Costs by Service Categories (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 837,762,362	\$ 804,922,861	-4%	\$ 89.10	\$ 82.55	-7%
Acute Outp/Phy	\$ 1,032,619,035	\$ 1,031,807,612	0%	\$ 109.82	\$ 105.82	-4%
Nursing Facility	\$ 235,031,798	\$ 243,543,077	4%	\$ 25.00	\$ 24.98	0%
Community Benefit/PCO	\$ 445,337,393	\$ 558,829,206	25%	\$ 47.36	\$ 57.31	21%
Other Services	\$ 1,423,974,701	\$ 1,375,214,019	-3%	\$ 151.44	\$ 141.03	-7%
Behavioral Health	\$ 495,376,572	\$ 533,208,519	8%	\$ 52.68	\$ 54.68	4%
Pharmacy (All)	\$ 485,143,421	\$ 544,747,046	12%	\$ 51.59	\$ 55.87	8%
Total Costs	\$ 4,955,245,282	\$ 5,092,272,340	3%	\$ 526.99	\$ 522.23	-1%

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

Previous (12 mon) service distribution



Current (12 mon) service distribution

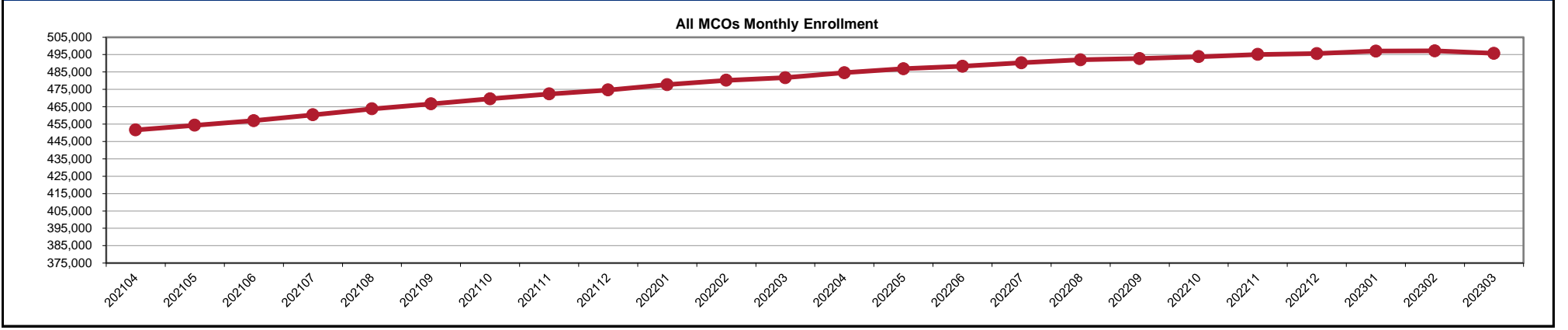


4. Notes

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 category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
4. Amounts are reported based on dates of service within the previous and current periods.
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1. Total Population Monthly Enrollment



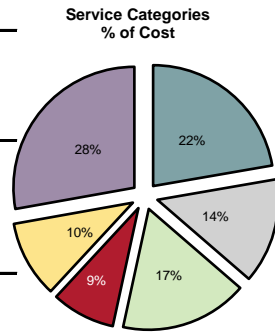
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,549,109,693	\$ 1,589,561,375	3%
Pharmacy	\$ 158,123,313	\$ 182,305,089	15%
Total	\$ 1,707,233,006	\$ 1,771,866,464	4%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 405,357,275	\$ 394,606,359	-3%
Outpatient (OP)	\$ 278,896,468	\$ 249,369,639	-11%
Physician (PH)	\$ 259,330,502	\$ 302,290,130	17%
Emergency Department (ED)	\$ 97,873,161	\$ 150,481,836	54%
Pharmacy (RX)	\$ 158,123,313	\$ 182,305,089	15%
Other (OTH)	\$ 507,652,287	\$ 492,813,411	-3%
Total Population Costs	\$ 1,707,233,006	\$ 1,771,866,464	4%
Per Capita Cost (PMPM)	\$ 304.32	\$ 299.84	-1%
Total Member Months	5,610,015	5,909,376	5%

