State of New Mexico All Centennial Care Populations Fee & Benefit Change Summary

Minimum Wage effective 1/1/2022

	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 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.
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 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.
COVID-19 Temporary Fee Increase – Hospital	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
Community Hospital – Native Americans	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. 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
	The Trauma Hospital Rate Increase reflects the following rate increases to reimbursement levels for inpatient and outpatient trauma services for in-state trauma hospitals and developing trauma hospitals:
Trauma Hospital Rate Increase	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

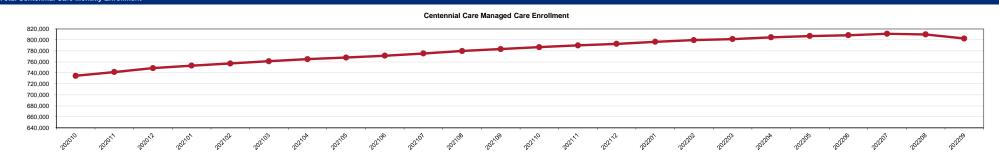
Level III Trauma Center and Cibola General has been removed as a Level IV Trauma Center.



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.

State of New Mexico - All MCOs All Centennial Care Populations Centennial Care Cost Review

1. Total Centennial Care Monthly Enrollment



2. Total Centennial Care Dollars and Mem	ber Months by Program	n							3. Total Program Medic	al/Pharmacy Dollar	S					
	Aggregate	e Member Months by Progra	am							Aggreg	ate Costs by Service Ca	ategories	Pe	er Capita Medica	al Costs by Service Cat	egories (PMPM
Population	Previous (12 mon)	Current (12 mon)	% Change							Previous (12 mon)	Current (12 mon)	% Change	Prev	vious (12 mon)	Current (12 mon)	% Chang
Physical Health	5,392,207	5,784,111	7%						Medical	\$ 4,132,682,704	\$ 4,527,748,925	10%	\$	452.16	\$ 471.04	4%
Long Term Services and Supports	606,284	618,244	2%						Pharmacy	\$ 482,014,239	\$ 509,449,426	6%	\$	52.74	\$ 53.00	0%
Other Adult Group	3,141,421	3,209,804	2%						Total	\$ 4,614,696,943	\$ 5,037,198,351	9%	\$	504.90	\$ 524.04	4%
Total Member Months	9,139,912	9,612,159	5%										•			
										Aggreg	ate Costs by Service Ca	ategories	Pe	er Capita Medica	al Costs by Service Cat	egories (PMPM
									Service Categories	Previous (12 mon)	Current (12 mon)	% Change	Prev	vious (12 mon)	Current (12 mon)	% Chang
		te Medical Costs by Progra	m				sts by Progr	am (PMPM)	Acute Inpatient	\$ 832,565,670	\$ 691,119,434	-17%	\$	91.09	\$ 71.90	-21%
Programs	Previous (12 mon)	Current (12 mon)	% Change	Previo		n) Currei	nt (12 mon)	% Change	Acute Outp/Phy	\$ 896,087,996	\$ 1,088,425,361	21%	\$	98.04	\$ 113.23	15%
Physical Health	\$ 1,534,622,330 \$	1,714,672,387	12%	\$	284.60	\$	296.45	4%	Nursing Facility	\$ 242,920,841	\$ 235,292,163	-3%	\$	26.58	\$ 24.48	-8%
Long Term Services and Supports	\$ 1,096,647,864 \$	1,279,860,196	17%	\$	1,808.80	\$ 2	2,070.15	14%	Community Benefit/PCO	\$ 469,584,115	\$ 535,780,354	14%	\$	51.38	\$ 55.74	8%
Other Adult Group Physical Health	\$ 1,419,546,721 \$	1,450,031,608	2%	\$	451.88	\$	451.75	0%	Other Services	\$ 1,203,493,807	\$ 1,461,689,205	21%	\$	131.67	\$ 152.07	15%
Behavioral Health - All Members	\$ 563,880,028 \$	592,634,160	5%	\$	61.69	\$	61.65	0%	Behavioral Health	\$ 488,030,275	\$ 515,442,409	6%	\$	53.40	\$ 53.62	0%
Total Medical Costs	\$ 4,614,696,943 \$	5,037,198,351	9%	\$	504.90	\$	524.04	4%	Pharmacy (All)	\$ 482,014,239	\$ 509,449,426	6%	\$	52.74	\$ 53.00	0%
									Total Costs	\$ 4,614,696,943	\$ 5,037,198,351	9%	\$	504.90	\$ 524.04	4%
Aggregate Non-Medical Costs	Previous (12 mon)	Current (12 mon)	% Change			n) Currei	nt (12 mon)	% Change								
Admin, care coordination, Centennial Rewards		427,973,073	9%	\$	43.04	\$	44.52	3%	* Per capita not normalized f	or case mix changes be	etween periods.					
NMMIP Assessment	\$ 94,684,971 \$	86,450,733	-9%	\$	10.36	\$	8.99	-13%								
Premium Tax - Net of NIMMP Offset	\$ 169,697,389 \$	325,353,082	92%	\$	18.57	\$	33.85	82%	Previous (12 mon) servic	e distribution	Currer	nt (12 n	non) servie	ce distribution	
Total Non-Medical Costs	\$ 657,783,818 \$	839,776,888	28%	\$	71.97	\$	87.37	21%		Service Categories			•			
										% of Total			5	ervice Categori % of Total	es	
Estimated Total Centennial Care Costs	\$ 5,272,480,761 \$	5,876,975,239	11%	\$	576.86	\$	611.41	6%								
														10% 149		
Centennial Care Medic	cal Expenditures		Cente	nnial Care Member Months						18%				14%		
	•		••••••							11%	1		L 10)%		
Previous (Q4CY2020 - Q3CY2021)		Previous (Q4	CY2020 - Q3CY202	21)												
										19	9%				21%	
										26%				29%	\sim /	
12% Ci	urrent (Q4CY2021 - Q3CY20)22)		Current (Q4CY2021 - Q3CY2022)				Y2022)	\	20%				29%	\sim	
		34%								10%	•			11%		
33%		34%	•								_ 5%				5%	
31%	12%		59%			/										
						/		\mathbf{i}								
24%	34%	7%				33%			4. Notes							
	29%								 Data source: MCO-submit 	ted financial reports, in	cluding MCO estimates fo	r unpaid claims liability	. Values a	re based on info	ormation available	
		/	\smile				60%		at the time of this report a	nd are subject to chang	e as new information bec	omes available.				
	25%					7%	/	/	Amounts are based on exp	penditures for medical a	and pharmacy services on	ly. Expenditures for Inc	Jian Health	n Services, Triba	al 638, and non-state	
						- V(/	plan services are exclude	d.						
							\sim		3. Other Services category in				mergent t	ransportation, vi	sion, dental, and directed	payments.
*See above for legend.			*See above for leg	iend.					4. Amounts are reported bas	ed on dates of service	within the previous and cu	rrent periods.				
									5. Continuous updates to the	underlying financial da	ta are ongoing by the MC	Os, as such, data is su	bject to ch	nange as revised	d information	
									becomes available.							

