	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: Level II 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.
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.
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, 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.				

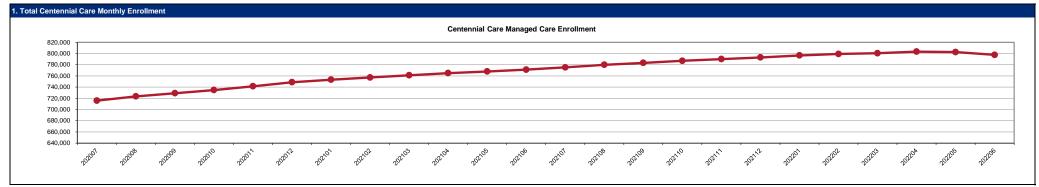
Program Changes Effective on or after 7/1/2021					
HCQS Per Diem and NF MBI Updates	The HCQS adjustment effective July 1, 2021 reflects an updated surcharge for NFs with over 60 beds. The NF MBI adjustment reflects an update to the MBI increase to all NFs. The MBI				
	adjustment compounds with the total MBI percentage effective July 1, 2020.				
Addition 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				
	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.
	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 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.
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.

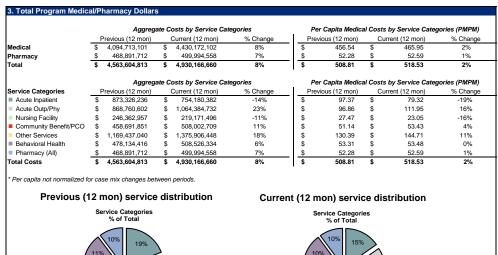


Current Period: July 1, 2021 to June 30, 2022

All Centennial Care Populations Centennial Care Cost Review



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 5,266,993 5,695,744 8% Long Term Services and Supports 601,935 614,529 2% Other Adult Group 3 197 632 3 100 169 3% Total Member Months 8,969,097 9,507,905 6% Aggregate Medical Costs by Program Per Capita Medical Costs by Program (PMPM) Programs % Change Previous (12 mon) Current (12 mon) Previous (12 mon) Current (12 mon) % Change Physical Health \$ 1,504,337,012 1,701,804,935 13% 298.79 Long Term Services and Supports \$ 1,095,442,558 1,180,362,215 8% 1,819.87 1,920.76 6% \$ Other Adult Group Physical Health \$ 1,409,694.363 1.463.056.995 457.54 4% 454.72 \$ 1% ■ Rehavioral Health - All Members 554 130 880 584 942 515 6% 61 78 61 52 0% Total Medical Costs \$ 4,563,604,813 4,930,166,660 8% \$ 508.81 \$ 518.53 2% Aggregate Non-Medical Costs % Change Previous (12 mon) Current (12 mon) % Change Previous (12 mon) Current (12 mon) Admin, care coordination, Centennial Rewards \$ 386,068,924 425,184,064 10% 43.04 44.72 4% NMMIP Assessment 95.011.256 \$ 81.271.943 -14% \$ 10.59 8 55 -19% Premium Tax - Net of NIMMP Offset 168.553.813 275,789,738 64% 18.79 29.01 Total Non-Medical Costs \$ 649.633.993 782.245.744 \$ 20% 72.43 82.27 14% \$ Estimated Total Centennial Care Costs \$ 5,213,238,806 5,712,412,405 10% 581.24 600.81 3% \$ Centennial Care Medical Expenditures **Centennial Care Member Months** Previous (Q3CY2020 - Q2CY2021) Previous (Q3CY2020 - Q2CY2021) Current (Q3CY2021 - Q2CY2022) Current (Q3CY2021 - Q2CY2022) *See above for legend *See above for legend.



- 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.
- . Continuous updates to the underlying financial data are ongoing by the MCOs, as such, data is subject to change as revised information

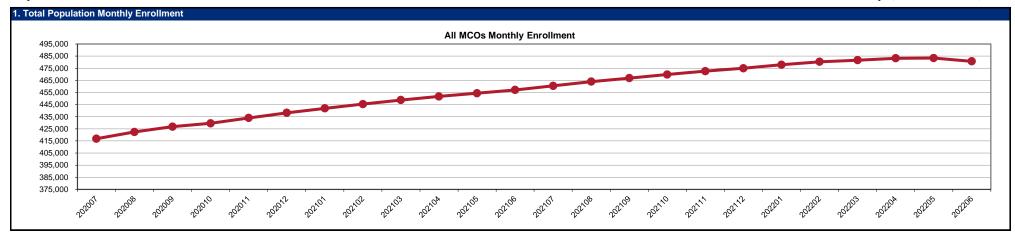
becomes available.