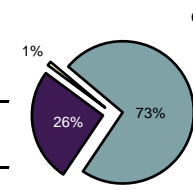


3. Retail Pharmacy Usage (Definitions in Glossary)

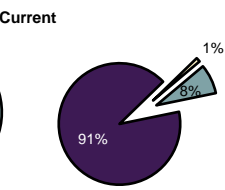
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 118,992,603	\$ 133,663,947	12%
Generic	\$ 37,166,875	\$ 46,869,372	26%
Other Rx	\$ 1,963,835	\$ 1,771,769	-10%
Total	\$ 158,123,313	\$ 182,305,089	15%

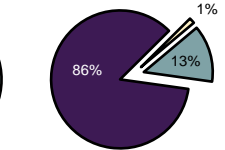
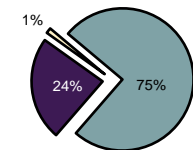
% of Rx Spend



% of Scripts



Previous



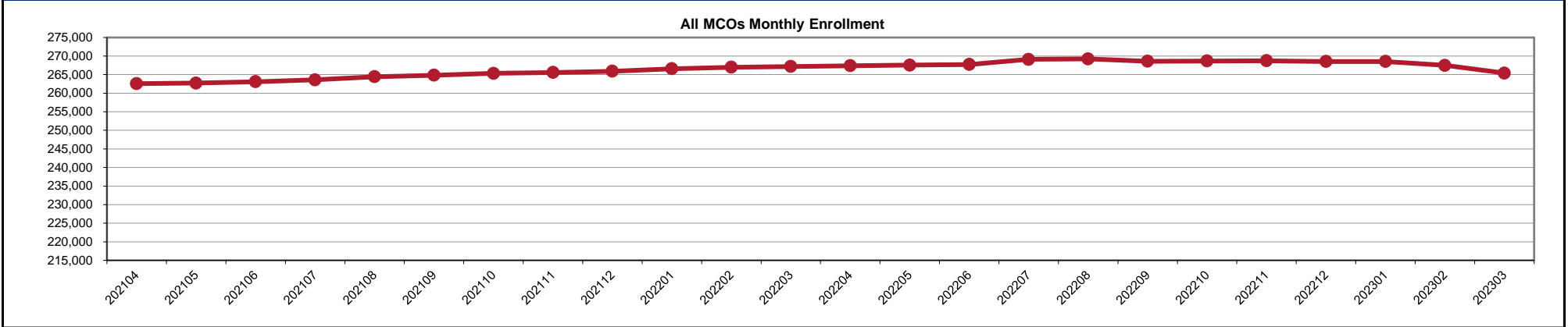
* "Other Rx" represents supplies such as diabetic test strips.

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1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

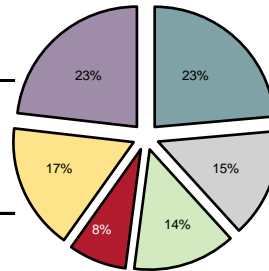
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,272,962,572	\$ 1,193,917,742	-6%
Pharmacy	\$ 217,956,357	\$ 244,259,116	12%
Total	\$ 1,490,918,929	\$ 1,438,176,858	-4%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 368,434,965	\$ 339,283,143	-8%
Outpatient (OP)	\$ 239,869,934	\$ 210,956,531	-12%
Physician (PH)	\$ 188,149,347	\$ 198,429,706	5%
Emergency Department (ED)	\$ 90,607,274	\$ 112,006,111	24%
Pharmacy (RX)	\$ 217,956,357	\$ 244,259,116	12%
Other (OTH)	\$ 385,901,051	\$ 333,242,251	-14%
Total Population Costs	\$ 1,490,918,929	\$ 1,438,176,858	-4%
Per Capita Cost (PMPM)	\$ 469.03	\$ 447.05	-5%
Total Member Months	3,178,756	3,217,016	1%