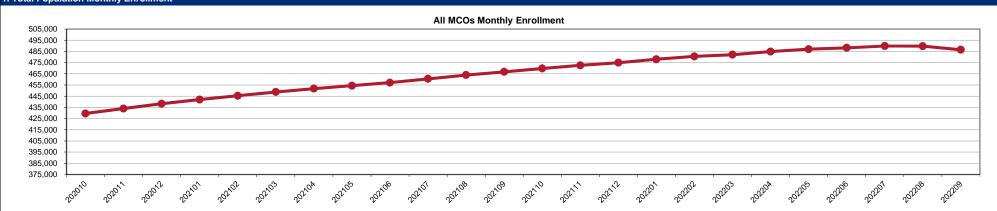


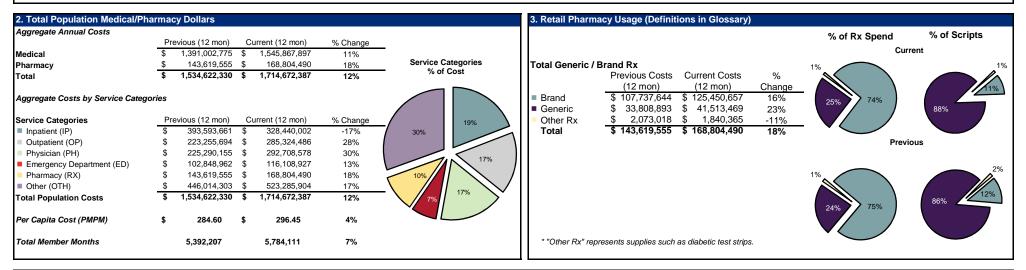
Physical Health Utilization and Cost Review

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

Reported Eligibility for Members Enrolled as of: September 30, 2022 Previous Period: October 1, 2020 to September 30, 2021 Current Period: October 1, 2021 to September 30, 2022

1. Total Population Monthly Enrollment





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.

