

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.

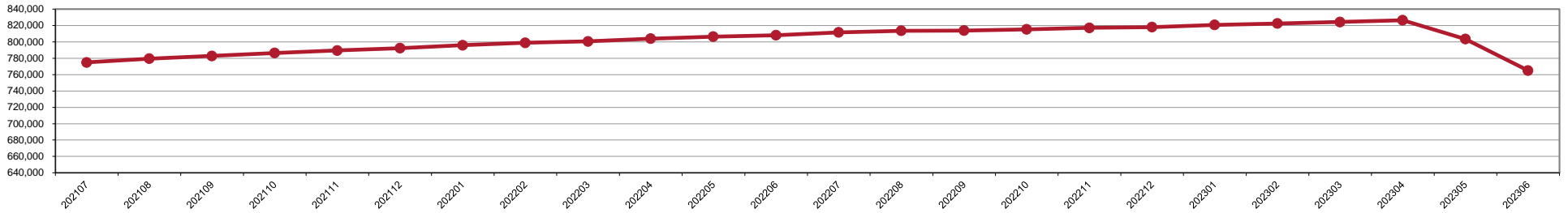
Program Changes Effective on or after 1/1/2023

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.
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.
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.
NF Ventilator Services	The NF Ventilator Services adjustment was added 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. The state plan amendment was approved by CMS in June 2022.



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	5,706,537	5,888,855	3%
Long Term Services and Supports	618,297	627,716	2%
Other Adult Group	3,194,457	3,234,906	1%
Total Member Months	9,519,291	9,751,477	2%

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	\$ 1,771,303,952	\$ 1,720,038,015	-3%	\$ 310.40	\$ 292.08	-6%
Long Term Services and Supports	\$ 1,248,188,927	\$ 1,261,562,753	1%	\$ 2,018.75	\$ 2,009.77	0%
Other Adult Group Physical Health	\$ 1,513,714,249	\$ 1,421,762,991	-6%	\$ 473.86	\$ 439.51	-7%
Behavioral Health - All Members	\$ 575,914,453	\$ 640,070,729	11%	\$ 60.50	\$ 65.64	8%
Total Medical Costs	\$ 5,109,121,581	\$ 5,043,434,488	-1%	\$ 536.71	\$ 517.20	-4%

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	\$ 419,657,517	\$ 446,002,896	6%	\$ 44.08	\$ 45.74	4%
NMMIP Assessment	\$ 85,626,336	\$ 119,969,955	40%	\$ 9.00	\$ 12.30	37%
Premium Tax - Net of NIMMP Offset	\$ 278,467,776	\$ 350,565,688	26%	\$ 29.25	\$ 35.95	23%
Total Non-Medical Costs	\$ 783,751,629	\$ 916,538,538	17%	\$ 82.33	\$ 93.99	14%

Estimated Total Centennial Care Costs	Previous (12 mon)	Current (12 mon)	% Change
	\$ 5,892,873,209	\$ 5,959,973,026	1%

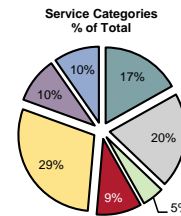
3. Total Program Medical/Pharmacy Dollars

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
	\$ 4,614,135,087	\$ 4,492,134,383	-3%	\$ 484.71	\$ 460.66	-5%
	\$ 494,986,493	\$ 551,300,105	11%	\$ 52.00	\$ 56.54	9%
Total	\$ 5,109,121,581	\$ 5,043,434,488	-1%	\$ 536.71	\$ 517.20	-4%