Service Categories
% of Cost

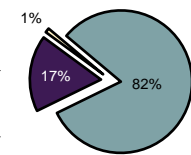


3. Retail Pharmacy Usage (Definitions in Glossary)

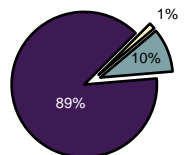
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 177,284,867	\$ 199,430,541	12%
Generic	\$ 37,614,255	\$ 42,318,914	13%
Other Rx	\$ 3,057,235	\$ 2,509,661	-18%
Total	\$ 217,956,357	\$ 244,259,116	12%

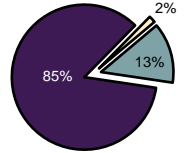
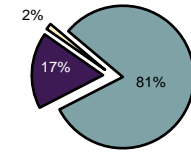
% of Rx Spend



% of Scripts



Previous



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

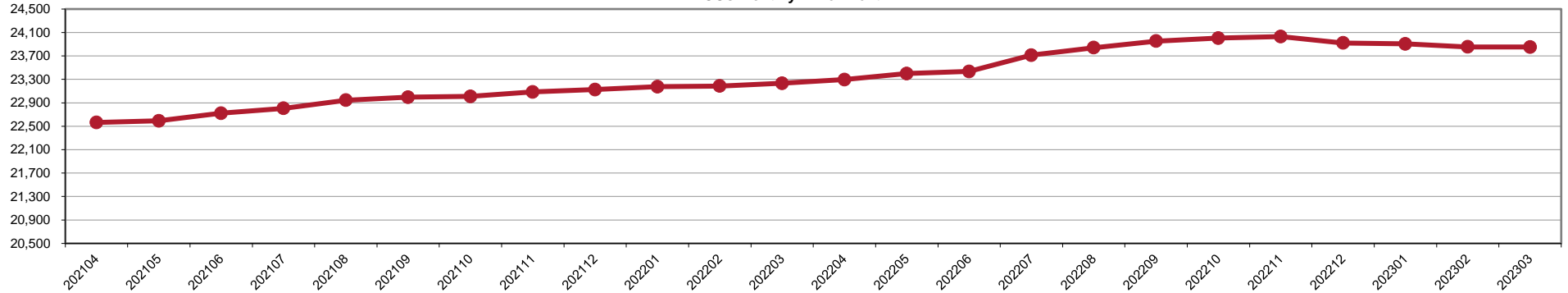
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1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 56,988,773	\$ 61,470,915	8%
Pharmacy	\$ 700,267	\$ 930,967	33%
Total	\$ 57,689,040	\$ 62,401,882	8%

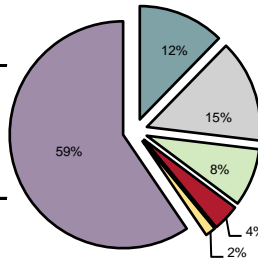
Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 7,463,583	\$ 7,673,986	3%
Outpatient (OP)	\$ 10,730,774	\$ 9,122,751	-15%
Physician (PH)	\$ 5,586,628	\$ 5,168,704	-7%
Emergency Department (ED)	\$ 1,826,921	\$ 2,388,202	31%
Pharmacy (RX)	\$ 700,267	\$ 930,967	33%
Other (OTH)	\$ 31,380,867	\$ 37,117,272	18%
Total Population Costs	\$ 57,689,040	\$ 62,401,882	8%

Per Capita Cost (PMPM) \$ 209.45 \$ 218.80 4%

Total Member Months 275,434 285,202 4%

Service Categories % of Cost

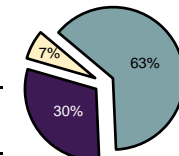


3. Retail Pharmacy Usage (Definitions in Glossary)

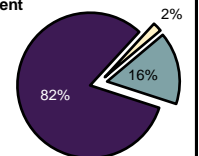
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 448,393	\$ 588,413	31%
Generic	\$ 214,079	\$ 280,738	31%
Other Rx	\$ 37,795	\$ 61,816	64%
Total	\$ 700,267	\$ 930,967	33%