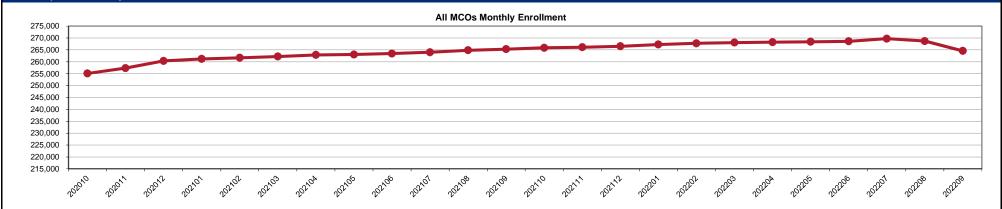
4. Amounts are reported based on dates of service within the previous and current periods.



Total Population

Other Adult Group Utilization and Cost Review

1. Total Population Monthly Enrollment



Total Member Months		3,141,421		3,209,804	2%		* "Other Rx" rep	presents supplies such	as diabetic strips.			
Per Capita Cost (PMPM)	\$	451.88	\$	451.75	0%							
Total Population Costs	\$	1,419,546,721	\$	1,450,031,608	2%	7% 14%					81%	85%
Other (OTH)	\$	329,839,386	\$	370,871,334	12%						18%	13%
Pharmacy (RX)	\$	228,295,461	\$	230,346,778	1%	16%						
Emergency Department (ED)	\$	105,060,723	\$	98,143,431	-7%	17%					1%	2%
Physician (PH)	\$	177,518,234	\$	198,879,602	12%							
Outpatient (OP)	\$	207,137,384	\$	246,112,928	19%						Previ	ous
Inpatient (IP)	\$	371,695,534	\$	305,677,536	-18%	25%	Total	\$ 228,295,461	\$ 230,346,778	1%		
Service Categories	Pr	revious (12 mon)	Сι	urrent (12 mon)	% Change	21%	Other Rx	\$ 3,674,760	\$ 2,748,449	-25%		
	-						Generic	\$ 40,234,572	\$ 39,985,927	-1%		87%
Aggregate Costs by Service Cate	gories						Brand	\$ 184,386,129	\$ 187,612,403	2%	17% 82%	
								(12 mon)	(12 mon)	Change		11%
Total	\$	1,419,546,721	\$	1,450,031,608	2%			Previous Costs	Current Costs	%		
Pharmacy	\$	228,295,461	\$	230,346,778	1%	% of Cost	Total Generic /	Brand Rx			1%	2%
Medical	\$	1,191,251,260	\$	1,219,684,830	2%	Service Categories					Curi	rent
	Pr	revious (12 mon)	Сι	urrent (12 mon)	% Change						% of Rx Spend	% of Scripts
Aggregate Annual Costs									• •			
2. Total Population Medical/P	harma	cy Dollars					3. Retail Pharm	nacy Usage (Definit	ions in Glossary)			

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.

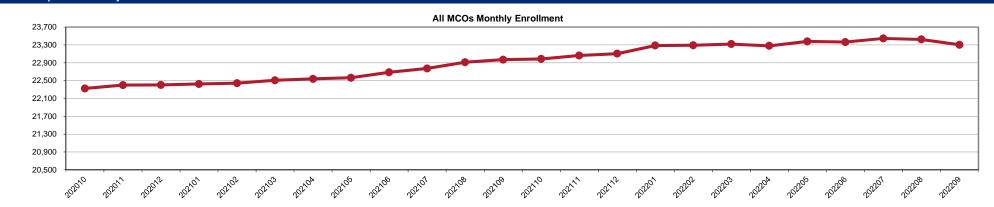
4. Amounts are reported based on dates of service within the previous and current periods.