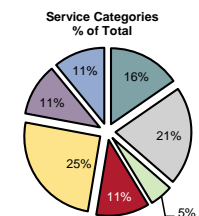
Service Categories	Aggregate Costs by Service Categories			Per Capita Medical Costs by Service Categories (PMPM)		
	Previous (12 mon)	Current (12 mon)	% Change	Previous (12 mon)	Current (12 mon)	% Change
Acute Inpatient	\$ 861,444,685	\$ 775,166,064	-10%	\$ 90.49	\$ 79.49	-12%
Acute Outp/Phy	\$ 1,034,953,877	\$ 1,059,646,708	2%	\$ 108.72	\$ 108.67	0%
Nursing Facility	\$ 239,054,994	\$ 248,690,324	4%	\$ 25.11	\$ 25.50	2%
Community Benefit/PCO	\$ 489,777,248	\$ 570,352,927	16%	\$ 51.45	\$ 58.49	14%
Other Services	\$ 1,489,291,743	\$ 1,277,071,732	-14%	\$ 156.45	\$ 130.96	-16%
Behavioral Health	\$ 499,612,540	\$ 561,206,628	12%	\$ 52.48	\$ 57.55	10%
Pharmacy (All)	\$ 494,986,493	\$ 551,300,105	11%	\$ 52.00	\$ 56.54	9%
Total Costs	\$ 5,109,121,581	\$ 5,043,434,488	-1%	\$ 536.71	\$ 517.20	-4%

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

Previous (12 mon) service distribution



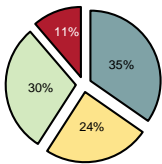
Current (12 mon) service distribution



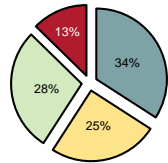
Centennial Care Medical Expenditures

Centennial Care Member Months

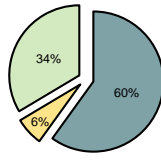
Previous (Q2CY2022 - Q1CY2023)



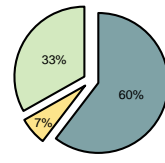
Current (Q3CY2022 - Q2CY2023)



Previous (Q2CY2022 - Q1CY2023)



Current (Q3CY2022 - Q2CY2023)



*See above for legend.

*See above for legend.

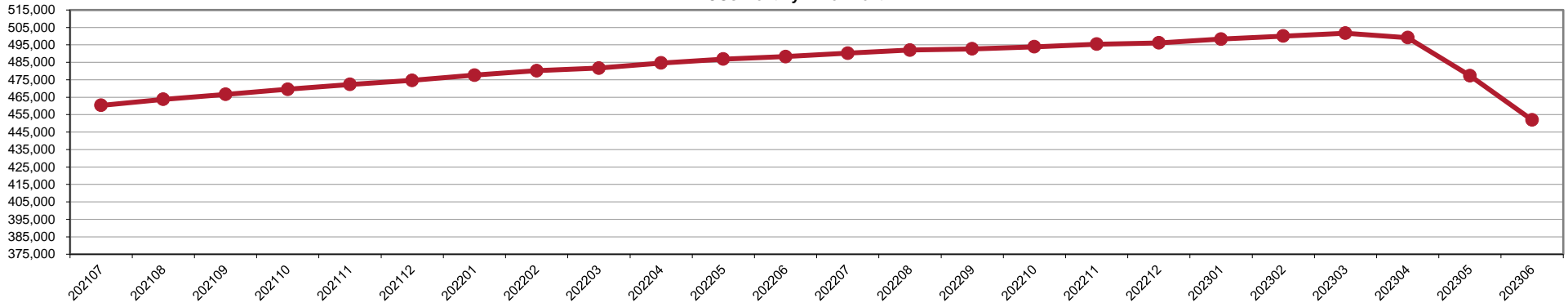
4. Notes

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.
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.



1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

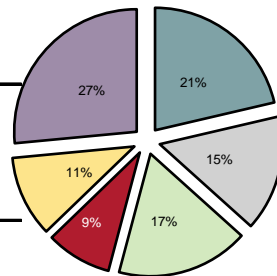
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,607,131,172	\$ 1,535,677,136	-4%
Pharmacy	\$ 164,172,779	\$ 184,360,879	12%
Total	\$ 1,771,303,952	\$ 1,720,038,015	-3%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 420,595,588	\$ 367,278,245	-13%
Outpatient (OP)	\$ 271,517,072	\$ 263,329,562	-3%
Physician (PH)	\$ 272,482,887	\$ 300,503,444	10%
Emergency Department (ED)	\$ 111,861,225	\$ 148,810,579	33%
Pharmacy (RX)	\$ 164,172,779	\$ 184,360,879	12%
Other (OTH)	\$ 530,674,400	\$ 455,755,305	-14%
Total Population Costs	\$ 1,771,303,952	\$ 1,720,038,015	-3%