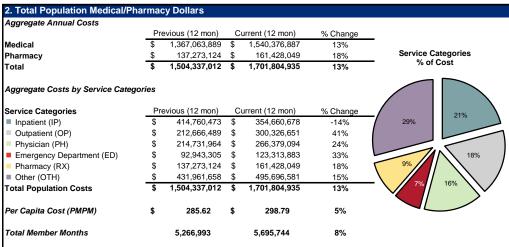


Current Period: July 1, 2021 to June 30, 2022

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

Physical Health Utilization and Cost Review



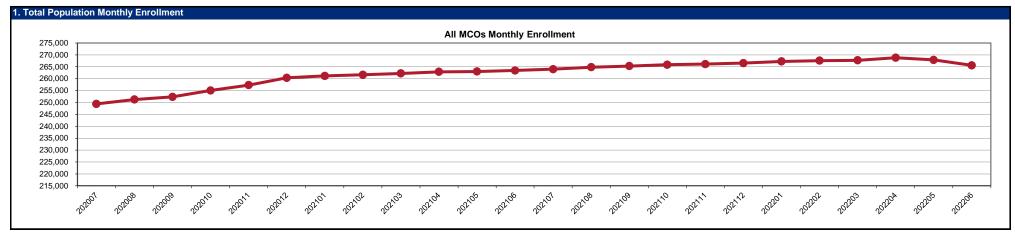


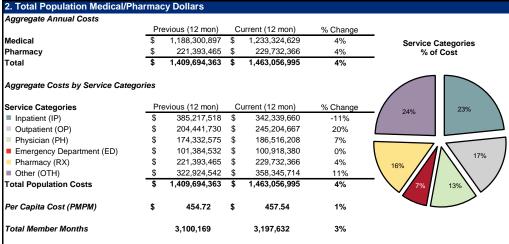
				% of Rx Spend	% of Scripts	
				Current		
otal Generic	/ Brand Rx			1%		
	Previous Costs	Current Costs	%			
	(12 mon)	(12 mon)	Change		129	
Brand	\$ 102,871,890	\$ 120,787,161	17%	24% 75%		
Generic	\$ 32,267,297	\$ 38,767,589	20%		87%	
Other Rx	\$ 2,133,937	\$ 1,873,299	-12%			
Total	\$ 137,273,124	\$ 161,428,049	18%	-		
	· · · · · · · · · · · · · · · · · · ·			Previo	Previous	
					1	
				2%		
					87%	
				23% 75%		

- 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.
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Current Period: July 1, 2021 to June 30, 2022





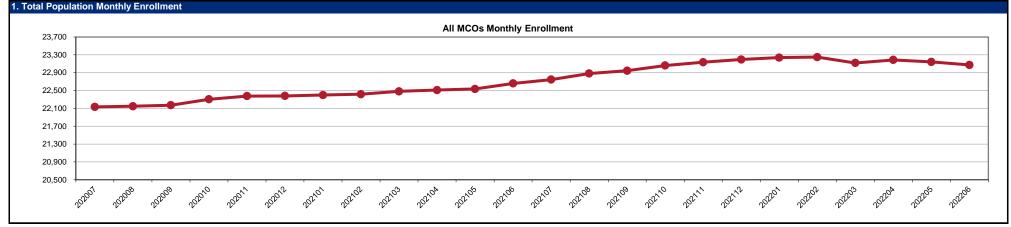
3. Retail Pharm	acy Usage (Definiti	ons in Glossary)			
				% of Rx Spend	% of Scripts
				Curr	rent
Total Generic /	Brand Rx			1%	2%
	Previous Costs	Current Costs	%		
	(12 mon)	(12 mon)	Change		12%
Brand	\$ 178,484,777	\$ 187,070,878	5%	17% 82%	220/
Generic	\$ 39,123,709	\$ 39,658,405	1%		86%
Other Rx	\$ 3,784,980	\$ 3,003,083	-21%		
Total	\$ 221,393,465	\$ 229,732,366	4%		
				Previous	
				18% 80%	86%
* "Other Rx" rep	resents supplies such a	as diabetic strips.			