LTSS - Healthy Dual Population

1. Total Population Monthly Enrollment

Utilization and Cost Review



2. Total Population Medical/P	harmac	y Dollars					3. Retail Pharmacy Usage (Definitions in Glossary)	
Aggregate Annual Costs	Pre	vious (12 mon)	Cu	urrent (12 mon)	% Change		% of Rx Spend % of Scrip	ts
Medical	\$	49,897,698	\$	54,034,838	8%		Current	2%
Pharmacy	\$	705,966	\$	400,002	-43%	Service Categories	Total Generic / Brand Rx	
Total	\$	50,603,664	\$	54,434,839	8%	% of Cost	Previous Costs Current Costs % 62% (12 mon) Current (12 mon) Change	17%
Aggregate Costs by Service Cate	gories						Brand \$ 477,939 \$ 250,344 -48% Generic \$ 192,113 \$ 123,059 -36%	\geq
Service Categories	Pre	vious (12 mon)	Cu	urrent (12 mon)	% Change	10%	Other Rx \$ 35,914 \$ 26,598 -26%	
Inpatient (IP)	\$	6,235,062	\$	5,675,508	-9%		Total \$ 705,966 \$ 400,002 -43%	
Outpatient (OP)	\$	8,488,497	\$	8,551,474	1%	16%	Previous Previous	
Physician (PH)	\$	4,028,501	\$	4,688,889	16%	1075		2%
Emergency Department (ED)	\$	2,126,799	\$	1,553,703	-27%		5%	
Pharmacy (RX)	\$	705,966	\$	400,002	-43%	62%		// //
Other (OTH)	\$	29,018,839	\$	33,565,264	16%		68% 78%	20%
Total Population Costs	\$	50,603,664	\$	54,434,839	8%		27%	\searrow
Per Capita Cost (PMPM)	\$	186.77	\$	194.93	4%	L 1%		
Total Member Months		270,945		279,248	3%		* "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, dental, and directed payments.

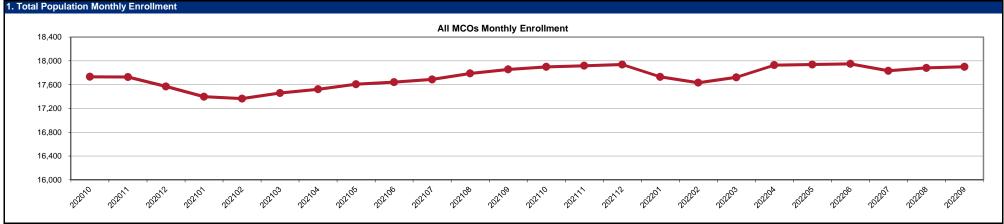
4. Amounts are reported based on dates of service within the previous and current periods.

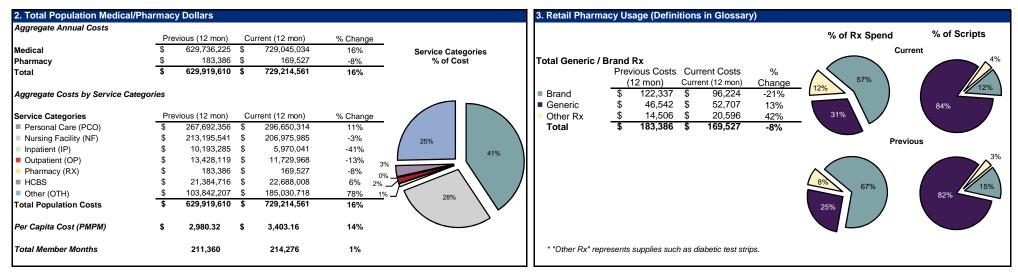


LTSS - Nursing Facility Level of Care Dual Population

Reported Eligibility for Members Enrolled as of: September 30, 2022 Previous Period: October 1, 2020 to September 30, 2021 Current Period: October 1, 2021 to September 30, 2022

Utilization and Cost Review





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.

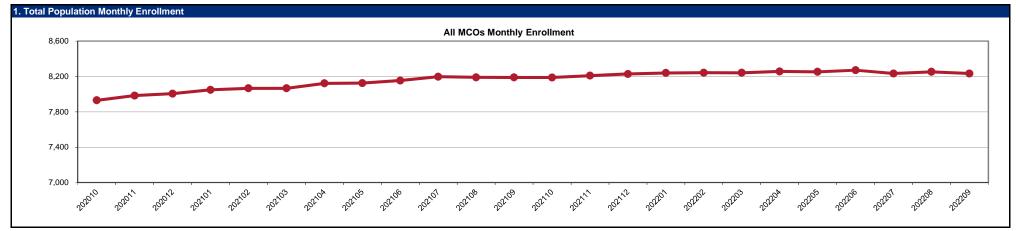
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.

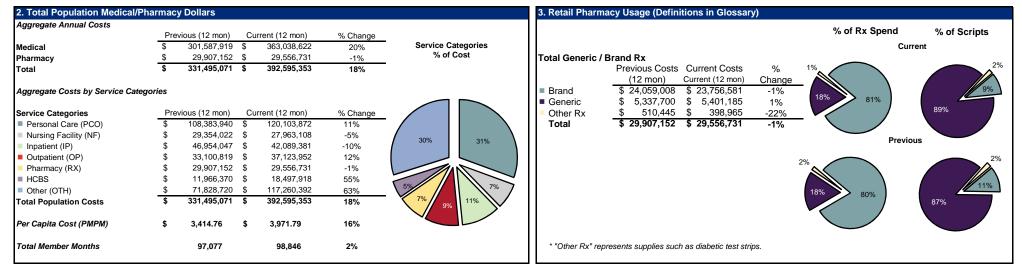
4. Amounts are reported based on dates of service within the previous and current periods.