Service Categories % of Cost



Per Capita Cost (PMPM)	Previous (12 mon)	Current (12 mon)	% Change
	\$ 310.40	\$ 292.08	-6%

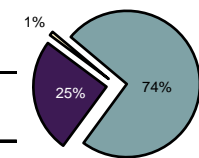
Total Member Months	Previous (12 mon)	Current (12 mon)	% Change
	5,706,537	5,888,855	3%

3. Retail Pharmacy Usage (Definitions in Glossary)

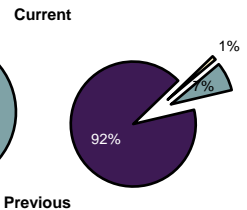
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 122,878,345	\$ 136,364,215	11%
Generic	\$ 39,396,135	\$ 46,318,061	18%
Other Rx	\$ 1,898,299	\$ 1,678,603	-12%
Total	\$ 164,172,779	\$ 184,360,879	12%

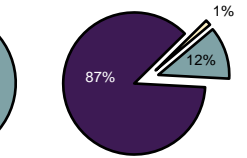
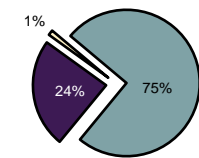
% of Rx Spend



% of Scripts



Previous



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

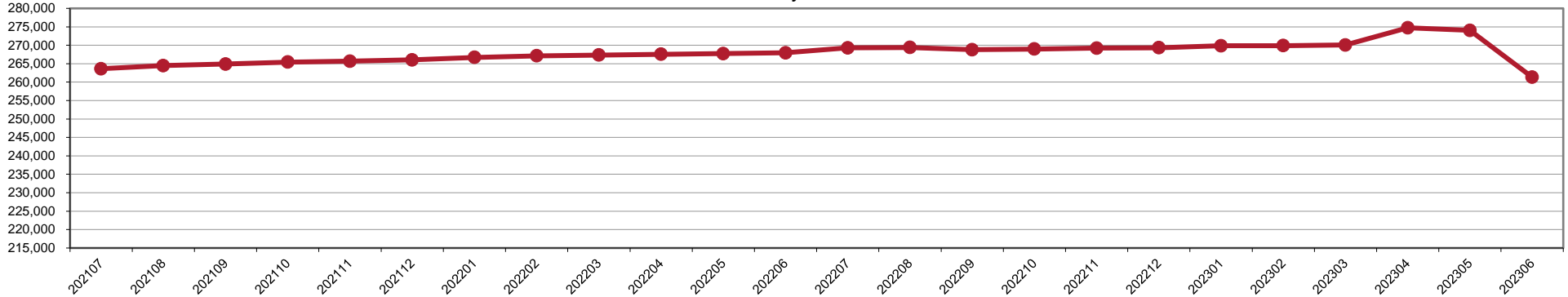
4. Notes

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.
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.
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.



1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

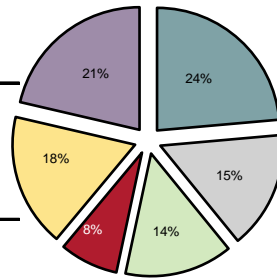
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 1,292,248,244	\$ 1,171,967,626	-9%
Pharmacy	\$ 221,466,005	\$ 249,795,364	13%
Total	\$ 1,513,714,249	\$ 1,421,762,991	-6%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 372,512,945	\$ 335,456,163	-10%
Outpatient (OP)	\$ 230,210,659	\$ 220,775,527	-4%
Physician (PH)	\$ 192,731,750	\$ 202,391,482	5%
Emergency Department (ED)	\$ 97,126,732	\$ 109,578,048	13%
Pharmacy (RX)	\$ 221,466,005	\$ 249,795,364	13%
Other (OTH)	\$ 399,666,158	\$ 303,766,406	-24%
Total Population Costs	\$ 1,513,714,249	\$ 1,421,762,991	-6%
Per Capita Cost (PMPM)	\$ 473.86	\$ 439.51	-7%
Total Member Months	3,194,457	3,234,906	1%