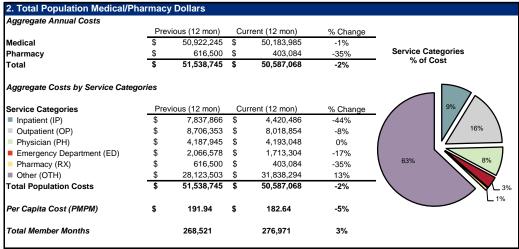
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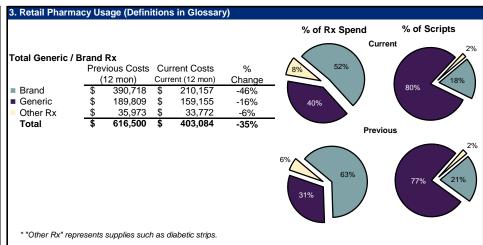


Current Period: July 1, 2021 to June 30, 2022

LTSS - Healthy Dual Population Utilization and Cost Review





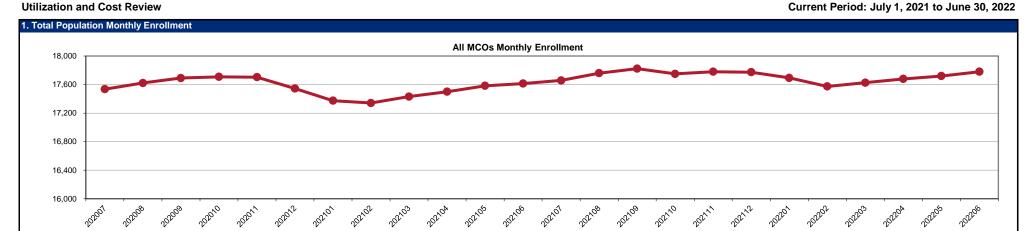


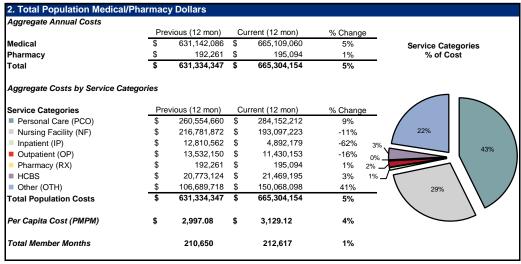
I. Notes

- 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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LTSS - Nursing Facility Level of Care Dual Population



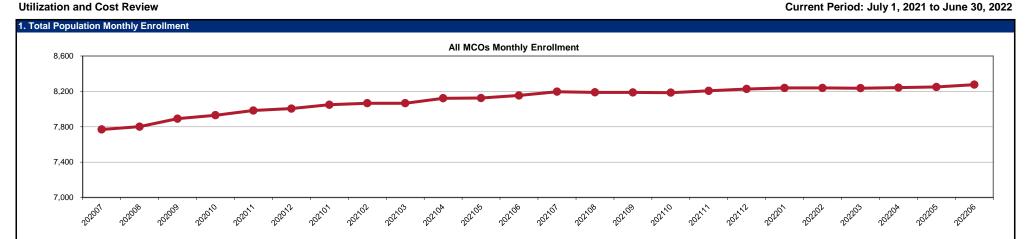


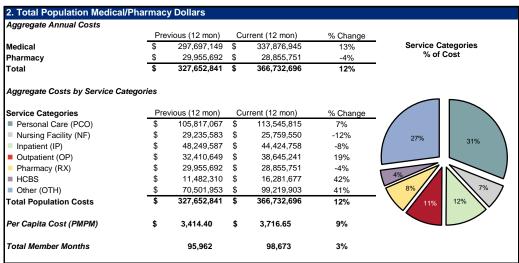
						% of Rx Spend	% of Scripts
		_				Cı	irrent
Total Generic /			_				4%
		vious Costs			%		
= Drond		12 mon)	\$	ent (12 mon)	Change	63%	13%
■ Brand	\$	120,828		123,788	2%		83%
■ Generic	φ	53,505	\$	52,046	-3%	27%	83%
Other Rx	<u>\$</u>	17,928	\$ \$	19,261	7%	-	
Total	Þ	192,261	Ф	195,094	1%		
						Previous	
						9% 63%	82%