LTSS - Nursing Facility Level of Care Medicaid Only Population

Utilization and Cost Review





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.

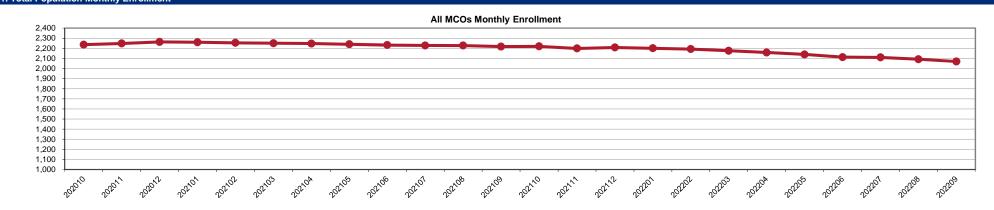
3. Other Services category includes, but is not limited to, the following services: emergent and non-emergent transportation, vision, dental, and directed payments.

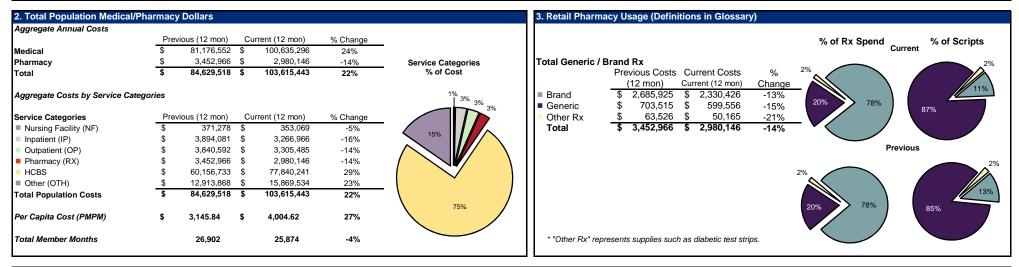
4. Amounts are reported based on dates of service within the previous and current periods.



LTSS - Self Directed Population

Utilization and Cost Review 1. Total Population Monthly Enrollment





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.

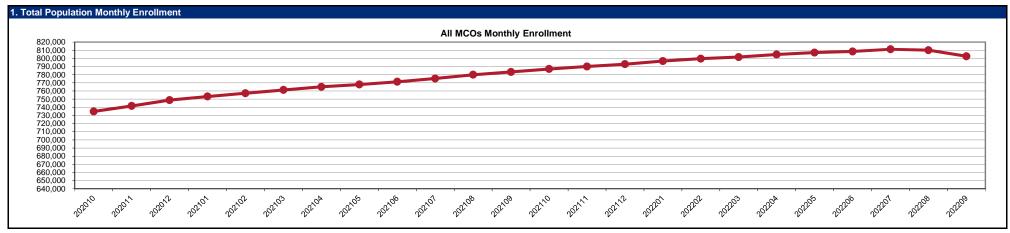
4. Amounts are reported based on dates of service within the previous and current periods.

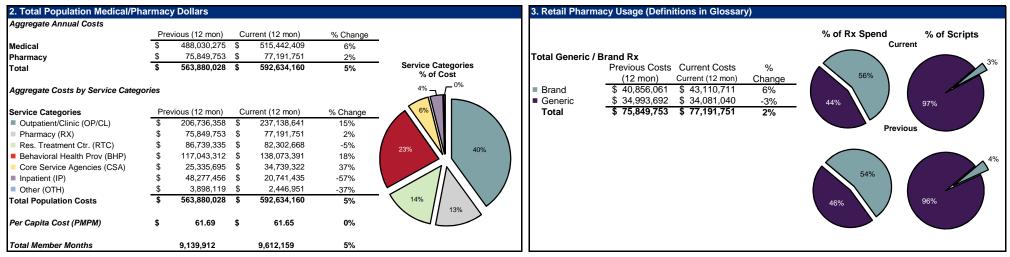


Total Population (Physical Health, Long Term Services and Support, and Other Adult Group)

Reported Eligibility for Members Enrolled as of: September 30, 2022 Previous Period: October 1, 2020 to September 30, 2021 Current Period: October 1, 2021 to September 30, 2022

Behavioral Health Utilization and Cost Review





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.