Service Categories % of Cost

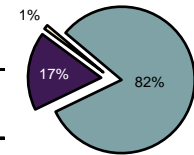


3. Retail Pharmacy Usage (Definitions in Glossary)

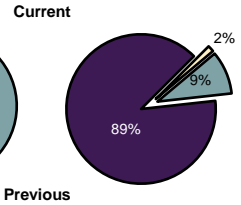
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 180,391,507	\$ 204,194,353	13%
Generic	\$ 38,199,328	\$ 43,146,470	13%
Other Rx	\$ 2,875,171	\$ 2,454,542	-15%
Total	\$ 221,466,005	\$ 249,795,364	13%

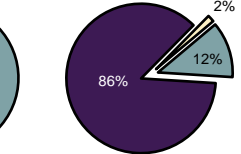
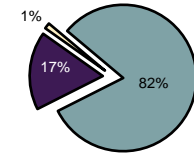
% of Rx Spend



% of Scripts



Previous



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

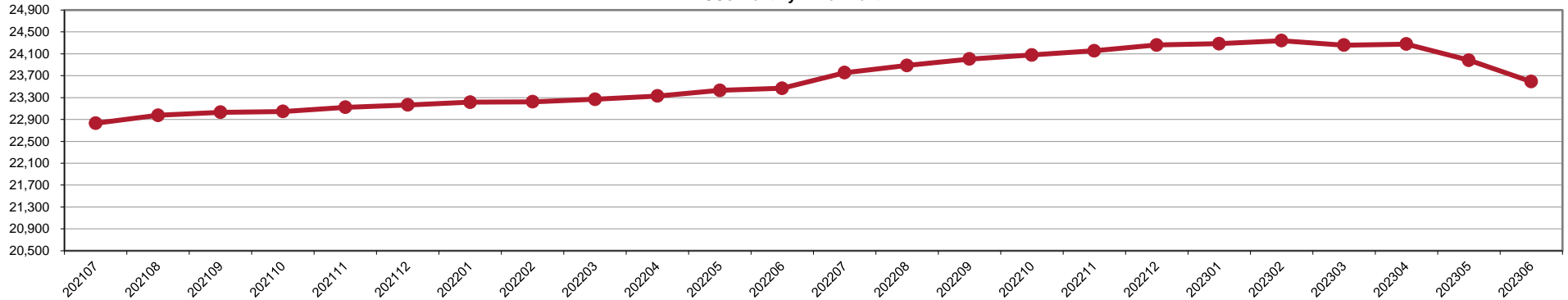
4. Notes

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.
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.



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	\$ 61,384,102	\$ 62,389,951	2%
Pharmacy	\$ 709,736	\$ 984,557	39%
Total	\$ 62,093,838	\$ 63,374,508	2%

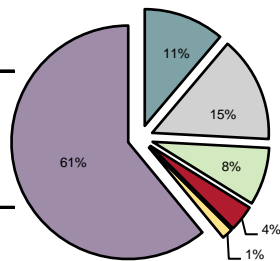
Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Inpatient (IP)	\$ 8,777,408	\$ 7,086,073	-19%
Outpatient (OP)	\$ 11,022,278	\$ 9,291,536	-16%
Physician (PH)	\$ 5,776,030	\$ 5,075,427	-12%
Emergency Department (ED)	\$ 2,096,255	\$ 2,300,569	10%
Pharmacy (RX)	\$ 709,736	\$ 984,557	39%
Other (OTH)	\$ 33,712,131	\$ 38,636,346	15%
Total Population Costs	\$ 62,093,838	\$ 63,374,508	2%