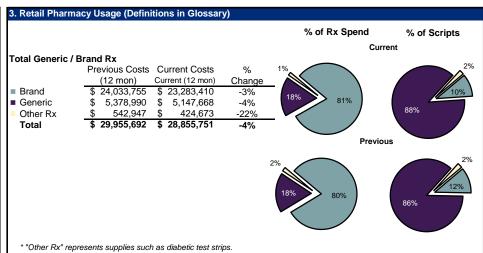
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LTSS - Nursing Facility Level of Care Medicaid Only Population **Utilization and Cost Review**





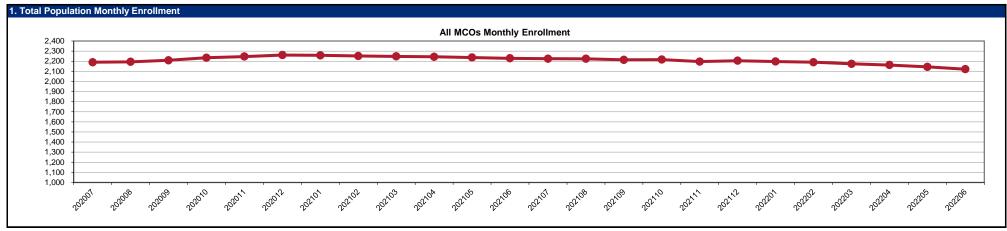


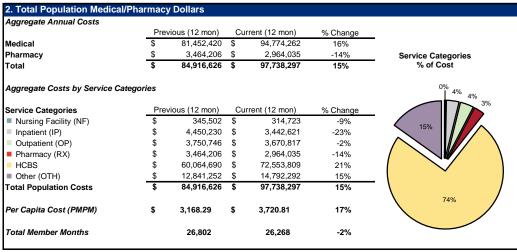
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- 3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.
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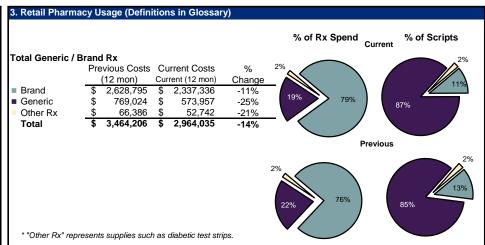


Current Period: July 1, 2021 to June 30, 2022

LTSS - Self Directed Population
Utilization and Cost Review







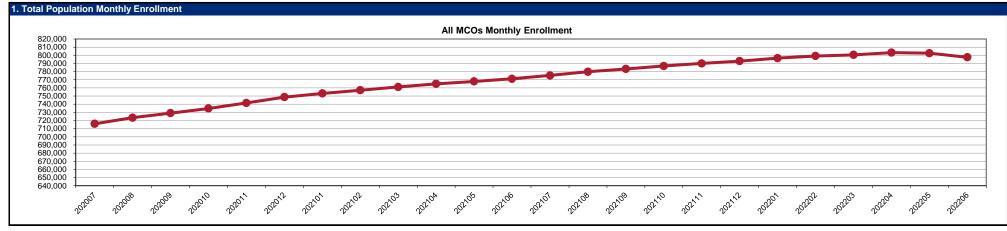
I. Notes

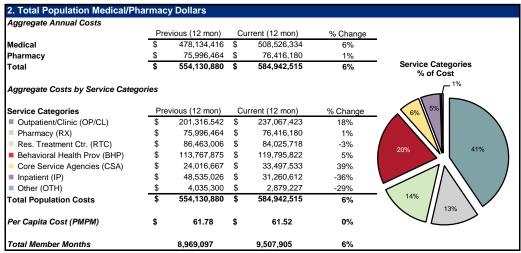
- 1. Data source: MCO-submitted financial reports, including MCO estimates for unpaid claims liability. Values are based on information available at the time of this report and are subject to change as new information becomes available.
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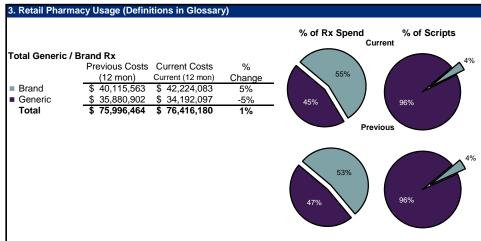


Current Period: July 1, 2021 to June 30, 2022

Total Population (Physical Health, Long Term Services and Support, and Other Adult Group) Behavioral Health Utilization and Cost Review







I. 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.
- 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.