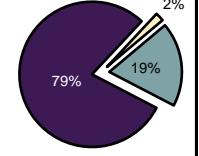
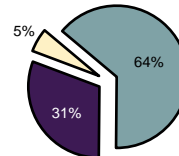
% of Rx Spend



% of Scripts



Previous



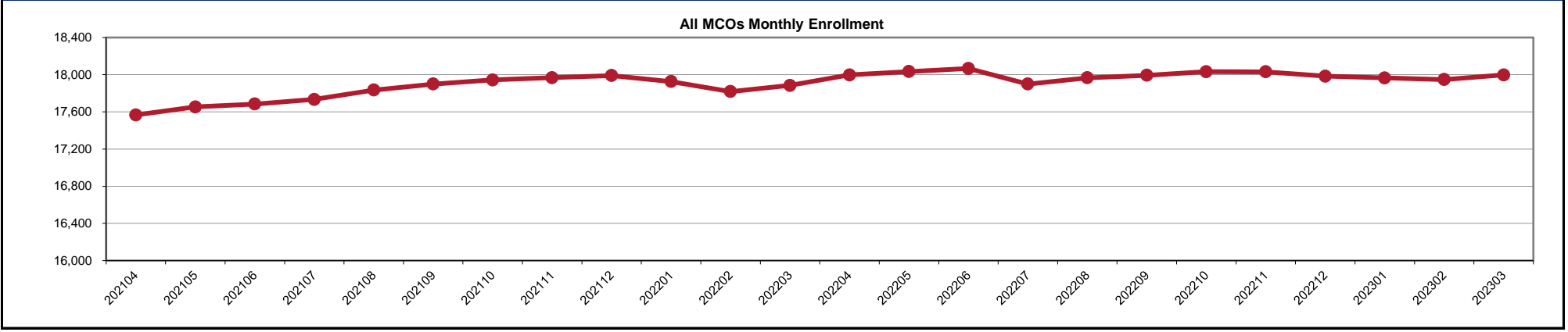
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1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

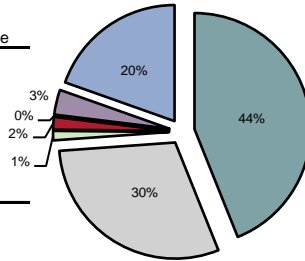
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 663,767,943	\$ 710,354,179	7%
Pharmacy	\$ 327,129	\$ 236,655	-28%
Total	\$ 664,095,072	\$ 710,590,835	7%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 238,259,260	\$ 312,125,899	31%
Nursing Facility (NF)	\$ 206,948,589	\$ 212,620,169	3%
Inpatient (IP)	\$ 9,434,603	\$ 9,298,168	-1%
Outpatient (OP)	\$ 13,876,051	\$ 12,460,712	-10%
Pharmacy (RX)	\$ 327,129	\$ 236,655	-28%
HCBS	\$ 20,903,211	\$ 24,694,765	18%
Other (OTH)	\$ 174,346,229	\$ 139,154,465	-20%
Total Population Costs	\$ 664,095,072	\$ 710,590,835	7%
Per Capita Cost (PMPM)	\$ 3,104.66	\$ 3,291.07	6%
Total Member Months	213,903	215,915	1%

Service Categories % of Cost

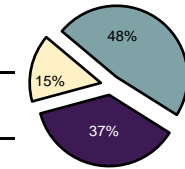


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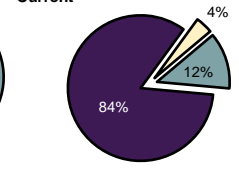
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 225,962	\$ 113,147	-50%
Generic	\$ 76,329	\$ 87,280	14%
Other Rx	\$ 24,838	\$ 36,228	46%
Total	\$ 327,129	\$ 236,655	-28%