Per Capita Cost (PMPM) \$ 223.27 \$ 219.38 -2%

Total Member Months 278,107 288,876 4%

Service Categories % of Cost

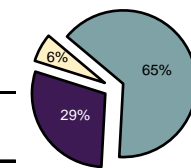


3. Retail Pharmacy Usage (Definitions in Glossary)

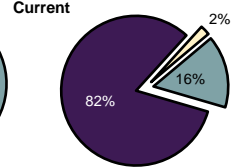
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 490,906	\$ 637,431	30%
Generic	\$ 185,574	\$ 285,560	54%
Other Rx	\$ 33,256	\$ 61,566	85%
Total	\$ 709,736	\$ 984,557	39%

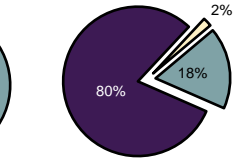
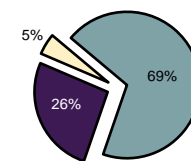
% of Rx Spend



% of Scripts



Previous



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

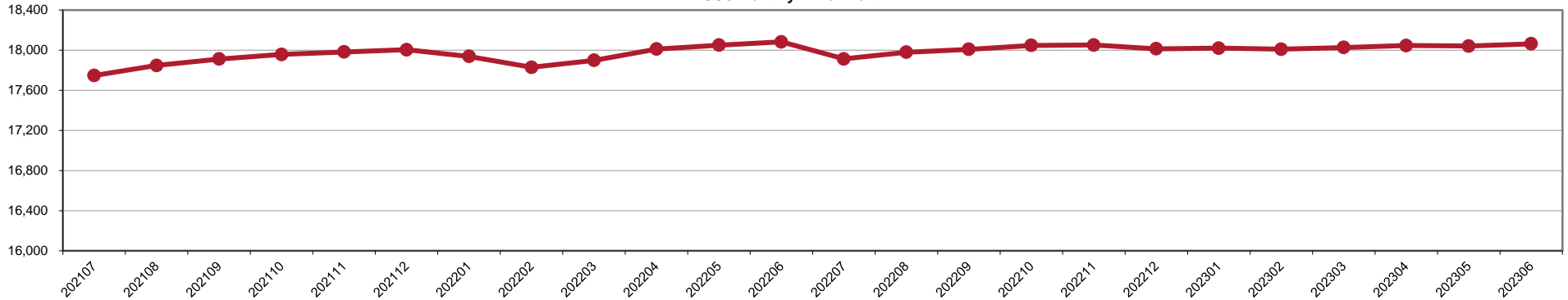
4. Notes

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.
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.



1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

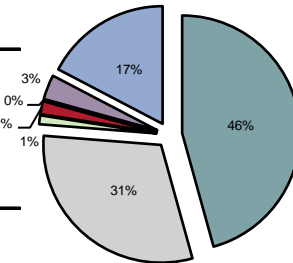
Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 702,907,955	\$ 708,872,128	1%
Pharmacy	\$ 293,281	\$ 232,238	-21%
Total	\$ 703,201,236	\$ 709,104,366	1%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 265,830,037	\$ 324,054,714	22%
Nursing Facility (NF)	\$ 210,692,358	\$ 216,629,089	3%
Inpatient (IP)	\$ 10,160,178	\$ 8,618,840	-15%
Outpatient (OP)	\$ 14,129,340	\$ 12,612,273	-11%
Pharmacy (RX)	\$ 293,281	\$ 232,238	-21%
HCBS	\$ 22,776,436	\$ 24,011,287	5%
Other (OTH)	\$ 179,319,606	\$ 122,945,925	-31%
Total Population Costs	\$ 703,201,236	\$ 709,104,366	1%
Per Capita Cost (PMPM)	\$ 3,266.78	\$ 3,279.55	0%
Total Member Months	215,258	216,220	0%

Service Categories
% of Cost

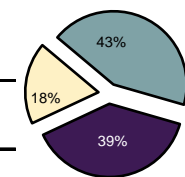


3. Retail Pharmacy Usage (Definitions in Glossary)

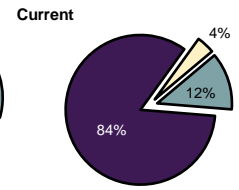
Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 184,658	\$ 100,658	-45%
Generic	\$ 80,775	\$ 89,601	11%
Other Rx	\$ 27,848	\$ 41,980	51%
Total	\$ 293,281	\$ 232,238	-21%