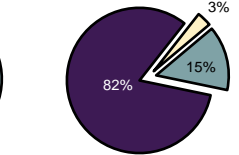
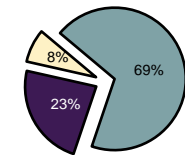
% of Rx Spend



% of Scripts



Previous



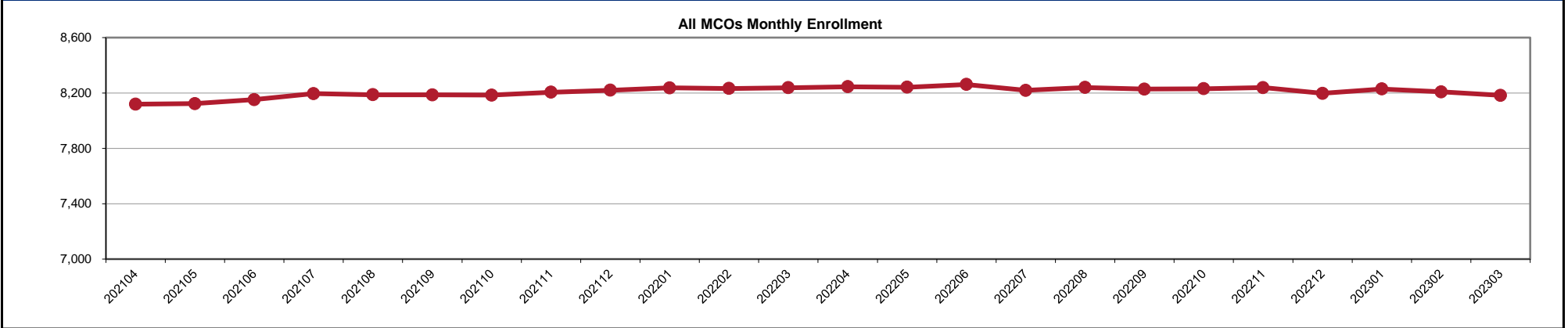
* "Other Rx" represents supplies such as diabetic test strips.

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.
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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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1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

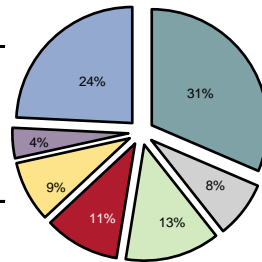
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 319,607,124	\$ 352,674,091	10%
Pharmacy	\$ 28,979,133	\$ 32,725,540	13%
Total	\$ 348,586,257	\$ 385,399,630	11%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 96,058,592	\$ 121,183,856	26%
Nursing Facility (NF)	\$ 27,743,339	\$ 30,544,219	10%
Inpatient (IP)	\$ 43,687,382	\$ 50,843,153	16%
Outpatient (OP)	\$ 32,549,940	\$ 40,442,676	24%
Pharmacy (RX)	\$ 28,979,133	\$ 32,725,540	13%
HCBS	\$ 14,091,753	\$ 16,282,017	16%
Other (OTH)	\$ 105,476,119	\$ 93,378,170	-11%
Total Population Costs	\$ 348,586,257	\$ 385,399,630	11%
Per Capita Cost (PMPM)	\$ 3,546.94	\$ 3,903.93	10%
Total Member Months	98,278	98,721	0%

Service Categories % of Cost

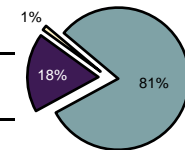


3. Retail Pharmacy Usage (Definitions in Glossary)

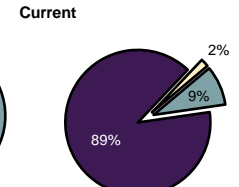
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 23,276,901	\$ 26,496,750	14%
Generic	\$ 5,247,651	\$ 5,858,777	12%
Other Rx	\$ 454,581	\$ 370,013	-19%
Total	\$ 28,979,133	\$ 32,725,540	13%