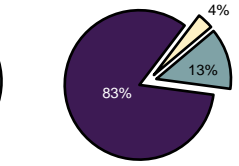
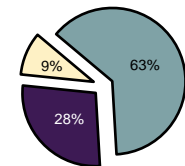
% of Rx Spend



% of Scripts



Previous



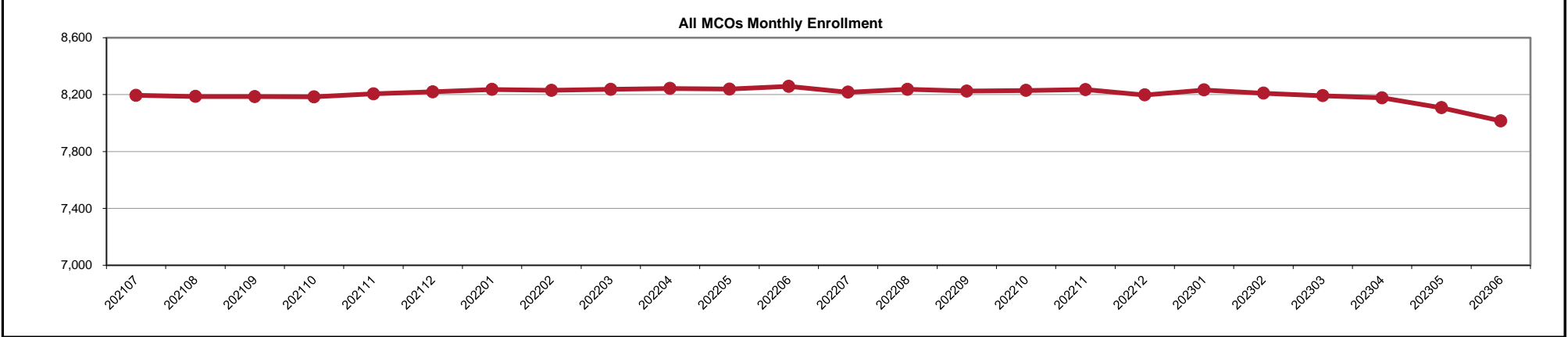
* "Other Rx" represents supplies such as diabetic test strips.

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.
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.
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.



1. Total Population Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs			
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 338,187,768	\$ 347,998,906	3%
Pharmacy	\$ 29,012,632	\$ 34,170,951	18%
Total	\$ 367,200,400	\$ 382,169,856	4%

Aggregate Costs by Service Categories			
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Personal Care (PCO)	\$ 105,783,326	\$ 124,188,739	17%
Nursing Facility (NF)	\$ 28,001,531	\$ 31,694,843	13%
Inpatient (IP)	\$ 46,005,832	\$ 53,290,255	16%
Outpatient (OP)	\$ 33,558,814	\$ 41,908,151	25%
Pharmacy (RX)	\$ 29,012,632	\$ 34,170,951	18%
HCBS	\$ 14,642,420	\$ 15,228,680	4%
Other (OTH)	\$ 110,195,846	\$ 81,688,237	-26%
Total Population Costs	\$ 367,200,400	\$ 382,169,856	4%

Per Capita Cost (PMPM)	Previous (12 mon)	Current (12 mon)	% Change
	\$ 3,723.42	\$ 3,888.78	4%

Total Member Months	Previous (12 mon)	Current (12 mon)	% Change
	98,619	98,275	0%

3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx			
	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 23,407,811	\$ 27,680,285	18%
Generic	\$ 5,181,701	\$ 6,123,558	18%
Other Rx	\$ 423,120	\$ 367,108	-13%
Total	\$ 29,012,632	\$ 34,170,951	18%

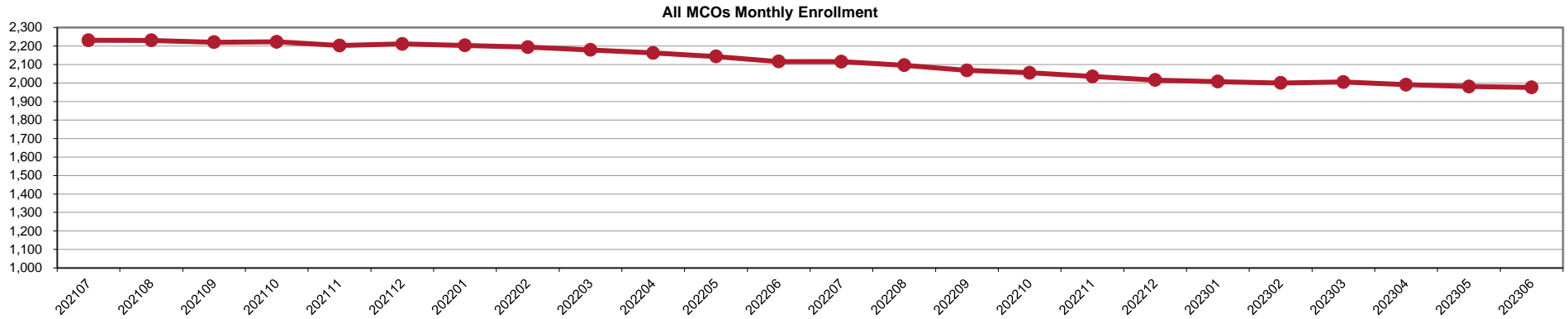
* "Other Rx" represents supplies such as diabetic test strips.

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, dental, and directed payments.
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.



1. Total Population Monthly Enrollment



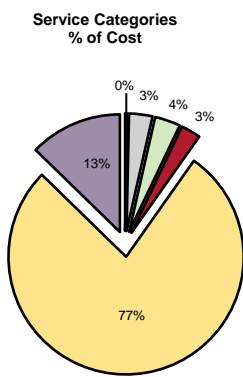
2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 112,663,306	\$ 104,022,007	-8%
Pharmacy	\$ 3,030,147	\$ 2,892,016	-5%
Total	\$ 115,693,453	\$ 106,914,022	-8%

Aggregate Costs by Service Categories

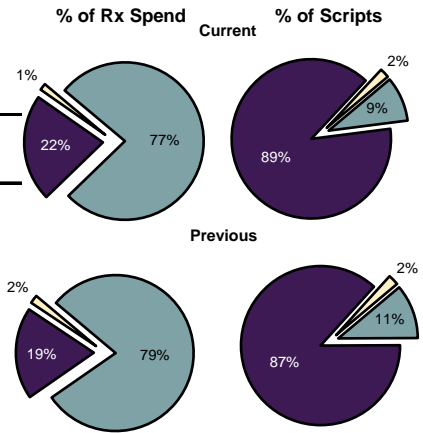
Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Nursing Facility (NF)	\$ 361,106	\$ 366,392	1%
Inpatient (IP)	\$ 3,392,733	\$ 3,436,488	1%
Outpatient (OP)	\$ 3,525,048	\$ 3,759,304	7%
Pharmacy (RX)	\$ 3,030,147	\$ 2,892,016	-5%
HCBS	\$ 80,745,029	\$ 82,869,507	3%
Other (OTH)	\$ 24,639,390	\$ 13,590,316	-45%
Total Population Costs	\$ 115,693,453	\$ 106,914,022	-8%
Per Capita Cost (PMPM)	\$ 4,396.82	\$ 4,391.62	0%
Total Member Months	26,313	24,345	-7%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 2,400,807	\$ 2,216,767	-8%
Generic	\$ 576,460	\$ 634,704	10%
Other Rx	\$ 52,880	\$ 40,544	-23%
Total	\$ 3,030,147	\$ 2,892,016	-5%