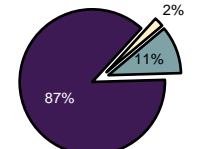
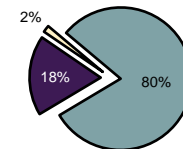
% of Rx Spend



% of Scripts



Previous



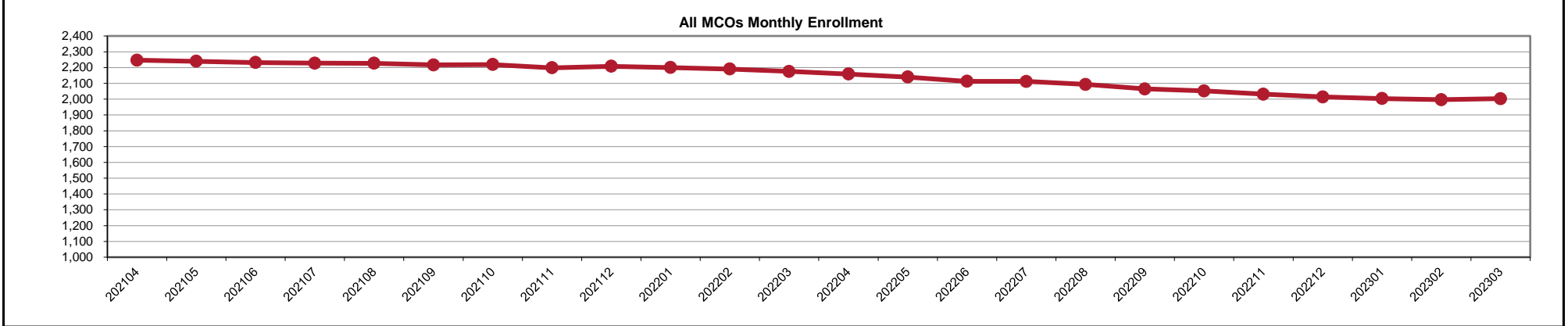
* "Other Rx" represents supplies such as diabetic test strips.

4. Notes

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1. Total Population Monthly Enrollment



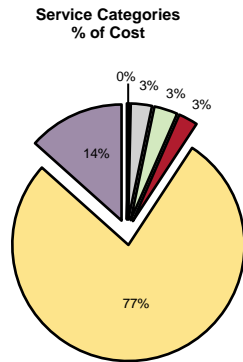
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 112,289,184	\$ 106,338,474	-5%
Pharmacy	\$ 3,149,324	\$ 2,936,826	-7%
Total	\$ 115,438,508	\$ 109,275,301	-5%

Aggregate Costs by Service Categories

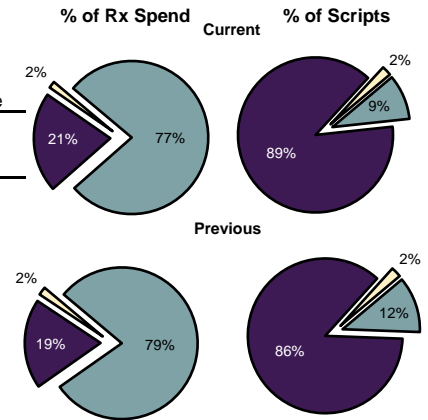
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	\$ 339,869	\$ 378,689	11%
Inpatient (IP)	\$ 3,384,554	\$ 3,218,052	-5%
Outpatient (OP)	\$ 3,629,392	\$ 3,566,762	-2%
Pharmacy (RX)	\$ 3,149,324	\$ 2,936,826	-7%
HCBS	\$ 76,024,577	\$ 84,542,669	11%
Other (OTH)	\$ 28,910,793	\$ 14,632,302	-49%
Total Population Costs	\$ 115,438,508	\$ 109,275,301	-5%
Per Capita Cost (PMPM)	\$ 4,342.41	\$ 4,409.11	2%
Total Member Months	26,584	24,784	-7%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 2,492,474	\$ 2,273,038	-9%
Generic	\$ 601,304	\$ 620,835	3%
Other Rx	\$ 55,546	\$ 42,953	-23%
Total	\$ 3,149,324	\$ 2,936,826	-7%