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

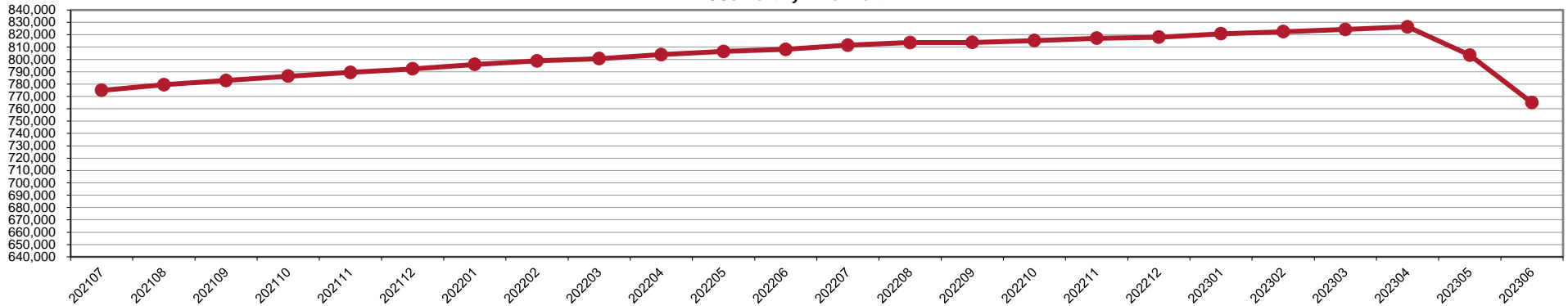
4. Notes

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, dental, and directed payments.
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.



1. Total Population Monthly Enrollment

All MCOs Monthly Enrollment



2. Total Population Medical/Pharmacy Dollars

Aggregate Annual Costs

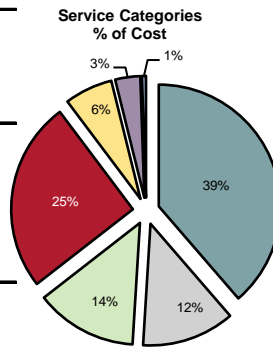
	Previous (12 mon)	Current (12 mon)	% Change
Medical	\$ 499,612,540	\$ 561,206,628	12%
Pharmacy	\$ 76,301,913	\$ 78,864,100	3%
Total	\$ 575,914,453	\$ 640,070,729	11%

Aggregate Costs by Service Categories

Service Categories	Previous (12 mon)	Current (12 mon)	% Change
Outpatient/Clinic (OP/CL)	\$ 218,595,336	\$ 247,402,478	13%
Pharmacy (RX)	\$ 76,301,913	\$ 78,864,100	3%
Res. Treatment Ctr. (RTC)	\$ 101,776,808	\$ 86,419,583	-15%
Behavioral Health Prov (BHP)	\$ 125,900,026	\$ 161,802,882	29%
Core Service Agencies (CSA)	\$ 32,039,112	\$ 40,890,636	28%
Inpatient (IP)	\$ 19,372,959	\$ 21,269,480	10%
Other (OTH)	\$ 1,928,299	\$ 3,421,569	77%
Total Population Costs	\$ 575,914,453	\$ 640,070,729	11%

Per Capita Cost (PMPM) \$ 60.50 \$ 65.64 8%

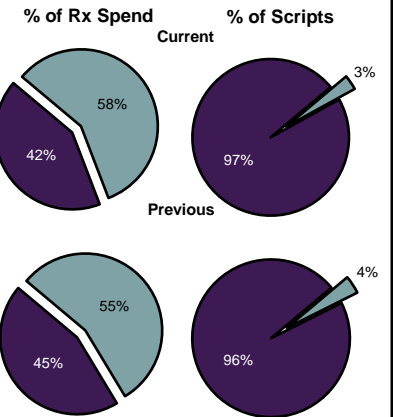
Total Member Months 9,519,291 9,751,477 2%



3. Retail Pharmacy Usage (Definitions in Glossary)

Total Generic / Brand Rx

	Previous Costs (12 mon)	Current Costs (12 mon)	% Change
Brand	\$ 42,158,451	\$ 45,793,992	9%
Generic	\$ 34,143,462	\$ 33,070,109	-3%
Total	\$ 76,301,913	\$ 78,864,100	3%



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.
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.