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

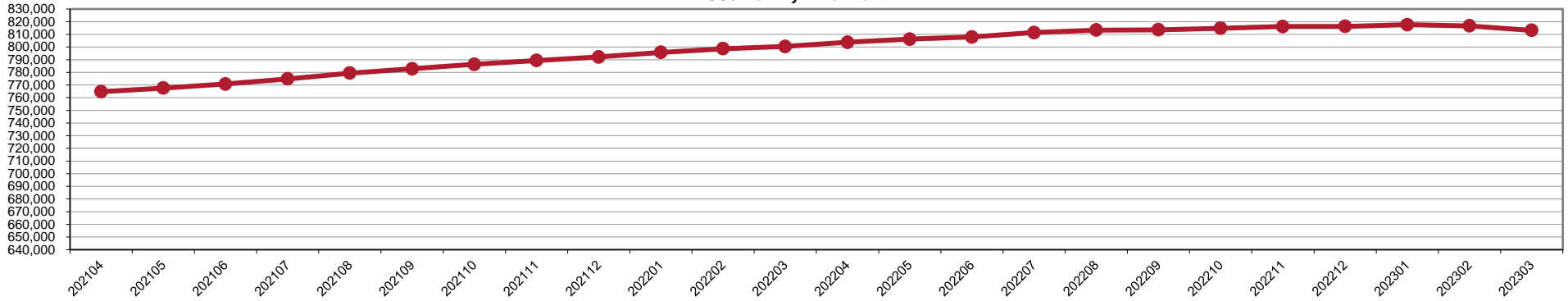
4. Notes

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3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
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1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



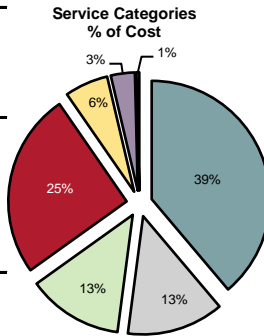
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 495,376,572	\$ 533,208,519	8%
Pharmacy	\$ 75,907,899	\$ 81,352,853	7%
Total	\$ 571,284,471	\$ 614,561,372	8%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 217,388,268	\$ 238,629,730	10%
Pharmacy (RX)	\$ 75,907,899	\$ 81,352,853	7%
Res. Treatment Ctr. (RTC)	\$ 111,842,622	\$ 80,172,344	-28%
Behavioral Health Prov (BHP)	\$ 112,949,227	\$ 155,306,664	38%
Core Service Agencies (CSA)	\$ 31,065,415	\$ 36,518,485	18%
Inpatient (IP)	\$ 20,268,281	\$ 20,167,244	0%
Other (OTH)	\$ 1,862,760	\$ 2,414,051	30%
Total Population Costs	\$ 571,284,471	\$ 614,561,372	8%



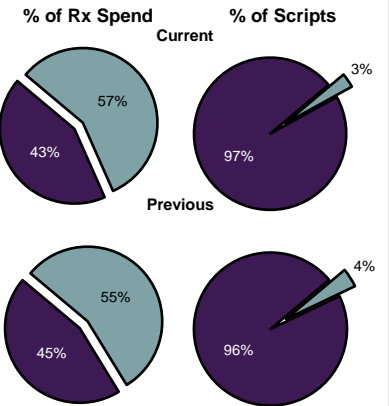
Per Capita Cost (PMPM)	\$ 60.76	\$ 63.03	4%
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Total Member Months	9,402,970	9,751,014	4%
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3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 41,846,286	\$ 46,582,979	11%
Generic	\$ 34,061,614	\$ 34,769,874	2%
Total	\$ 75,907,899	\$ 81,352,853	7%



4. Notes

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